**Government of Montenegro**

**Ministry of Social Welfare, Family Care, and Demography**

**2025-2028 Strategy for the Development of the Social and Child Protection System with an Action Plan for 2025**

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**Abbreviations and Acronyms**

AROPE – Rate of risk of poverty or social exclusion

GDP – Gross domestic product

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

CEDEM – Centre for Democracy and Human Rights

SDG – Sustainable Development Goal

CSW – Centre for Social Work

CSA – Care and support allowance

ECP - European Social Charter

EC – European Commission

ESF - European Social Fund

EU – European Union

IPA - Instrument for Pre-accession Assistance

SWIS - Social Welfare Information System

LGU - Local Self-Government Unit

PI – Public institution

PDA – Personal disability allowance

MICS – Multiple Indicator Survey

CA – Cash allowance

MONSTAT - Institute for Statistics of Montenegro

MSWD – Ministry of Social Welfare, Family Care, and Demography

NSSD - National Strategy for Sustainable Development until 2030

NGO - Non-governmental organisation

CSO - Civil Society Organisation

OECD - Organisation for Economic Cooperation and Development

PA – Personal assistance

ERP - Economic Reform Programme

SCP – Social and child protection

SOPEES – Sectoral Operational Programme on Employment, Education and Social Policies

GMWP– Government Medium-term Work Programme

PSERR – Poverty or social exclusion risk rate

PRR – Poverty Risk Rate

SMDR – Severe material deprivation rate

UN – United Nations

UNDP - United Nations Development Programme

UNICEF - United Nations Children's Fund

GoM – Government of Montenegro

ISCP – Institute for Social and Child Protection

EAM – Employment Agency of Montenegro

# INTRODUCTION

***Purpose of this strategic document***

The Strategy for the Development of the Social and Child Protection System for the period from 2025 to 2028 (hereinafter: the Strategy), along with the 2025 Action Plan, aims to secure and implement measures and programmes for individuals and families requiring appropriate forms of social and child protection due to special circumstances and social risks.

This Strategy is the fourth national strategic document that establishes the goals and priorities for further developing the social and child protection system. It outlines the methods for achieving these goals, the time frame, the necessary financial resources, and the intersectoral cooperation among state administration authorities involved in its implementation.

The Government of Montenegro is committed to creating a humane and economically stable society that ensures the development and continuity of high-quality social and child protection, tailored to the needs and best interests of the beneficiaries. In pursuit of this goal, the Strategy for the Development of the Social and Child Protection System for the period 2008–2012 was adopted. Following the conclusion of this period, the Government subsequently adopted the Strategy for the Development of the Social and Child Protection System 2013–2017, and the Strategy for the Development of the Social and Child Protection System 2018–2022. These strategic documents are founded on the Law on Social and Child Protection.[[1]](#footnote-1)

An efficient and effective social and child protection system, which Montenegro strives to achieve, should provide measures and programmes that have the greatest positive impact on beneficiaries. This includes a clearer definition of financing mechanisms and plans, along with ensuring financial sustainability. Ultimately, strengthening the system will, in the coming period, contribute to the continuous reduction of poverty and vulnerability among the population by enhancing the preventive function and providing support to individuals to overcome adverse circumstances they may face during a specific period.

In line with this, the purpose of adopting this Strategy is to improve the normative framework, the adequacy of benefits, the availability and quality of social and child protection services, the licensing system for service providers and professional workers, and the accreditation system for training programmes. Additionally, it aims to enhance the organisations, norms, standards, and operations of social work centres, as well as supervisory support and oversight in social and child protection.

It is crucial to emphasize the comprehensive involvement of all stakeholders whose contributions are essential for realizing the goals and activities outlined in this strategic document. This collaboration will help build a functional, sustainable, and high-quality social and child protection system, ultimately benefiting the citizens of Montenegro. Besides the representatives of the institutions in the Working Group responsible for preparing this strategic document, the following stakeholders are also involved:

In the subsequent chapters, the alignment of the Strategy with the national strategic framework and the international commitments undertaken by Montenegro is detailed.

***Compliance with the existing strategic framework in Montenegro***

The strategic planning system in Montenegro entails the vertical and horizontal harmonisation of existing strategic documents to enhance quality, ensure more efficient implementation, improve intersectoral cooperation, and establish a sustainable mechanism for monitoring implementation.

***Government Medium-term Work Programme 2024–2027 (GMWP)***

The development of the Strategy is entirely aimed at achieving Goal 18: *A Solidarity Society for a Dignified Life and Equal Opportunities*, as envisaged by the GMWP. Pertinent indicator foresees the participation of work-able cash allowance beneficiaries in the labour market will increase from the initial 7,000 to 7,200 by 2027. Additionally, the number of foster families is expected to increase by 15% from the current 350 by 2027. The number of providers offering the standard family accommodation service is projected to rise by 15% from the existing 35 by 2027. Similarly, the number of social and child protection service providers for victims of gender-based violence is anticipated to grow by 15% from the current 13 by 2027. Lastly, the number of community living support service providers for people with disabilities and children with developmental disabilities is expected to increase by 15% from the current 45 by 2027.[[2]](#footnote-2) To achieve this goal, activities will focus on further reforming the social and child protection system. These reforms will aim to increase the inclusion of all vulnerable groups in society and enhance the availability of services in the least restrictive environments. Moreover, the reform of the disability assessment system will transition from a medical model to a human rights model, in alignment with the UN Convention on the Rights of Persons with Disabilities.[[3]](#footnote-3)

Based on the collected data, additional analysis of the needs of men and women with disabilities will be conducted to ensure we have reliable information on how the reform and development of services genuinely impact the lives of the citizens of Montenegro.

***National Strategy for Sustainable Development until 2030 (NSSD)***

When drafting the Strategy, the principle of compliance with the obligations arising from Montenegro's umbrella strategic document—the National Strategy for Sustainable Development until 2030 (NSSD)—was respected. The NSSD identifies that the system for providing health, social, and educational services to children with special educational needs is not equally developed or uniform across municipalities.[[4]](#footnote-4) Additionally, it notes that social institutions lack sufficient funds to implement activities aligned with standards, and the existing system of social and child protection does not adequately meet the structural needs of vulnerable population groups. Furthermore, it was assessed that the system is inflexible and not sufficiently adapted to modern needs. The centralized nature of the social and child protection system also presents challenges in recognizing the specificities of social issues at the local level[[5]](#footnote-5).

|  |  |
| --- | --- |
| **NSSD measure** | **NSSD sub-measure** |
| * + 1. **Prevent and mitigate the effects of population aging SDG 8 (8.3), 17 (17.4)**
 | 1.1.1.2 Ensure an adequate level of social benefits for children.1.1.1.6 Ensure an adequate level of social protection for the elderly and vulnerable populations. |
| **2.1.1 Ensure conditions for healthy individual development within the family SDG 3 (3.1, 3.2, 3.7), SDG 5 (5.2, 5.3 and 5.6), SDG 8 (8.7), SDG 16 (16.1, 16.2)** | 2.1.1.1 Ensure conditions for healthy and sustainable family formation SDG 3 (3.1) and 5 (5.6):- Develop a system of family and parenting education before starting a family;- Develop an effective support system for families and parents addressing all challenges of parenting and family life;- To improve the demographic situation in the country, develop a support system for the establishment and survival of young families, such as support for acquiring a home, facilitation of housing loans, and incentives for starting a business;- Ensure universal access to sexual and reproductive health services, including family planning, information, and education, and integrate reproductive health into national strategies and programmes, SDG 3 (3.7), 5 (5.6).2.1.1.2 Educate the population about alternative family forms (e.g., single-person families, single-parent families, partnerships without marriage, foster families, etc.);- Develop and promote the foster care system;- Develop an effective support system for children with developmental disabilities and delays and their families.2.1.1.4 Effectively combat domestic violence, SDG 5 (5.2) and 16 (16.1, 16.2):- Raise public awareness about the issue of domestic violence.- Establish an effective system for the prevention of domestic violence.- Enhance social and other protection for victims of domestic violence.- Improve the regulatory system governing domestic violence.- Enhance the protection of children from violence, abuse, neglect, and other forms of degrading treatment and punishment, including online violence, exploitation, and abuse.- Eliminate all harmful practices, such as child, early, and forced marriage, SDG 5 (5.3), and ensure the prohibition and elimination of all forms of child labour, SDG 8 (8.7).2.1.1.5 Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation, SDG 5 (5.2, 5.3), SDG 8 (8.7). |
| **2.1.5 Eliminate discrimination against persons with disabilities SDG 10 (10.3), SDG 11 (11.2), SDG 16 (16.7, 16.b)** | 2.1.5.3 Ensure that social, healthcare, and other services are provided to persons with disabilities in accordance with their real needs and international standards, SDG 10 (10.3).2.1.5.4 Ensure an adequate standard of living and social security for persons with disabilities, SDG 10 (10.3). |
| **2.1.6 Eliminate discrimination against the elderly SDG 3 (3.8)** | 2.1.6.1 Increase the efficiency and quality of social protection services for the elderly, SDG 3.2.1.6.2 Enhance the social welfare and financial security of impoverished elderly individuals, SDG 3.2.1.6.3 Ensure adequate infrastructure for the accommodation and care of elderly (including ill) persons, SDG 3 (3.8).2.1.6.4 Develop an effective system for the prevention of and fight against violence towards the elderly, SDG 3.2.1.6.5 Foster a positive social climate toward the elderly and the aging process, SDG 3. |
| **2.5.2 Ensure social stability and reduce the poverty rate SDG 1 (1.1, 1.2, 1.3, 1.4, 1.a and 1.b ), SDG 2 (2.1, 2.2), SDG 4 (4.4), SDG 8 (8.5, 8.6 , 8.8, 8.b) and SDG 10 (10.1, 10.3, 10.4), SDG 16 (16.3)** | 2.5.2.7 Eradicate extreme poverty among people, SDG 1 (1.1). 2.5.2.8 Reduce by at least half the proportion of men, women, and children living below the absolute poverty line, SDG 1 (1.2). 2.5.2.11 Target socially vulnerable groups with effective measures in social and other policies, SDG 1 (1.3, 1.b). 2.5.2.12 Improve the availability, affordability, and quality of social services. 2.5.2.13 Enhance the system of social benefits and support programmes for citizens most in need. 2.5.2.14 Provide support for psychosocial protection programmes for populations at risk of social exclusion. 2.5.2.15 Integrate a gender-sensitive dimension into strategic solutions to poverty, SDG 1 (1.b). 2.5.2.19 Ensure significant mobilisation of resources from various sources to secure adequate funding for programmes and policies aimed at ending poverty in all its dimensions, SDG 1 (1.a). |
| **2.5.3 Combat social exclusion SDG 1 (1.3, 1.4, 1.b, ) 8 (8.6, 8.7) 10 (10.2, 10.3), 11 (11.1, 11.2)** | 2.5.3.1 Effectively apply existing and create new programmes targeting groups at risk of marginalization, SDG 1 (1.3, 1.4, 1.b), SDG 8 ( 8.7), SDG 10 (10.2, 10.3): - Based on economic status (he poor, unemployed, long-term unemployed, homeless, displaced persons, migrants, asylum seekers, refugees, stateless individuals) - Based on family structure (single-person households, single parents, children without parental care, youth who grew up as children without parental care, families with many children)- Based on identity (national/ethnic/racial/religious minorities, sexual and gender minorities)- Based on age (children, youth, elderly, pensioners), including the prohibition of child labour in all its forms- Based on criminal activity (inmates and former inmates, individuals with behavioural disorders, victims of crime, victims of trafficking or domestic violence)- Based on education (individuals without education or with low levels of education)- Based on health status (mentally ill individuals, persons infected with HIV/AIDS and Hepatitis C, individuals with addiction problems, persons suffering from genetic or chronic diseases)- Based on disability or developmental delays.2.5.3.2 Establish and support shelter programmes and emergency accommodation programmes, SDG 11 (11.1, 11.2). 2.5.3.3 Improve housing standards for vulnerable groups and social housing. |

***Economic Reform Programme 2024-2026 (ERP)***

This Strategy is aligned with the Economic Reform Programme (ERP) in the part that pertains to the reform measure "Reform of the Social and Child Protection System" as outlined in the Roadmap. The key activity of this reform measure involves analysing costs, assessing financial sustainability, and developing a financial plan for the reform of the social and child protection system. This will provide guidelines for sustainable long-term budget planning and the integration of reform measures through the state’s programme budget. In practice, the analysis will be based on an assessment of the costs of all available services and benefits within the realm of social and child protection, facilitating the operationalisation of the new Strategy for Social and Child Protection, planned for adoption in the fourth quarter of 2025. The implementation of this measure will further contribute to achieving Sustainable Development Goals SDG1 – No Poverty, and SDG 10 – Reduced Inequalities.[[6]](#footnote-6)

The activities planned for 2025 include the adoption of the Draft Law on Social and Child Protection, the determination of the cost of social and child protection services through the establishment of a methodology for calculating the prices of services funded at the national level. Additionally, efforts will continue to enhance coordination and cooperation between the Ministry of Social Welfare, Family Care and Demography (MSWD), social work centres, and service providers through the implementation of MSWD's supervisory and coordination functions. Further improvements will be made to the system's capacity to provide case management services and beneficiary referrals, involving MSWD and social work centres.

Activity planned for 2026 is the establishment of a minimum package of social and child protection services. This includes creating specific service packages (e.g., a minimum package for persons with disabilities, the elderly, or young children) to ensure easy referral and access to all key services, thereby best addressing the needs of beneficiaries.

Activity planned for 2027 is the establishment of new specialised services for victims of gender-based violence in accordance with the Istanbul Convention.

***Montenegro’s European Union Accession Programme (MEUAP) 2023-2024***

Montenegro’s European Union Accession Programme (MEUAP) 2023-2024, as one of the overarching national strategic documents, envisages the adoption of the Strategy for Social and Child Protection as a key segment within Chapter 19: Social Policy and Employment.[[7]](#footnote-7) The adoption of this document provides additional support to Montenegro's path towards the EU. It is important to note that Montenegro, by creating the Action Plan for legislative approximation and the development of necessary capacities for the implementation and enforcement of the EU acquis, fulfilled the condition for opening Chapter 19. This was confirmed at the Intergovernmental Conference held on 13 December 2016.[[8]](#footnote-8)

***Regional Development Strategy 2023-2027***

This Strategy is aligned with the Regional Development Strategy 2023-2027, specifically in the part related to creating conditions for the balanced territorial development in Montenegro. This includes an emphasis on the need to ensure a higher level of social inclusion and the development of social policies aimed at underdeveloped regions. In this regard, the primary focus is on alignment with:

- Operational Objective 2.1: Enhancing human capital by improving the quality of education, healthcare, and social protection.[[9]](#footnote-9) The level of alignment with this objective is reflected in the need to ensure greater investment in the development of social protection infrastructure in the less developed regions of Montenegro.

***Strategy for the Protection of Persons with Disabilities from Discrimination and the Promotion of Equality (2022-2027)***

Social protection plays a key role in realizing the rights of persons with disabilities of all ages, primarily by ensuring an adequate standard of living along with a basic level of income security. This creates conditions for reducing the levels of poverty and vulnerability faced by persons with disabilities.[[10]](#footnote-10) Therefore, this Strategy emphasizes achieving Objective 5: Ensure full equality and recognition of all social and child protection rights for persons with disabilities, guaranteeing the necessary conditions for independent community-based living. As a performance indicator for this objective, it is planned to reduce the percentage of persons with disabilities who are not granted certain legally guaranteed social protection rights by 85% by the end of 2027.[[11]](#footnote-11) Additionally, Objective 6: Enable equal rights for persons with disabilities under guardianship to form marital unions and remove existing legal restrictions on the parental rights of persons with disabilities is also relevant. As a performance indicator, it is planned to reduce the number of persons with disabilities deprived of legal capacity in accordance with UN Committee recommendations by 20% by the end of 2027.[[12]](#footnote-12)

***Youth Strategy 2023-2027***

Within the policies aimed at youth in Montenegro, the primary focus is on alignment with Operational Objective 3 of the Youth Strategy, which pertains to enhancing the situation of young people through effective interdepartmental collaboration through the implementation of the following measures[[13]](#footnote-13):

* Measure 3.1: Create an interdepartmental set of activities to improve opportunities for the development and realization of the full potential of young people
* Measure 3.2: Create an interdepartmental set of activities to increase youth resilience

To improve the position of young people, particularly in reducing inequalities and discrimination against certain youth groups, preventing violence, and increasing resilience to negative phenomena such as polarization and hate speech, it is essential to develop an intersectoral set of activities aimed at enhancing youth inclusion and resilience.[[14]](#footnote-14)

***Strategy for Exercising the Rights of the Child 2019–2023***

The Strategy for the Development of the Social and Child Protection System 2025–2028, along with the 2025–2026 Action Plan, incorporates the goals of the Strategy for Exercising the Rights of the Child 2019–2023. It represents a continuation of policies related to children, ensuring their implementation remains consistent:

* STRATEGIC GOAL I: Strengthen interdepartmental and cross-sectoral cooperation, along with other key conditions for the realisation of children's rights.
* STRATEGIC GOAL II: Improve the accessibility and quality of social and health protection and education for all children.
* STRATEGIC GOAL III: Prevent all forms of violence against children and enhance the implementation of special child protection measures.

Although the aforementioned strategic document has expired, it is considered that its strategic goals are long-term and, therefore, needed to be included in the Strategy for the Development of the Social and Child Protection System.

***Strategy for the Prevention and Protection of Children from Violence 2025–2028***

The Strategy for the Development of the Social and Child Protection System 2024–2028, accompanied by the 2025 Action Plan, incorporates the goals outlined in the Strategy for the Prevention and Protection of Children from Violence 2025–2028, along with the corresponding 2025 Action Plan. It represents a continuation of policies aimed at safeguarding children from violence:

* 1.1 Operational Goal: Raising awareness and transforming societal norms that condone and encourage violence against children, particularly those in vulnerable groups.
* 1.2 Operational Goal: Creating a safe environment at home, in preschools and school, in the community, and online, while strengthening children's resilience.
* 2.1 Operational Goal: Strengthening legislative frameworks to address violence and ensure child protection, in alignment with international standards.
* 2.2 Operational Goal: Enhancing the capacities of professionals and institutions for prevention, reporting mechanisms, and support services to effectively respond to violence across all sectors.
* 2.3 Operational Goal**:** Establishing a robust system for data collection, monitoring, evaluation, and research.

***Strategy for Inclusive Education 2019-2025***

The Strategy incorporates principles, theoretical insights, and practical achievements aimed at developing the potential of children with special educational needs and enhancing society as a whole. The primary focus is on alignment with the following operational objectives:[[15]](#footnote-15)

OO 1: Conduct research on knowledge, attitudes, and practices related to children with disabilities, and based on the results, implement activities, workshops, and campaigns.

OO 2: Designate professionals for children and families in social work centres and enhance the competencies of staff working with this population.

OO 3: Promote the employment of individuals with special educational needs.

OO 4: Develop and license mediator services in career guidance and employment.

OO 5: Evaluate the operations of day care centres and create a collaboration plan with schools, resource centres, and other community services in accordance with the UNCRPD.

***2023-2027 National Plan for the Implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)*[[16]](#footnote-16)**

The primary purpose and objective of the National Plan for the Implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) is to ensure the achievement of the Convention's goals: a) Protect women from all forms of violence and prevent, prosecute, and eliminate violence against women and domestic violence. b) Contribute to the elimination of all forms of discrimination against women and promote substantive equality between women and men, including the empowerment of women. c) Develop a comprehensive framework, policies, and measures for the protection and support of all victims of violence against women and domestic violence.[[17]](#footnote-17) d) Enhance international cooperation in eliminating violence against women and domestic violence. e) Provide support and assistance to organizations and law enforcement agencies in effective cooperation to adopt a comprehensive approach to eliminating violence against women and domestic violence. The National Plan outlines a series of measures to be implemented, while all authorities responsible for implementing the measures and activities within the scope of this document are required to report annually to the Ministry of Social Welfare, Family Care, and Demography. Additionally, every subsequent year, they must report to the Ministry of Justice, the Ministry of Internal Affairs, and the Ministry of Health on the results achieved and the funds spent.

***Strategy for the Social Inclusion of Roma and Egyptians in Montenegro 2021-2025***

Considering the vulnerability of the Roma and Egyptian communities in Montenegro, this Strategy aligns with social policies concerning the following:

* (Operational Objective 1) Enhance institutional and societal efforts to combat all forms of discrimination and anti-Gypsyism faced by the Roma and Egyptian communities. Performance Indicator: Reduce the percentage of Roma and Egyptian community members experiencing discrimination to 53% by 2025.[[18]](#footnote-18)
* (Operational Objective 2): Reduce poverty, social exclusion, and the socio-economic gap between the Roma and Egyptian populations and the majority population. Performance Indicator: Decrease material deprivation among the Roma and Egyptian populations and reduce the poverty gap compared to the general population to 85% and 47%, respectively, by 2025.[[19]](#footnote-19)
* (Operational Objective 9): Improve legal and institutional protection of Roma and Egyptian women from gender-based violence. Performance Indicator: Lower the percentage of adults in Roma and Egyptian settlements who justify physical violence against wives to 15% for women and 11% for men by 2025; Decrease the percentage of women aged 20-24 who were married before age 15 to 10% and before age 18 to 20% by 2025.[[20]](#footnote-20);
* (Operational objective 10): Ensure social and legal protection for Roma and Egyptian children from domestic violence, child marriage, and begging. Performance Indicator: Establish specialized services for child victims of unauthorized and arranged marriages and for children living and/or working on the streets or at risk of becoming so – 3 drop-in centres planned by 2025.[[21]](#footnote-21)

***National Gender Equality Strategy 2021–2025***

The National Strategy for Gender Equality 2021-2025 is the fourth strategic document aimed at establishing a better framework for achieving gender equality in Montenegro. The central issue identified is the low level of gender equality in Montenegro. Consequently, the main strategic goal is to raise the level of gender equality by 2025.[[22]](#footnote-22) There are several operational objectives in the Action Plan for this strategy, with the Ministry of Social Welfare, Family Care, and Demography as the lead agency. These objectives focus on the standardisation of procedures for gender mainstreaming in public policies. The operational objectives for which the Ministry of Social Welfare, Family Care, and Demography is a key actor are: OO1: Improve the implementation of the existing normative framework for gender equality policy and protection against discrimination based on sex and gender;[[23]](#footnote-23) and OO3: Increase the participation of women and individuals of different sexual and gender identities in areas that provide access to resources and benefits from resource use.[[24]](#footnote-24) The indicator for OO1 is the percentage of sectoral public policies that have undergone gender mainstreaming. The planned outcome for 2025 is a 10% increase compared to the baseline percentage from 2021.[[25]](#footnote-25) The indicator for OO3 is the value of the Gender Equality Index in the domain of *Money*. The planned value of the Gender Equality Index in 2025 is 62, representing an increase from the baseline value of 59.7 in 2021.[[26]](#footnote-26)

***Compliance with obligations from the negotiation process with the European Union (EU)***

Accession negotiations with Montenegro began in June 2012. So far, 33 chapters have been opened, of which three have been provisionally closed. Montenegro takes the lead among the countries in the region in the EU integration process. Ministry of Social Welfare, Family Care, and Demography is responsible for negotiating Chapter 19 – Social Policy and Employment, and is working intensively to meet the closing benchmarks for this chapter. The European Union acquis in the area of social policy and employment covers labour law, occupational health and safety, gender equality in employment and social security, social dialogue, and the prohibition of discrimination based on racial and ethnic origin, religion and belief, disability, age, and sexual orientation. The sub-areas within Chapter 19 include: 1) Labour Law, 2) Occupational Health and Safety, 3) Social Dialogue, 4) Employment Policy, 5) European Social Fund, 6) Social Inclusion and Protection, 7) Deinstitutionalisation, 8) Non-discrimination in Employment and Social Policy, and 9) Gender Equality in Employment and Social Policy. Chapter 19 - Social Policy and Employment was opened on 13 December 2016 at the Intergovernmental Conference in Brussels.[[27]](#footnote-27)

European integration in Montenegro serves as a crucial framework for implementing reforms in social and child protection. According to the EU Enlargement Strategy 2018, which cites 2025 as an indicative date for Montenegro's accession, the Strategy incorporates all obligations from the accession negotiation process, including alignment with EU acquis and best European practices in social and child protection. Key chapters for these reforms include *Freedom of Movement for Workers (Chapter 2), Employment and Social Policy (Chapter 19), Judiciary and Fundamental Rights (Chapter 23), and Justice, Freedom and Security (Chapter 24)*. Additionally, by the time Montenegro joins the EU, it should be prepared to ensure the implementation and reporting of principles and goals established under the European Pillar of Social Rights.

The *European Pillar of Social Rights[[28]](#footnote-28)* is a new EU instrument that ensures standards and coordination in the field of social rights. Upon joining the EU, Montenegro will be obliged to develop a system capable of implementing the goals and policies defined in the European Pillar of Social Rights. The European Pillar of Social Rights establishes 20 principles and rights to support fair and well-functioning labour markets and social protection systems, divided into three categories: 1) equal opportunities and access to the labour market, 2) dynamic labour markets and fair working conditions, and 3) social protection and inclusion. The European Pillar of Social Rights reinforces existing rights in international and EU law while complementing them to address current circumstances.

The European Commission's 2023 Progress Report on Montenegro's EU accession process, in Chapter 19 (Employment and Social Policy), states that Montenegro has a certain level of preparedness in social policy and employment. It recommends that Montenegro establish a clear timeline and financial planning for reforming the social and child protection system in the coming year and begin implementing these reforms.[[29]](#footnote-29) The report also highlights that the social protection and inclusion sector continues to face human resource and capacity constraints, with social work centres still understaffed despite an increasing workload due to the introduction of new rights. Additionally, the report notes that the Institute for Social and Child Protection lacks sufficient resources, and its role in the overall social protection system needs to be clarified.[[30]](#footnote-30)

The European Commission also warns that, given recent changes in the legal and strategic framework, as well as in taxes and social benefits for children, the entire social policy and employment system requires thorough assessment and reforms to effectively address the needs of the most vulnerable groups. Additionally, much greater engagement, support, and cooperation with civil society are needed to achieve sustainable and effective results in the social protection sector. This includes improved planning, monitoring of social policies, and their implementation through social services, particularly at the local level. The European Commission also highlights that children from Roma and Egyptian communities are frequently involved in begging.[[31]](#footnote-31)

The European Commission believes that the capacities of indirect management structures need to be further strengthened to ensure effective management within the ex-post control process. Additionally, the Commission recommends that Montenegro more efficiently secure funds from the Instrument for Pre-accession Assistance (IPA) in the coming year. This can be achieved by increasing and consolidating the administrative capacities of central, regional, and local bodies, establishing a structure for managing future cohesion policy funds, and enhancing capacities for procurement, management, and monitoring of capital investments, while simultaneously strengthening existing coordination mechanisms.[[32]](#footnote-32) Regarding activities related to preparations for the European Social Fund (ESF) within negotiation Chapter 19, the European Commission emphasises that Montenegro should designate the institutions responsible for contracting and management. This will enable the establishment of a sectoral operational programme for employment and social inclusion.[[33]](#footnote-33)

In mid-2021, the Council of the European Union adopted a *Recommendation on establishing the European Child Guarantee*, aimed at ensuring that the most vulnerable children have access to healthcare, education, early childhood development and care, adequate housing, and nutrition. The Child Guarantee focuses on the most disadvantaged children who are the primary concern of social and child protection policies. The recommendation explicitly mentions poor children, children with disabilities and developmental delays, children without parental care (especially those in residential institutions), homeless children, children living in precarious family situations, and children from minority groups, particularly Roma children.

The European Union will continue to finance activities supporting the further process of deinstitutionalisation in Montenegro through pre-accession funds. This primarily pertains to projects from the IPA3 Programme for *Deinstitutionalisation* and the *Youth Guarantee*, which will partly finance certain activities outlined in the Deinstitutionalisation Strategy.

In order to accelerate the enlargement process, as well as to encourage economic convergence at the level of the Western Balkans (WB) region, the European Commission (EC) adopted the proposal of the new *EU Growth Plan for the Western Balkans* with the projection that the implementation of reforms and EU financial support will have a positive effect on the economic growth of the economies of candidate countries.

Following the adoption of the proposal for the Regulation on the establishment of an EU instrument for reforms and growth in November 2023, the Government of Montenegro, after consultation with the competent services of the European Commission, identified four key policy areas in which reform measures will be further defined:

1. Business environment and private sector development;
2. Digital and energy/green transition;
3. Development of human capital; and
4. Rule of law/fundamental rights.

Measures from the field of **human capital development** are primarily reflected through the improvement of employment opportunities, support for activation, reform of social and child protection systems, and investment in all levels of education, including digital education. In connection with the above, an indicative reform was defined: Reforming the social and child protection system for a more efficient, effective, and transparent use of public funds through activities such as the activation of cash allowance beneficiaries, the establishment of a single inclusive and unified cash transfer related to disability that covers all the rights of the given beneficiary and is processed through an electronic system, and ensuring that all benefits at the national level related to social and child protection are established and calculated through the upgraded integrated social protection information system. Also, through the indicative reform Reducing the level of domestic violence in Montenegro, two activities were defined, namely: a unique database on domestic violence that includes at least 95% of cases reported to the police or offices of centres for social work; and ensuring Montenegro fulfils the recommendations of the GREVIO/Istanbul Convention on the establishment of three crisis centres for victims of sexual violence in accordance with the standards specified in the convention, i.e., integrated health, legal, and psychological services for victims. All activities from the Growth Plan are implemented in the Strategy for the Development of the Social and Child Protection System.

***Other international obligations of Montenegro***

As a member of the UN and the Council of Europe, Montenegro conducts the reform of its social and child protection system with consideration for the rights, norms, and standards established by international documents.

The international documents relevant for the development of this Strategy include: the *UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons* *with Disabilities, the Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Revised European Social Charter (ECP, 2006), the Madrid International Plan of Action on Ageing, and the Political Declaration on Ageing, among others.*

*The UN Committee on the Rights of the Child* welcomed Montenegro's commitment to align its legislation with the UN Convention on the Rights of the Child. However, the Committee also expressed concern about the absence of a comprehensive law on children and the insufficient measures taken to ensure the effective implementation of laws related to children's rights, including the allocation of adequate resources and the regular evaluation of relevant by-laws. The Committee emphasized that financial and material deprivation should never be the sole justification for removing a child from the parental home, placing the child in alternative care, or preventing the child's social reintegration. It called on Montenegro to ensure sufficient budget allocations in all areas, especially those related to health, education, and child protection, and to establish budget lines for disadvantaged or vulnerable children, including Roma and Egyptian children and children with disabilities and developmental difficulties.

The *UN Committee on the Rights of Persons with Disabilities,* in its Concluding Observations on Montenegro, noted the need for progress in adopting laws that align with the Convention and the necessity of replacing the current medical model of disability with a human rights-based approach. The Committee highlighted the issue of ongoing discrimination and violence against women and girls with disabilities, along with the generally insufficient measures for prevention and compensation. It is essential to involve women with disabilities in all stages of developing measures and making regulations and strategic documents that govern women's rights and status, strengthen measures to protect women and girls with disabilities from all forms of discrimination and violence in various environments, and create a safe and empowering environment for them. Additionally, efforts must be intensified and all necessary resources provided to eliminate discrimination and exclusion of children with disabilities, with particular emphasis on children at risk of intersectional discrimination.

The Committee also expressed its concern that Montenegro continues with the "allocation of resources to the creation of smaller, albeit still segregated settings, which constitute de facto institutions, instead of increasing resource allocation to community-based care" (paragraph 36.c of the Concluding Observations). The Committee further recommends that Montenegro "commit to not building new institutions or other forms of segregated settings, and instead develop a wide range of community-based services, including at the local level, that respond to the needs of persons with disabilities and respect their autonomy, choices, dignity and privacy and that include peer support and other alternatives to the medical model of mental health" (paragraph 37.a). It also recommends that Montenegro "regularly monitor the living costs of persons with disabilities and adjust disability benefits accordingly" (paragraph 52), and "ensure the involvement of persons with disabilities and their representative organizations at all stages of the development of independent living strategies and schemes" (paragraph 37.c).

Montenegro is committed to eradicating violence against women. It has ratified the *Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence* (Istanbul Convention). Both the Criminal Code and the Law on Protection against Domestic Violence support the implementation of Articles 33-40 of the Istanbul Convention. Montenegro's NSSD 2030 identifies the elimination of all forms of violence against women and girls in both private and public spheres, including human trafficking and sexual exploitation, as a key objective.

**UN Sustainable Development Goals until 2030[[34]](#footnote-34)**

The Sustainable Development Goals represent a universal call to action to eradicate poverty, protect the environment, and ensure peace and prosperity for all. In the area of social and child protection, it is essential to highlight the following goals that Montenegro is actively working to achieve:

SDG 1. No poverty

* Implement nationally appropriate social protection systems and measures for all, and by 2030 achieve substantial coverage of the poor and the vulnerable;

SDG 5. Gender equality

* End all forms of discrimination against all women and girls everywhere;
* Eliminate all forms of violence against all women and girls in the public and private sphere, including trafficking and sexual and other forms of exploitation;
* Eliminate all harmful practices, such as child, early and forced marriages and female genital mutilation;
* Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate;

Goal 10. Reduce inequality

* By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status;
* Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard;

***Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)***

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is an international legal instrument that commits member states, upon ratification, to take appropriate measures to prevent any form of direct and indirect discrimination against women, ensure the full development and advancement of women, guaranteeing that women can equally enjoy and exercise human rights and fundamental freedoms alongside men. The Convention encompasses civil and political rights (such as the right to vote, equality before the law, and the right to nationality) as well as economic, social, and cultural rights (such as the right to work, education, healthcare, and relevant rights in economic and social life). State parties are expected to take appropriate measures to eliminate discrimination against women in social, cultural, economic, political, civil, and other areas of life, regardless of whether the discriminatory behaviour originates from individuals, institutions, or enterprises. [[35]](#footnote-35)

These measures include introducing the principle of equality between women and men into national constitutions; taking appropriate legislative and other measures to ensure the practical realization of these principles; establishing competent bodies and appropriate institutions for effective protection against discrimination; and amending laws, regulations, and practices that cause discrimination against women.[[36]](#footnote-36)

***Revised European Social Charter* (ESC, 2006*)***

On 24 March 2021, the European Commission adopted a comprehensive EU Strategy on the Rights of the Child, along with a Council Recommendation establishing the **European Child Guarantee**. This initiative aims to promote equal opportunities for children at risk of poverty or social exclusion.

Directly building on the Strategy, specifically its second thematic area—socio-economic inclusion of children and access to education and healthcare—the European Commission developed the **European Child Guarantee**. This initiative provides guidance to member states on ensuring that the most vulnerable children in the EU have access to healthcare, education, childcare services, adequate housing, and quality nutrition.

Since 2013, the Youth Guarantee has been implemented in the member states of the European Union. It is an inclusive activation scheme that facilitates a more efficient education-to-work transition for young people. The Youth Guarantee is a commitment of the government to ensure that all young people (aged 15-29) receive a good quality offer of employment, continued education, apprenticeship or traineeship.[[37]](#footnote-37)

In July 2021, Montenegro adopted the Western Balkans Declaration on ensuring the sustainable integration of youth (aged 15-29) into the labour market, and committed to taking concrete steps to gradually introduce and implement the Youth Guarantee.[[38]](#footnote-38)

The *Madrid International Plan of Action on Ageing* and the *Political Declaration on Ageing* were adopted at the Second World Assembly on Ageing in April 2002. These documentsmark a milestone in addressing the key challenges of "building a society for all ages." The Madrid Plan of Action focuses on three priority directions: 1) older persons and development; 2) advancing health and well-being into old age; and 3) ensuring enabling and supportive environments. The Madrid Plan of Action provides a framework for policy development and implementation. This document shifts the perspective on ageing, emphasizing the interaction of social actors with older persons. Issues of ageing are linked with other frameworks for social and economic development and human rights. The Political Declaration on Ageing highlights that the potential of older persons is a foundation for future development, allowing society to rely more on the skills and experiences of the elderly.[[39]](#footnote-39)

In addition to these, Montenegro has also ratified the Convention against Torture, the Convention on Human Rights and Fundamental Freedoms, the Convention on the International Recovery of Child Support and Other Forms of Family Maintenance, the Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, among others. The Convention on the International Recovery of Child Support and Other Forms of Family Maintenance aims to ensure the effective international recovery of child support and other forms of family maintenance by establishing a comprehensive system of cooperation between the authorities of the contracting states. It facilitates the smooth processing of applications for maintenance decisions, ensures that maintenance decisions are recognized and enforced, and requires the implementation of effective measures for the swift enforcement of maintenance decisions.

***Legal framework of Montenegro***

In accordance with the Constitution of Montenegro, the highest legal act to which all laws and documents must conform, Montenegro is defined as a civil, democratic, ecological, and social state founded on the rule of law. The Constitution ensures that the state provides material security to individuals who are unable to work and lack means of subsistence, as stipulated in Article 67, paragraph 2. Additionally, Article 68 guarantees special protection for persons with disabilities.

The Law on Social and Child Protection, enacted in 2013, has undergone several amendments. It outlines basic material benefits and services in the field of social and child protection, aiming to promote and introduce new services while involving a diverse range of service providers. The law establishes norms and standards for social and child protection services, procedures for licensing professional workers and service providers, and processes for accrediting training programs. To enhance accessibility to social and child protection rights, certain social work centres have been reorganised, and new centres have been established. In line with the law, by-laws have been adopted to regulate the organisation and operation of social work centres, professional activities in social and child protection, service standards, the quality system in social and child protection, and other aspects crucial to the system's functioning.[[40]](#footnote-40)

The Law on Travel Privileges for Persons with Disabilities (Official Gazette of Montenegro 80/08, 40/11, and 10/15) provides an additional form of protection for persons with disabilities in accordance with Article 68 of the Constitution of Montenegro, which guarantees special protection for persons with disabilities. The law stipulates that a person with a disability is entitled to a travel privilege for 12 trips in road and rail transport within Montenegro during a calendar year. This travel privilege also applies to the companion of the person with a disability. Additionally, a person with a disability who is employed is entitled to a travel privilege from their place of residence to their place of work and back. The beneficiary of the travel privilege and their companion are entitled to a reimbursement equal to the cost of the travel ticket.[[41]](#footnote-41)

The Law on the Movement of Persons with Disabilities with the Assistance of Guide Dogs (Official Gazette of Montenegro 76/09 and 40/11) regulates the right of persons with disabilities to use transportation means in road, rail, maritime, and air transport with the assistance of guide dogs. It also ensures their access and presence in public places and free access and presence in the workplace.[[42]](#footnote-42)

National regulations that apply also include: the Law on Compensation for Former Beneficiaries of Benefits Based on the Birth of Three or More Children (Official Gazette of Montenegro 145/21), the Law on Temporary Child Support (Official Gazette of Montenegro 80/22 and 123/23), the Healthcare Law (Official Gazette of Montenegro 3/16, 39/16, and 2/17), the Law on Health Insurance (Official Gazette of Montenegro 6/16, 2/17, and 22/17), the Law on Pension and Disability Insurance (Official Gazette of the Republic of Montenegro 54/03, 39/04, 61/04, 79/04, 81/04, 29/05, 14/07, 47/07, 12/07, and 13/07, and Official Gazette of Montenegro 79/08, 14/10, 78/10, 34/11, 39/11, 40/11, 66/12, 36/13, 38/13, 61/13, 6/14, 60/14, 10/15, 44/15, 42/16, and 55/16), the Law on the Prohibition of Discrimination Against Persons with Disabilities (Official Gazette of Montenegro 35/15 and 44/15), the Family Law (Official Gazette of the Republic of Montenegro 1/07 and Official Gazette of Montenegro 53/16), the Law on Protection Against Domestic Violence (Official Gazette of Montenegro 46/10 and 40/11), and the Law on the Treatment of Juveniles in Criminal Proceedings (Official Gazette of Montenegro 64/11), among others.

**Adherence to the Principle of Gender Equality**

The working group, while drafting the Strategy for the Development of the Social and Child Protection System, paid particular attention to the gender perspective concerning the areas covered by this document. The working group consisted of 23 members, including 18 women and 5 men. However, despite the unequal gender representation, the working group made an effort to consider all operational goals, measures, and activities from a gender perspective.

Primarily, efforts were made to ensure that the data used was disaggregated by gender, as well as by other relevant characteristics (e.g., ethnic origin, socio-economic status, etc.). However, the working group encountered issues with the lack of data and irregular updates of available information.

Specifically, regarding gender statistics, Article 14 of the Gender Equality Law mandates that authorities maintain statistics by gender. In practice, gender statistics are only maintained in certain areas. The information system for social and child protection includes data on benefits and services disaggregated by sex, but not by gender. This underscores the need to further enhance the information system and conduct a gender analysis of existing data to evaluate how realised rights and access to services genuinely improve the quality of life for men and women in Montenegro.

In line with the National Strategy for Sustainable Development until 2030, one of the priority goals is to achieve gender equality and empower all women and girls to create a just, tolerant, open, and socially inclusive world that meets everyone's needs. It is essential to adopt and strengthen appropriate policies and existing laws to promote gender equality and empower all women and girls at all levels.

Introducing a gender perspective into the social and child protection system is crucial for enhancing the rights and ensuring fairness and equality for all beneficiaries of the system. Understanding gender differences and needs allows us to adequately address the challenges and requirements that individuals and groups face based on their gender identity. Applying this perspective enables us to identify gender-based inequalities, recognise gender-based violence and discrimination, and thus ensure access to adequate support for all beneficiaries, regardless of their gender identity.

Compliance with the principle of gender equality in this strategy will also be reflected in the use of gender-sensitive language.

***Compliance with the Principles of Environmental Protection***

The Strategy for the Development of the Social and Child Protection System of Montenegro is based on the principle of alignment with the National Strategy for Sustainable Development until 2030 (NSSD 2030), recognizing human capital as a key factor in achieving sustainable development.

The UN's 2030 Agenda for Sustainable Development, along with the European Green Deal, provides a framework for transforming towards a fairer and more environmentally sustainable society. These initiatives emphasize the importance of adequate social services and protection systems in achieving an inclusive transition.

Social services are closely linked to environmental challenges, especially in the context of working with vulnerable population groups. There is increasing evidence of the interconnection between environmental issues and social problems, affecting all aspects of human life. Therefore, it is essential to develop strategies that simultaneously address social needs and environmental challenges, focusing on sustainable solutions that promote inclusive growth and environmental protection.

**VISION AND STRATEGIC GOAL**

Taking the aforementioned into account, the fundamental vision and strategic direction of this policy development are reflected in:

**Vision for Social and Child Protection in Montenegro**

An integrative, effective, and efficient social and child protection system, based on human rights and aligned with relevant European and international policies and practices, ensures a better quality of life for citizens and represents an important policy in the sustainable economic development of Montenegro.

**The strategic goal of the Social and Child Protection Strategy i**s to establish and develop an integrative and sustainable social and child protection system that enhances and improves the quality of life for its beneficiaries.

In this regard, the analysis within the strategic document will examine all relevant segments of the social and child protection system and establish a structure of appropriate operational objectives and performance indicators.

# ANALYSIS

The reform of Montenegro's social and child protection system intensified in 2013 with the adoption of the Law on Social and Child Protection, which has since undergone several amendments.[[43]](#footnote-43) The Government plans further reforms to strengthen the system's effectiveness, efficiency, and sustainability. Strategic documents and the legislative framework outline reform processes in the social and child protection system, grounded in human rights protection and the application of EU principles of social inclusion. These reforms include:

The overarching goal of the reform of the social and child protection system is to enhance the coverage and targeting of benefits, services, measures, and programmes, thereby improving the system's efficiency and financial sustainability to provide a comprehensive and timely response to beneficiaries' needs.

It is essential to support clear, evidence-based financial planning of reform measures in line with the goals, serving as a foundation for decisions regarding the introduction, discontinuation, or continuation of new or existing benefits and services within the social protection system.[[44]](#footnote-44)

## Overview of the Implementation of the Social and Child Protection System Development Strategy (2018-2022)

This Strategy was adopted to improve the quality of life for beneficiaries of social and child protection and to empower them for independent and productive living. The mid-term evaluation of the Social and Child Protection System Development Strategy in Montenegro 2018-2022[[45]](#footnote-45) determined the following percentage of implementation of the Action Plan for the period 2018-2020:

***Chart 1: The level of implementation for the Action Plan to the 2018-2022 Strategy for the Development of Social and Child Protection in Montenegro***

Among the most significant activities implemented during the execution of the Strategy are: 1) The normative framework in the field of social and child protection was improved, including amendments to the Law on Social and Child Protection and related by-laws; 2) Licensing procedures for professional workers and service providers were enhanced; 3) The accreditation process for training programmes commenced, and training programmes for professional workers, assistants, and volunteers were developed; 4) Activities related to the establishment and development of social and child protection services were carried out. The 2021 Action Plan was adopted in June 2021. However, most activities from this plan were not implemented due to frequent changes in leadership and decision-makers, and the Final Report was not adopted.

However, several issues were identified during the implementation of this strategy:

The evaluation of the implementation of the 218-2022 Social and Child Protection System Development Strategy in Montenegro revealed that the Strategy clearly defined the existing needs in the field of social and child protection, highlighted the necessary processes to be initiated, and outlined the administrative responsibilities of actors within the system for implementing reforms. Despite these efforts, the Strategy lacked throughout the entire process clear target values for the selected priorities, insufficiently defined progress indicators, and often unclear implementation instruments.

Most relevant stakeholders believe that the mechanisms for implementation, coordination, and oversight were insufficiently precise, resulting in varied practices across the country that need to be standardised. There is also broad consensus among government actors, the NGO sector, and development partners that intersectoral cooperation and coordination remain challenging, affecting the country's development plans and policies.

According to many stakeholders in the social and child protection (SCP) sector, the local level has been insufficiently committed to implementing the Strategy's recommendations. The role of local governments in the functioning of the system needs to be better designed and regulated. SCP services mandated by law are not available in all municipalities, nor are the obligations for funding, establishment, and responsibility of local governments clearly defined.

However, it is important to note that over the period from 2020 to 2022, there was a consistent increase in allocations for social and child protection services at the level of all local self-governments.

In 2020, allocations for SCP ***services*** at the level of all local self-governments amounted to €3,606,774.81. In 2021, these allocations were €3,970,208.45, and in 2022, they amounted to €4,571,149.86, totalling €12,148,133.12 over the past three years.

In 2020, local self-governments allocated around **€3.5 mil** for SCP services, approximately **€4 mil** in 2021, and about **€4.5 mil** in 2022, **totalling over €12 million**. This data shows a trend of increasing investments by local governments in SCP services year by year, indicating a growing need for these services within the local community.

In the allocations for SCP services, local self-governments have allocated the most for **day care services for children with disabilities**. In 2020, they allocated €1,957,569.92, in 2021 €2,230,208.93, and in 2022 €2,721,274.36, totalling €6,909,053.21 over the past three years. Following the services provided in day-care centres, local self-governments have allocated the most funds for the ***soup kitchens***, amounting to €1,483,797.38 over the past three years, and the ***home assistance service***, totalling €1,126,588.65 over the same period.[[46]](#footnote-46)

There is consensus among all stakeholders involved in SCP issues that the least progress during the implementation of the Strategy has been made in the area of deinstitutionalisation.

Furthermore, the evaluation revealed that one of the factors affecting the reduced efficiency and effectiveness of the Strategy's implementation was the lack of adequate institutional capacity.

It was found that a disparity exists between the measures implemented and the outcomes achieved in relation to the proclaimed goals, which diminishes the overall impact of the Strategy.

Studies[[47]](#footnote-47) indicate that deinstitutionalisation, the development of community-based services, and the improvement of service quality (including strengthening the regulatory function, enhancing services provided by social work centres, and improving system analysis capacity) remain key reforms that Montenegro will continue to develop in the coming years. In this regard, everything achieved so far through the implementation of the SCP Development Strategy 2018-2022 serves as a foundation for future actions.

## Groups living at a heightened risk of poverty and exclusion

The poverty risk rate[[48]](#footnote-48) in Montenegro remains high, although it has been decreasing in recent years. In 2022, the poverty risk rate stood at 20.3%[[49]](#footnote-49). By age, those under 18 years were the most exposed to the risk of poverty (28.4%), followed by those aged 18 to 24 years (25.8%).[[50]](#footnote-50) The lowest poverty risk rate was among individuals aged 55 to 64 years (13.4%). Comparing the basic poverty risk rate and the poverty risk rate before including social transfers in 2022 shows that excluding social transfers from income increases the percentage of individuals at risk of poverty from 20.3% to 26.3%.[[51]](#footnote-51) If both social transfers and pensions are excluded from income, the poverty risk rate rises to 40.8%.[[52]](#footnote-52) Statistical data collected by Monstat in Montenegro indicate that the risk of poverty in rural areas, particularly in the northern region, has been on the rise for years.

***Chart 2: Indicators of income inequality (Gini coefficient)[[53]](#footnote-53)***

Charts 2 and 3 display comparative values of income inequality indicators and the At Risk of Poverty or Social Exclusion (AROPE) indicators for Montenegro and EU member states in 2022.

***Chart 3: At Risk of Poverty or Social Exclusion (AROPE)***

The AROPE indicator (At Risk of Poverty and/or Exclusion) is a key measure used to combat poverty and social exclusion.

***Charts 4 & 5: Montenegro’s 2023 Budget execution***

Budget expenditures amount to 39% of the total GDP.

Transfers for social protection to institutions, individuals, non-governmental organisations, and the public sector constitute 18% of budget expenditures.

In Montenegro, the groups living at a heightened risk of poverty and social exclusion, for which relevant data and analyses exist, are:

**Children:** According to the At Risk of Poverty or Social Exclusion (AROPE) indicator, children in Montenegro are more vulnerable than the general population. This is confirmed by other indicators of living standards such as the at-risk-of-poverty rate (ARPR) and the severe material deprivation rate (SMD). According to two of these three indicators, the youngest children (ages 0-5) are more vulnerable than the overall child population, which is not the case in the EU.[[54]](#footnote-54) Data shows that one-third of children in Montenegro aged 0 to 18 live at risk of poverty (30.5% in 2021),[[55]](#footnote-55) while the risk of poverty in the 18-24 age group was 24.7%. By household type in 2022, the highest risk of poverty was among individuals in households consisting of one adult with at least one dependent child (47.9%), followed by households with two adults and three or more dependent children (37.6%).[[56]](#footnote-56) These rates are significantly higher than the national average of 21.2%, indicating that children and young people are at an increased risk of living in impoverished households.[[57]](#footnote-57) Particularly difficult situations are faced by children without adequate parental care, children with behavioural problems who abuse alcohol, drugs, and other psychoactive substances, children whose parents disagree on the exercise of parental rights, and unaccompanied children.

**Children victims of violence and exploitation:** The issues related to violence against children are as follows: a low level of public awareness regarding the presence of violence against children, lack of coordination between relevant institutions in prevention, victim identification, and support provision, and insufficient training for professionals working with child victims of violence. Children living in unfavourable conditions (such as Roma and Egyptian children, foreign children seeking international protection, children with approved international protection, and children living on the street) are at high risk of becoming victims of sexual abuse and exploitation. Additionally, there is a recognised lack of supplementary support and protection services for child victims of abuse.

The existence of arranged child marriages, particularly among the Roma population, is evident and necessitates efforts to improve the protection, rehabilitation, and reintegration of victims. Furthermore, addressing the issue of begging is crucial, requiring a focus not only on victim rehabilitation but also on working with parents and the community through empowerment programmes.

**Children with disabilities:** In Montenegro, there is no adequate database on the number of children with disabilities. The inequality in the exercise of the rights of children with disabilities is directly linked to the barriers they face in accessing healthcare, education, and social and child protection services. Intersectoral cooperation in supporting children with disabilities and their families is weak. There is insufficient connection and collaboration among professionals from social work centres, healthcare centres, developmental counselling centres, day care centres, resource centres, and similar institutions. Although it is the responsibility of all these institutions to provide tailored interventions and support services, socialisation, and rehabilitation and habilitation for children with disabilities, such cooperation is lacking. The intervention and referral system still predominantly relies on the medical model of disability, which is not aligned with the principle of full inclusion of children with disabilities and hinders the application of a holistic and integrated approach to service provision for these children. Children with disabilities often suffer from discrimination and exclusion, making them a particularly vulnerable category, exposed to a higher risk of violence, neglect, and abuse. Although day care centres in Montenegro have developed relatively quickly, they need to become more inclusive and complementary to other SCP services. Other services for children and adults with disabilities, and their families are less developed or extremely limited.[[58]](#footnote-58) These services are not sufficiently accessible and do not adequately meet the needs of children with disabilities and their families. It is crucial to emphasise the need for more day care centres and their transformation to address the increasing number of children with developmental difficulties, which requires a timely and adequate systemic response. Ensuring sufficient staffing capacities is essential to provide prompt treatments in specialised institutions and reduce waiting lists. Strengthening the education system is also crucial to provide adequate support and ensure a more efficient engagement of assistants. Additionally, special attention should be given to developing support services for the families of children with developmental difficulties, empowering them and providing comprehensive assistance and care.

**Children without parental care:** The primary cause of the institutionalisation of children is the removal from their families due to the inability of parents to provide care. Children living in the most disadvantaged conditions—such as extreme poverty, victims of violence, or those subjected to other forms of abuse and neglect—are at a high risk of being separated from their families. Large families facing additional challenges beyond parental or guardian unemployment further jeopardise the well-being of their children. The scope and quality of services provided to support biological families and enable children to remain with them are not at a satisfactory level. The foster care system, particularly non-kinship fostering and fostering with intensive or additional support, remains underdeveloped. It is essential to improve the assessment and preparation of both foster carers and children in the coming period.

There are limited capacities for monitoring children (their status and living conditions) and insufficient resources to ensure the sustainability of progress made in the deinstitutionalisation process.

**Children with behavioural problems:** Given the increasing number of children with behavioural problems, this issue presents a significant challenge. Community services aimed at at-risk children (such as day centres for at-risk children and counselling centres for their parents) have not yet been established.

The rise in the number of children with behavioural problems, the complexity of these issues, and the increase in the number of adults exhibiting unacceptable behaviour have harmful consequences for both individuals and society as a whole. Over time, these problems contribute to a higher crime rate and have broader societal impacts.

The causes of behavioural problems in children include family relationships, parenting methods, and the lack of coordination between relevant institutions in prevention, victim identification, and support provision. In the coming period, greater attention must be given to children who use drugs or display various forms of chemical and behavioural addictions, as research highlights a growing number of children initiating the use of psychoactive substances at an increasingly young age. This issue is closely linked to a rise in criminal acts committed by children, either to fund drug purchases or while under their influence. The 2019 ESPAD survey conducted in Montenegro revealed that more than one in ten students (11%) had used an illegal drug by the age of 16—14% of boys and 8% of girls. Tackling this problem requires a multidisciplinary approach, with the active involvement of professionals from diverse fields.

**Persons with disabilities:** According to data from the World Health Organization in 2022, the percentage of individuals with disabilities is 16%. Since the census in Montenegro was conducted at the end of 2023, updated data on the number of individuals with disabilities are not yet available. According to available data from MONSTAT, of the total population of Montenegro (2011 census), 11% (68,064 individuals) face barriers in performing daily activities due to long-term illness, disability, and old age. Individuals with disabilities in Montenegro encounter numerous obstacles and discrimination in daily life.[[59]](#footnote-59) Many are unemployed or face difficulties accessing suitable employment.[[60]](#footnote-60) The number of individuals with disabilities registered as unemployed at the end of 2023 was 9,522, with 59% being women. Women with disabilities are particularly vulnerable to poverty, as they are especially affected by unemployment, and their earnings and/or benefits are often shared or entirely used by their families.[[61]](#footnote-61) In the coming period, it is essential to place greater emphasis on improving conditions for independent living and higher levels of community inclusion.

The Government of Montenegro, with the support of UNDP and the EU Delegation in Montenegro, is undertaking a comprehensive reform of the national disability assessment system. This reform will introduce a new disability assessment methodology based on the human rights model. The current system operates more than 35 commissions across five departments, with each department having its own commissions and criteria predominantly based on the medical model of disability (illness and health conditions). The existing legal framework operates under five laws and 17 by-laws. The reform of the disability assessment system will contribute to establishing a fairer, more equitable, and simpler approach to accessing financial support and services intended for individuals with disabilities.

**Elderly people:** The results of the 2011 Census of Population, Households, and Dwellings conducted by the Statistical Office of Montenegro (Monstat) indicated continuing trends of an ageing population. In 2011, Montenegro had a total population of 620,029, comprising 50.6% women (313,793) and 49.4% men (306,236). The average age of the population in Montenegro was 37 years, with women averaging 38 years and men 36 years.[[62]](#footnote-62) The increasing number of elderly people in Montenegro amplifies the need to address specific challenges in upholding their human rights. Older individuals can be particularly vulnerable to poverty, poor health, neglect, and various forms of violence, most often occurring within the family. The system of social protection services for the elderly in Montenegro is now more developed and comprehensive, which is undoubtedly an improvement. Due to the complex changes associated with ageing, there is a growing need in the community for the introduction of integrated services to better meet the needs of older beneficiaries. It is essential to place particular emphasis on the challenges faced by older people in rural areas, where population ageing is increasingly evident, yet the system of support services remains underdeveloped.

**Roma and Egyptians:** According to the 2011 Census of Population, Households, and Dwellings in Montenegro, 6,251 individuals identified as Roma, representing 1.01% of the total population, while 2,054 individuals identified as Egyptians.[[63]](#footnote-63) The majority of Roma and Egyptians reside in Podgorica, Berane, and Nikšić. The European Commission's 2023 report on Montenegro notes that Roma and Egyptians remain the most vulnerable groups, and anti-Gypsyism continues to be a significant issue.[[64]](#footnote-64)

A 2020 study on the socio-economic status of Roma and Egyptians in Montenegro found that “slightly less than half of the respondents from this study, who are Roma and Egyptians in Montenegro, use the services and assistance of social work centres in Montenegro, while one-third of the respondents claim to receive cash assistance every month.”[[65]](#footnote-65) The same study indicates that over time, the percentage of individuals using social work centres has increased, with one-third of respondents stating that in the past four years, they have received one-time cash assistance either monthly or occasionally.[[66]](#footnote-66)

In 2022, the Ombudsman conducted a field study in Roma settlements across 13 municipalities. Preliminary findings suggest that Roma and Egyptians live in less segregated settlements than 6 or 7 years ago, yet 42.2% of Roma still reside in areas inhabited solely by Roma.[[67]](#footnote-67) Overcrowding in Roma households remains an issue, with only slight improvements in access to water, electricity, and basic appliances.[[68]](#footnote-68)

Research conducted in Roma settlements found that 1% of children are involved in household chores to an extent that classifies as child labour (1% of children aged 5-11 and those aged 12-14 work more than 28 hours). In the week preceding the study, 6% of children aged 5-17 in Roma settlements were involved in child labour. Additionally, 7% of children aged 5-17 work under hazardous conditions. Boys in Roma settlements are more likely to be involved in child labour than girls (8% versus 4%).

Among households with three or more children in Roma settlements in Montenegro, the most common deprivation is the inability to cope with unexpected expenses (amounting to €230), with 97% of household members living in such conditions. According to the MICS survey for Roma settlements in Montenegro in 2018, 91% of children in these settlements experience material deprivation in three or more dimensions.[[69]](#footnote-69)

Despite some progress, physical separation contributes to increasing social distance and exclusion. Therefore, it is crucial to improve access to rights and services in the realm of social and child protection, especially for children and families from these communities.

**LGBTIQ+ community:** Members of the LGBTIQ community are at particular risk of discrimination, especially in traditional and conservative environments, where such discrimination is notably pronounced. Montenegro falls into this category based on general indicators. A 2022 study conducted by the Centre for Democracy and Human Rights (CEDEM), in partnership with the Ministry for Human and Minority Rights and the Ombudsman’s Office, found that 43% of respondents held negative views towards homosexual individuals[[70]](#footnote-70). It is essential to work on breaking down these prejudices and, through the development of SCP services, create a support system for members of this community. Additionally, there is a recognised need for further education of professional workers in dealing with clients from this community, as well as with their family members.

**Women victims of violence:** Violence against women and girls is one of the most widespread forms of human rights violations, stemming from negative societal attitudes towards the role of women and a high level of gender inequality. In Montenegro, gender-based violence is a hidden and highly stigmatised issue, and incidents are rarely reported. Research on the prevalence of violence against women indicates that women and girls from ethnic minorities, particularly Roma and Egyptians, migrants and refugees, women with disabilities, LGBTIQ individuals, and rural women are particularly vulnerable.

According to the latest Survey on the Conditions of Life and Safety of Women (EU - GBV) conducted by Monstat in 2021, every fifth woman (20.2%) in Montenegro reported experiencing violence from a partner at some point in her life. Additionally, 6.2% of women reported experiencing violence in adulthood by a non-partner, 7.5% reported experiencing family violence in adulthood, and 11.7% reported experiencing violence from any perpetrator. Furthermore, 17.5% of women reported experiencing sexual harassment at work during their lifetime[[71]](#footnote-71).

**Human trafficking victims:** Montenegro serves as a transit country for migrants on wha is known as the Balkan route. Due to a lack of sufficient official information, the exact number of trafficking victims cannot be determined. Internal trafficking for sexual or labour exploitation occurs, particularly in the coastal areas during the summer season. This issue disproportionately affects the Roma community, involving forced and organised begging and child marriages with clear monetary transactions. The Ministry of Internal Affairs has established a Team for the Formal Identification of Human Trafficking Victims, comprising representatives from relevant institutions and the NGO sector, to assign victim status. Statistics indicate that most victims are involved in begging and forced marriages. Between 2019 and 2022, the team granted victim status to 73 individuals (34 men and 39 women), including 27 children (7 boys and 20 girls). In 2023, 18 individuals received trafficking victim status, comprising 13 children (8 girls and 5 boys) and 5 women.

**Homeless people:** In Montenegro, there is no registry for individuals identified as homeless, making the collection of reliable data on the number of such individuals highly complex. This includes hidden forms of homelessness, such as living with family or friends in unacceptable conditions or facing various forms of exclusion.[[72]](#footnote-72) According to the Law on Social and Child Protection, a homeless person is defined as someone without a residential address, living in public or other places not intended for habitation, and lacking the means to meet their housing needs.

The development of the social and child protection system can be assessed through the advancement of the following area:

These areas will be analysed, and appropriate solutions will be proposed in the form of strategic and operational objectives.

In the preparation of this document, a SWOT analysis of the state of social and child protection system was conducted, identifying strengths, weaknesses, opportunities, and threats.

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| **STRENGTHS**Commitment of the Government to improving the SCP systemCentres for social work or their branch offices exist in every townLicensed professionals are employed within the systemCertain standardised social and child protection services are availableDefined standards and norms for providing specific social and child protection servicesAvailability of education through accredited training programsExistence of an Information System57 licensed service providers in social and child protection offering services in most municipalities in Montenegro, including day care centres, home care, drop-in centres, counselling, SOS hotline, therapy, shelter accommodation, and institutional care.475 licensed service providers for family placement and foster care.Established supervision services.Established oversight of professional work. | **WEAKNESSES**An insufficient number of prescribed social and child protection services relative to the needs of beneficiaries (e.g., personal assistants for children with disabilities, support in independent decision-making)Lack of support for interested entities in obtaining service provider licences Social and child protection services are insufficiently and unevenly developed.Inadequate coverage and availability of social and child protection services for beneficiariesStandards and norms are not sufficiently developed and do not exist for services such as interpretation and translation into sign language and socio-educational servicesThe cost of services is not defined (e.g., supported housing, interpretation and translation into sign language, counselling and therapy, and socio-educational services). For services where costs are defined, they are rarely adjusted in line with labour costs and other service provision expensesThe financing system and responsibilities between central and local levels are not precisely definedBenefits do not cover all potential beneficiaries.Insufficient funding for SCP services in local budgetsInadequate coordination between LSU, SWC, and MSWD in the disbursement of benefitsInsufficient capacity development among LSU employees in the field of SCPProfessional workers are burdened with administrative tasksDeficiencies in the Information System concerning the retrieval of specific dataLack of intersectoral cooperation between and among the SCP, employment, education, healthcare, and other sectorsPreventive services are not developed |
| **OPPORTUNITIES**Expanding the network of service providersMore efficient utilisation of existing human resourcesIncrease in the number of existing servicesAccess to international funds, strengthened cooperation through high-level inter- and intradepartmental and political dialogue.Potential for combined national and local service planningIncreased budget allocation for services supporting community-based livingEstablishing public-private partnershipsInvesting in the development of the IT System and integration of SCP and Healthcare sectorsProspects of EU accession, which motivate the SCP sector to align with EU standards | **THREATS**Lack of financial resources for the sustainable development of servicesLimited funding for investment in infrastructure and technologySlowing down of structural reform processesSocial protection is not high among LSU prioritiesBrain drain of skilled personnelAgeing population and increasing demand for elderly support servicesLimited administrative capacity to absorb available pre-accession instrumentsInsufficient investment in the education and training of employees |

## Basic entitlements to SCP benefits

The basic entitlements to benefits within the SCP system are governed by the Law on Social and Child Protection and its accompanying by-laws. The system includes 14 types of benefits, of which only cash allowance and child allowances for children of cash allowance beneficiaries are aimed at the poor. The eligibility for other benefits is based on health conditions or other criteria rather than means testing. A key issue in the SCP system is that only 25% of the total benefits defined by the Law are allocated to materially deprived (poor) beneficiaries. Considering the allowances for women based on the birth of three or more children, as set in the Law on Compensation for Former Beneficiaries of Allowances for the Birth of Three or More Children, this proportion is even lower.

2.3.1. The basic benefits in social protection are: Cash allowance; Personal disability allowance; Care and assistance allowance; Health care coverage; Funeral expenses; One-time financial assistance; Allowance for a parent or a guardian of a personal disability allowance recipient. Additionally, the Law on Travel Privileges for Persons with Disabilities[[73]](#footnote-73) prescribes remuneration for individuals with disabilities and their companions.

*Cash allowance*, as a basic social protection benefit, is awarded to a family or individual if they are unable to work or able to work under the conditions prescribed by the Law on Social and Child Protection. As of December 2023, the cash allowance amount was set at €84.98 per month for an individual and €161.57 per month for a family with five or more members. In 2023, a total of €8,653,777.00 was paid out under this provision. In December 2023, 5,669 families were receiving cash allowance, with 2,766 female heads of households and 2,903 male heads of households, encompassing 19,144 members. The decrease in the number of families receiving cash allowance, from 6,296 in 2022 to 5,669 in 2023, continues a trend of reduction observed in previous periods, as well as in other entitlements where cash allowance is the basis for eligibility. This reduction began with the enactment of the new Law on Social and Child Protection in 2013 and the introduction of the Social Welfare Information System – SWIS, which allowed for better means testing. Prior to these changes, the number of families receiving material support was around 14,000, significantly higher than the current 5,669 families. Given the changing economic conditions, both globally and domestically, accompanied by high inflation, wage and pension increases, individuals in social need have found themselves in a precarious situation regarding the amount of benefits received.

Benefits are adjusted semi-annually in accordance with Articles 38 and 58 of the Law on Social and Child Protection, based on the cost of living and average wage. Since 2013, increases have generally ranged between 2-3%, with the adjustments on 1 July 2022 being 8.70% and on 1 July 2023 being 5.92%. These data indicate the need to reassess the current method of adjustment to ensure more realistic and equitable increases in benefits.

It is necessary to re-evaluate the conditions for obtaining cash allowance, potentially recognising new beneficiary groups, and differentiating between individuals and families where all members are unable to work versus families with members who are able to work. There should be a review of the duration and method of using cash allowance in families with work-able members, an assessment of incomes that are not considered when determining eligibility for cash allowance, and the establishment of deadlines for terminating the right to cash allowance if the beneficiary goes abroad. Additionally, the possibility of increasing the CA amount should be considered.

Strengthening cooperation with the employment sector and other sectors is crucial for the activation of work-able CA beneficiaries. Two-thirds of CA beneficiaries are considered able to work but remain long-term unemployed due to a lack of support in overcoming barriers to employment (such as childcare and care for other dependent family members, addressing health issues, etc.) and social activation through inclusion programmes. In the future, it will be necessary to consider incentivising activation and employment through the gradual reduction of CA and other benefits during participation in employment measures and programmes, as well as the acceptance of short-term seasonal jobs. Special attention should be given to young people from families receiving CA to prevent them from being trapped in a multi-generational cycle of poverty, i.e. if young family members find employment, the entire family should not lose their CA entitlement.

EU social policy is based on the principle of active inclusion[[74]](#footnote-74), which specifically means that every citizen has the right to:

- Benefits that enable them to live with dignity at all stages of life.

- Inclusive labour market that facilitates easier employment, helps avoid poverty traps, and motivates individuals to work.

- Access to quality services – including social protection services that assist in active inclusion in society and reintegration into the workforce.

Benefits should not lead to the passivity of work-able individuals but rather help them overcome adversity and reintegrate into their community. These benefits should be combined with other social activation measures to combat long-term unemployment.

*Personal disability* allowance is provided to individuals with severe disabilities. As of December 2023, the monthly amount for this allowance was €297.36. Throughout 2023, a total of €11,453,109.70 was disbursed. In December 2023, 3,648 beneficiaries received the personal disability allowance, of which 1,487 were women and 2,161 were men. This represents an increase compared to December 2022, when 2,997 individuals were receiving this allowance.

*The care and assistance allowance* is provided to individuals who, due to physical, mental, intellectual, or sensory impairments or changes in health status, require care and assistance to meet their needs. As of December 2023, the monthly amount for this allowance was €84.33. A total of €30,650,923.52 was disbursed throughout 2023. In December 2023, 30,148 beneficiaries received the care and assistance allowance, of which 17,726 were women and 12,422 were men. This represents a significant increase from the 22,896 beneficiaries in December 2022, despite the absence of changes in the medical criteria for eligibility.

In the process of claiming CA, personal disability allowance, and care and assistance allowance, as well as working part-time, there have been issues with the violation of decision-making deadlines. Despite the establishment of five first-instance social-medical commissions, which decide on cases initiated before all Centres for Social Work (CSW) in Montenegro, applicants often wait several months for their claims to be considered. A similar issue exists in the second-instance procedure before the MSWD. New commissions have been formed, comprising doctors of various areas of expertise, which means that the commissions still operate under the medical model without considering the social needs of potential beneficiaries.

*Health care* is provided to recipients of CA, personal disability allowance, care and assistance allowance, and residential care services if they are not entitled to this right on another basis. As of December 2023, there were 1,203 beneficiaries of this right. The number of beneficiaries significantly decreased following the abolition of mandatory health insurance contributions in 2021.

*Funeral expenses* are provided in the event of the death of a recipient of CA, personal disability allowance, care and assistance allowance, or residential care services. In 2023, the funeral expenses amounted to €421.75. A total of €236,103.50 was disbursed in 2023, with 549 beneficiaries in total, including 38 beneficiaries in December 2023 (9 women and 29 men). The possibility of increasing the amount for this benefit should be considered.

*Allowance for a parent or a guardian of a personal disability allowance beneficiary.* One of the parents or the guardian of a beneficiary of personal disability allowance is entitled to an allowance for each beneficiary individually. This entitlement belongs to a parent or guardian who has at least one beneficiary of personal disability allowance and one or more beneficiaries of the care and assistance allowance, for each beneficiary individually. The amount of the allowance in December 2023 was €249.05 per month. In 2023, a total of €8,851,367.58 was disbursed, with 2,996 beneficiaries in December 2023, of which 2,249 were women and 747 were men. The eligibility criteria for accessing this entitlement should be reviewed since it allows for the exercise of this right even in situations where the parent and the PDA beneficiary do not constitute a living unit.

*Issues identified with the social protection benefits:*

* The percentage of allowances granted based on social protection criteria has significantly decreased relative to the total SCP budget. This decline is due to the introduction of universal child allowance, allowances for newborns, and the increase in the number and amount of allowances under the Law on Compensation for Former Beneficiaries of Allowances for the Birth of Three or More Children.
* There is inadequate coverage of beneficiaries and restrictive conditions for exercising the right to CA. Some entitlements are not clearly defined, such as travel remuneration for persons with disabilities and allowances for parents or guardians of PDA beneficiaries.
* 75% of beneficiaries of the allowance for parents or guardians of PDA beneficiaries are women.[[75]](#footnote-75)
* Benefits for parents with disabilities are not foreseen.
* There are significant delays in processing requests and appeals for CA, personal disability allowance, care and assistance allowance, and half-time work.
* Decision-making for MO, personal disability allowance, care and assistance allowance, and half-time work remains grounded in the medical model.
* The current method for adjusting benefits is inadequate, as it fails to sufficiently reflect wage and living costs growth.
* There is a notable lack of spatial and professional capacities in social work centres.
* Physical accessibility is an issue in two social work centres for persons with disabilities, and all centres struggle with providing accessible information and procedural adaptations for the full and effective participation of persons with disabilities.
* Insufficient development of entitlement to benefits at the local level.

2.3.2. The basic benefits in the child protection system include: newborn child allowance; child allowance; subsidised meals in preschools; assistance for the education and upbringing of children and youth with special educational needs; reimbursement of maternity or parental paid leave benefits; childbirth allowance; reimbursement of salary compensation for working half-time.

One of the parents, adoptive parents, guardians, or foster carers can receive a *newborn child allowance* as a one-time payment until the child reaches one year of age. In 2023, the allowance amounted to €953.28, and for beneficiaries of material support, it was €1059.20. A total of €11,642,771.67 was disbursed in 2023, with 13,581 beneficiaries. This figure includes beneficiaries from 2022 who received additional amounts due to increased allowances. In 2023, there were 7,273 new applications for this benefit.

The *child allowance* can be granted to a child up to 18 years of age who is a beneficiary of cash allowance, personal disability allowance, or care and assistance allowance. It also applies to children without parental care, whose parent, adoptive parent, guardian, foster carer, or the person responsible for their care, upbringing, and education are CA beneficiaries who have entered employment based on an agreement to actively overcome their adverse social situation. Children receiving personal disability allowances are entitled to the child allowance if the competent commission has determined that they cannot attend regular educational processes. This condition needs to be reassessed. In 2023, the child allowance ranged from €30 to €73.49 per month. A total of €51,258,878.00 was disbursed for child allowances in 2023. Of this amount, €8,002,495 was paid to recipients of cash allowance, care and assistance allowance, personal disability allowance, and to children without parental care. The remaining €43,256,383.00 was for recipients of the "universal" child allowance. In December 2023, there were 5,721 primary beneficiaries with 11,433 children, of whom 5,272 were girls and 6,161 were boys. The number of primary beneficiaries of the child allowance up to 18 years of age in December 2023 was 66,853, with 119,125 children receiving the allowance, including 57,535 girls and 61,590 boys.

*Subsidised meals in preschools* are provided for children in accordance with the law governing pre-school education as well as the SCP Law. In 2023, a total of €243,283.00 was disbursed for this purpose, with the number of beneficiaries in December being 873.

*Assistance for the upbringing and education of children with special educational needs* is provided to children and young people who have the right to education and upbringing according to a special law. This assistance covers the costs of accommodation in an institution and transportation costs. In 2023, a total of €523,613.53 was disbursed for transportation of children and young people, with 511 beneficiaries.

Employers are entitled to *reimbursement for maternity or parental leave wages* paid to employees. In 2023, a total of €19,125,054.25 was disbursed, with 2,476 beneficiaries in December. The possibility of removing the entitlement to reimbursement for maternity and parental leave benefits, as well as to compensation for part-time work, from the Law on Social and Child Protection should be considered.

The *allowance for the birth of a child* can be received monthly by one of the parents who is registered with the Employment Agency or is a student, until the child reaches one year of age. In December 2023, the amount of the allowance was €101.98. In 2023, a total of €2,727,788.00 was disbursed, with 2,131 beneficiaries in December. It is necessary to reconsider the amount of allowances in light of current socio-economic trends.

In accordance with the *Law on Travel Privileges for Persons with Disabilities*, individuals with disabilities have the right to travel privileges in road and rail transport within the territory of Montenegro. This travel privilege is available to recipients of personal disability allowance, recipients of care and assistance allowance, children and young people who have received educational support for children and young people with special educational needs as per the regulation on social and child protection, and recipients of care and assistance from another person who have acquired this right according to the pension and disability insurance regulation. In 2023, a total of 2,551 beneficiaries exercised this right, with €7,030,817.54 allocated from the Montenegro budget.

In accordance with the Law on Compensation for Former Beneficiaries of Allowances Based on the Birth of Three or More Children, as of December 2023, 15,050 beneficiaries received compensation, with €45,068,761.60 allocated from the budget of Montenegro.

The total expenditure for social and child protection relative to the budget of Montenegro for 2023 was 7.06%. The percentage of basic benefits in relation to the total budget for social and child protection for 2023 was 97.33%. The percentage of CA relative to the total budget for basic benefits in social and child protection in 2023 was 4.27%, despite CA being a key instrument in combating poverty and social exclusion. The at-risk-of-poverty rate for 2022 was 20.3% of the population, while the proportion of family members entitled to CA in the same year was about 3% of the total population.

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| Operational objective 1: |  Enhancing benefits for a dignified and active life |
| Performance indicator 1:Number of work-able CA recipients with a revised Individualised Activation Plan | 2025Revised Individual Activation Plans: 0 | 2026Individualised Activation Plans revised for 1,000 work-able CA recipients(equal representation of women and men will be taken into account when revising individualised plans) | 2028Individualised Activation Plans revised for 1,200 work-able CA recipients(equal representation of women and men will be taken into account when revising individualised plans) |
| Performance indicator 2:Number of developed activation programmes and new joint work methods of CSW and EAM | Activation programmes and new joint methods: 0 | Activation programmes and new joint methods(one activation programme aimed at women): 2 | Activation programmes and new joint methods(minimum of two activation programmes aimed at women): 4 |
| Performance indicator 4:Introduction of a human-rights based and inclusive disability allowance  | There is no inclusive disability allowance  | The Law on Unified Expert Assessment adopted and the Institute for Disability Assessment established, thereby creating the prerequisites for the introduction of an inclusive allowance. | A minimum of 1,500 female and 1,500 male recipients of the inclusive allowance, who have been assessed as having a disability in accordance with the human rights model. |

## Social and child protection services

Social and child protection services are classified into four groups: support for community living (day care, home assistance, supported housing, drop-in centres, personal assistance, sign language interpretation and translation, and other community living support services); counselling-therapeutic and socio-educational services (counselling, therapy, mediation, helplines, and other services aimed at overcoming crisis situations and improving family relations); institutional care (foster care - family care, residential care, shelters, and other types of institutional care); and urgent interventions.[[76]](#footnote-76)

The number of licensed service providers is increasing. By the end of 2023, there were 532 service providers offering services such as day care, home assistance, drop-in centres, counselling, helplines, therapy, shelters, residential care, foster care, and family care.

**Community living support services** encompass activities that facilitate the beneficiaries' ability to remain in their family or immediate surroundings. In Montenegro, the most developed services in recent years have been day care and home assistance, while services such as supported housing and sign language interpretation are currently non-existent.

In Montenegro, there are 17 licensed providers offering **day care services for children and youth with disabilities** across 16 municipalities. Among these, 16 are public institutions, including day care centres within the "Mladost" Children's Home in Bijela. Additionally, the Resource Centre for Hearing and Speech "Dr Peruta Ivanović" in Kotor provides similar services, although it is not licensed. The Ministry of Social Welfare, Family Care, and Demography financially supports this service by covering beneficiary costs, while local self-government units provide salaries and cover other expenses. However, for the day care centre at the "Mladost" Children's Home, all costs are borne by the Ministry. In Podgorica, an NGO also offers day care services for children and youth with disabilities. As of December 2023, 350 individuals were utilising day care services across these 17 centres.

In Montenegro, **20 day care centres operate for adults and elderly persons with disabilities**, as well as those requiring appropriate social protection due to specific circumstances and social risks. Three care services operate within existing day care centres, two are run by NGOs, and the remaining services are provided by nursing homes. Four out of five nursing homes are licensed to offer day care services for adults and elderly persons with disabilities. Additionally, through a project conducted by the MSWD with support from UNDP, 12 day care centres for adults, elderly persons, and individuals with disabilities are operational. In December 2023, approximately 100 beneficiaries utilised these day care services.

The annual expenditure at the national level for public day centres for children and youth with disabilities, and for adults and elderly persons with disabilities amounted to approximately €873,000 in 2023. For day care centres for adults and elderly and persons with disabilities, operating in collaboration with UNDP, the expenditures in 2023 were around €264,000.

**Day care services for children with behavioural issues** are provided by three licensed service providers in two municipalities (the Public Institution "Ljubović" and two NGOs). The day care for children and youth with behavioural issues represents a significant resource in their socialisation, development of life skills, personal and social responsibility, and socially acceptable conduct. In 2023, 24 beneficiaries utilised these services.

During the next phase of strategy implementation, the following issues in providing this service need to be addressed:

* Day care centres are not available in all municipalities;
* Day care centres for children with disabilities offer integrated services that include healthcare and education, which are not recognised by the Social and Child Protection Law;
* The funding system from central and local levels is not defined;
* There is no intersectoral cooperation among all relevant entities providing these services;
* Standards and norms are not aligned with the levels of support needed;
* Work with young children, particularly those with autism spectrum disorders, is not standardised.

**Home assistance** falls under the category of community living support services.[[77]](#footnote-77) This service is exceptionally important for supporting beneficiaries in meeting their daily living needs, thus improving or maintaining their quality of life. In Montenegro, **home assistance services for children and youth with disabilities are provided in three municipalities**, serving approximately 30 children. These services are funded through projects.

**Home assistance services for adults and the elderly, as well as persons with disabilities**, are available in 21 municipalities. The MSWD provides funding for these services, with beneficiaries contributing to the service costs. By the end of 2023, 834 beneficiaries utilised this service. Annual expenditures at the national level amounted to approximately €485,000 in 2023.

During the next phase of strategy implementation, the following issues in providing this service need to be addressed:

* The funding system at both central and local levels is not defined;
* There is a need for an integrated approach to service provision, which includes multisectoral collaboration, primarily with the healthcare system;
* The service is not available in rural areas;
* There is a need to review the standards and norms for children with disabilities, as well as for adults and elderly with disabilities;
* There is a need to reassess the service fee established by the MSWD, as it is insufficient to cover the costs of providing the service.

**The personal assistance service** in Montenegro is provided to recipients of personal disability allowance or care and assistance allowance who are either employed or enrolled in higher education or adult education systems.[[78]](#footnote-78) A personal assistant is engaged with a single beneficiary for a minimum of 20 and a maximum of 40 hours per week.[[79]](#footnote-79) Four non-governmental organisations are licensed to provide personal assistance. [[80]](#footnote-80) Until 2023, the personal assistance service was financed through project-based funding. [[81]](#footnote-81) In 2023, the Ministry of Labour and Social Welfare allocated approximately €8,700.00 for each personal assistant.

During the next phase of strategy implementation, the following issues in providing this service need to be addressed:

* Insufficient number of service providers
* Financing methods to ensure service sustainability
* Reassessing the conditions for beneficiaries' participation in paying for the service
* Defining the level of support to better identify potential service beneficiaries.

**Drop-in Centre** –This service falls under the category of community support services. The purpose of this service is to provide temporary or occasional interventions and to meet the immediate needs of beneficiaries, as well as to facilitate access to other community services. In Montenegro, one NGO is licensed to provide drop-in centre services for homeless adults and elderly individuals who are from communities of drug users, sex workers, LGBTIQ individuals, and former prisoners.

In the forthcoming period of strategy implementation, it is necessary to address the following issues related to the provision of this service:

* Insufficient number of service providers;
* Undefined financing system from central and local government levels;
* Lack of a developed methodology and established cost of the service.

***Supported housing*** serves as a direct alternative to institutional care in situations where significant family support for beneficiaries is lacking. In Montenegro, supported housing services for children (16+) and persons with disabilities have not been established, despite being a crucial prerequisite for deinstitutionalisation and the prevention of institutionalisation.

During the next phase of strategy implementation, the following issues in providing this service need to be addressed:

* There are no licensed service providers, despite the existence of minimum standards and norms.
* The cost of the service has not been determined.
* There is no cooperation or initiative between the central and local levels to establish the service, nor is there intersectoral collaboration.

**Key Issues in Providing Community Life Support Services:**

* Insufficient coverage or availability of services to meet the needs of beneficiaries.
* Licensed services are not evenly developed at the local level.
* A minimum package of services tailored to local community needs is not defined.
* The cost for a number of services is not determined.
* The cost for some services is inadequate.
* The scale of beneficiary participation in service costs is not well defined.
* Standards and norms for certain services are not clearly defined, and some services lack standards entirely.
* There is no mandatory training in certain areas for professional associates.
* Preventive services are underdeveloped.

**Counselling, therapeutic, and socio-educational services** include: counselling, therapy, helpline, and other services aimed at overcoming crisis situations and improving family relationships.

In Montenegro, seven service providers offer counselling services for children and youth with disabilities, adults and elderly persons with disabilities, and elderly persons in seven municipalities. The number of beneficiaries of this service is not limited during licensing.

Three service providers are licensed to provide therapy services in three municipalities.

For the helpline service, five service providers are licensed in three municipalities. The PU "Children’s Home Mladost" Bijela is licensed to provide the National Child Helpline. The service offered by the National Child Helpline is telephone counselling that facilitates the implementation of children's rights, aiming to provide advice, information, and education on various issues, as well as to prevent all forms of violence and empower children and youth to discuss topics that concern them. The total number of calls in 2023 was 636. Through the helpline for parents and guardians, licensed by the NGO Parents Association, advice is provided on parenting, relationships with children, and family dynamics. In 2023, the Ministry of Labour and Social Welfare funded the National Child Helpline service with €75,000.

***Key issues related to the provision of counselling, therapeutic, and socio-educational services include:***

*Insufficient coverage or availability of services to meet beneficiaries' needs; Licensed services are not evenly developed at the local level’; A minimum package of services in line with the needs of local communities has not been defined; The cost of some services has not been determined; The cost of some services is inadequate; The scale of beneficiaries' participation in service costs is not well-defined; Standards and norms for some services are not clearly defined, and some services lack standards altogether; There is no mandatory training in certain areas for professional workers; Preventive services are underdeveloped; There is a need to reassess therapeutic services within the social and child protection system; There are no established standards and norms for providing socio-educational services.*

***Residential care services*** involve beneficiaries staying in foster care, family placement, institutional care, and shelters.

Institutional care is a service intended for beneficiaries who cannot receive support within their own family, through foster care and family placement, or by providing other community-based services, or when such arrangements are not in their best interest.

**Residential care for children and youth**: Children without parental care and children whose development is hindered by family circumstances are provided with accommodation at the Children's Home "Mladost" in Bijela or through family foster care services. At the end of December 2023, 71 children (31 boys and 40 girls) were residing at the Children's Home "Mladost" in Bijela.

A trend of deinstitutionalisation is noticeable in the protection of children and youth, reflected in a significant reduction in the number of beneficiaries at the Children's Home "Mladost" over the past decade. Institutional care for children under the age of 3 is only possible in exceptional circumstances when all other options have been exhausted. In line with the transformation plan of the Children's Home "Mladost" in Bijela, the institution has also been licensed to provide day care services for children with disabilities, shelter services for children victims of domestic violence, counselling services, and helpline services. Additionally, a small group home has been established within the institution in Bijelo Polje, where eight children were accommodated in 2023.

The purpose of the **small group home** service is to provide a temporary, safe, and stimulating environment when such conditions cannot be ensured within the family setting, thereby offering support and preparation for a sustainable independent life. These institutions can accommodate a maximum of eight beneficiaries, which distinguishes this service from other institutional facilities. Findings from various reports indicate a need for establishing more small group homes for different categories of beneficiaries. However, it is crucial to ensure that relocating beneficiaries from large institutions to small ones is not acceptable. Instead, efforts should focus on developing services that support community living.

**Residential care for children and youth with behavioural problems** is provided at the PI Centre "Ljubović", where educational measures involving referral to a community-based correctional facility are implemented for periods ranging from six months to two years. Additionally, the Centre undertakes measures such as intensified supervision by the guardianship authority with day care in the educational institution, and temporary placement under care until the completion of preparatory proceedings by the competent court. At the end of 2023, the Centre "Ljubović" housed 18 beneficiaries, including 13 children (10 boys and 3 girls) and 5 young adults (4 men and 1 woman).

The **foster care service** is provided for children and young people without parental care and those whose development is hindered by family circumstances, offering care, nurturing, and upbringing until they return to their parents, are adopted, or achieve emancipation. As of December 2023, there were 271 children placed in kinship foster families, including 126 girls and 145 boys, and 82 children in non-kinship foster families, comprising 33 girls and 49 boys. This totals 353 children in foster families. Although kinship foster care remains dominant, with 84% of children placed with relatives, there has been an increase in the number of children placed in non-kinship foster families since 2010. It is noteworthy that most children currently in institutions have disabilities, with only ten children placed in **foster care with intensive support** (provided to children with disabilities and behavioural problems). In December 2023, there were 263 foster families (222 kinship and 41 non-kinship).

There is a need for further development of foster care, particularly fostering with intensive and additional support, as well as the establishment of a Foster Care Centre to ensure better preparation and assessment, along with continuous and intensive support for foster families. This is essential to maintain the trend of increasing the number of children placed in foster families rather than in institutions. During the implementation of this Strategy, it is necessary to analyse data on foster carers, including their gender distribution—how many women and men are willing to take on this role—and assess their needs for support from a gender perspective.

The **family placement service** is intended for pregnant women, single parents with children up to three years old, and adults and elderly persons who require care due to social circumstances.[[82]](#footnote-82) In 2023, 38 individuals utilised the family placement service, of which 12 used standard family placement, and 26 benefited from family placement with intensive or additional support.

According to SWIS data, the total annual expenditure for family placement – foster care and family care amounted to approximately €2,200,000 in 2023. The expenditure structure is dominated by costs for foster care (92.4%).

In the upcoming period of strategy implementation, it is necessary to address the following issues within the provision of this service:

*The issue is that children without parental care are institutionalised due to the inability of their parents to care for them. Support services for biological families are insufficiently developed, rendering the assistance provided inadequate. Fostering is underdeveloped, with inappropriate assessment and preparation of foster parents and children. There are not enough non-kin foster families and the support for both foster parents and children in foster care is inadequate. Additionally, there is a shortage of professionals in the field.*

**Residential care for adults and the elderly -** In Montenegro, there are five public Nursing Homes ("Grabovac" Risan, Bijelo Polje, Pljevlja, Nikšić, and Podgorica). By the end of 2023, these institutions accommodated 745 adults and elderly persons, comprising 425 women and 320 men. Of these, 473 were placed in the homes based on decisions from the Centre for Social Work (CSW), while 272 residents were there through private agreements. In two private institutions (Duga Danilovgrad and Nana), there were 75 residents. Besides providing accommodation, these institutions offer community living support services, counselling, and shelter services. The Nursing Home "Grabovac" Risan is licensed to provide day care, home assistance, counselling, and shelter services for the homeless. The public nursing homes in Pljevlja, Bijelo Polje, and Nikšić are licensed to provide day care services.

The total number of beneficiaries at the end of 2023 was 818. The number of beneficiaries admitted during 2023 was 595, and the number of beneficiaries who left during 2023 was 309. The occupancy rate indicates that the stigma associated with residential care has decreased, families are less able to meet the growing needs of the elderly, and older individuals desire peer socialization and long-term healthcare. There will always be a certain number of beneficiaries whose needs, especially healthcare-related, cannot be met at home and will require institutional care. The majority of beneficiaries are aged 65 to 79 years (39.49%) and over 80 years (39.00%), followed by those aged 51 to 64 years (17.36%). Beneficiaries under 50 years old represent 4.16%. Women are predominant in these institutions. Significant differences between men and women are evident; women live longer, are more often widowed, and have lower education levels compared to men. Approximately 50% of beneficiaries lived alone before admission. Most beneficiaries (44.01%) have secondary education, and 76.53% receive a pension. The majority of beneficiaries (23.59%) finance their stay partially from their own funds and partially from relatives. The predominant reason for admission is the personal choice of the beneficiary (29.58%).

The total number of beneficiaries who left during 2023 was 309, or 37.78% of the total beneficiary population. The most common reason for leaving was the death of the beneficiary, accounting for 196 beneficiaries or 63.43%. Residential care is chosen by beneficiaries and their families as a permanent form of care. Thus, only a small number of beneficiaries (28 or 9.06%) decided to return to their families. Beneficiaries transferred to another institution during the year numbered 54 or 17.48%. A total of 28 beneficiaries or 9.06% left the institution on their own request. There were no cases of beneficiaries being sent to family care services.

***Chart 7: An overview of beneficiaries by type of disability***

From the perspective of providing care for beneficiaries and organising daily life in institutions, data on the type of disability and mental health status are crucial indicators. Out of 818 beneficiaries residing in institutions as of 31 December 2023, 217 or 26.53% had mental health difficulties. Additionally, 185 beneficiaries or 22.62% had no physical, sensory, mental, or intellectual disabilities. Of the total number of beneficiaries, 153 or 18.70% had multiple disabilities. The number of beneficiaries with physical disabilities was 130 or 15.89%. Those with intellectual disabilities numbered 57 or 6.97%. Furthermore, 44 beneficiaries or 5.38% had sensory disabilities.

Considering that the nursing homes Podgorica and Nikšić became operational in 2023, the structure of residential capacities has changed compared to the previous period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Institutional capacity** | **No of beneficiaries in 2023** | **No of beneficiaries whose placement terminated in 2023** | **Total number of users on 31.12.2023** |
|  | 1,060 | 595 | 309 | 818 |

**Institutional care for Persons with Disabilities** - Adults with disabilities are placed in the PI "Komanski most". In December 2023, "Komanski most" housed 114 beneficiaries, including 52 women and 62 men (12 young individuals, and 102 adults and elderly). Additionally, 33 beneficiaries were in institutions abroad. As part of the transformation plan for this institution, the development of supported housing services, small group homes, counselling services, and home assistance is anticipated.[[83]](#footnote-83) Although the transformation plan envisaged these measures to be implemented from 2020 to 2025, they remained pending at the end of 2023.

**Shelter services** are provided to beneficiaries whose safety, life, and health are at risk. Shelter placement is provided for a maximum of 12 months, with temporary placement for no more than 7 days. By the end of 2023, there were eight licensed service providers for this service**.**

**Shelter for Children Victims of Domestic Violence** operates within the public institution "Children’s Home Mladost". In December 2023, the shelter housed five children, including two boys and three girls. The operation of the shelter in 2023 was funded with €18,000.

**Shelter for Children and Youth Victims of Human Trafficking** was established within the public institution "Centre Ljubović" in March 2024. The Ministry of Social Welfare, Family Care, and Demography, in seeking the most efficient and timely solution to address this need, designated a facility within the complex of the Public Institution Centre Ljubović. This facility was adapted in accordance with the Rulebook on Detailed Conditions for the Provision and Use of Services, Norms, and Minimum Standards for Accommodation in Shelters. The shelter receives victims of arranged marriages, human trafficking, and children involved in begging. The shelter has the capacity to place 10 beneficiaries and is temporary until a suitable location is found for a permanent solution.

**Shelter for Women and Children Victims of Violence** provides accommodation for children and women who are victims or witnesses of abuse, neglect, gender-based violence, domestic violence, and exploitation, or are at risk of becoming victims.[[84]](#footnote-84) Seven service providers are licensed for this service. The total number of beneficiaries in 2023 was 191. Two shelters are physically accessible to persons with reduced mobility, but there is no accessibility of information using Braille, sign language, or easy-to-read formats, nor accessible transport to and from the shelters. For the costs of placement for women and children victims of violence based on CSW referrals, €116,187.51 was allocated in 2023. Additionally, €100,000 was allocated through a public call for funding this service in accordance with the Law on SCP, and €300,000 was allocated through a public call for financing projects or programmes in accordance with the Law on Non-Governmental Organisations.

**Shelter for Homeless Adults and Elderly** exists within the Nursing Home “Grabovac" Risan. In 2023, the shelter accommodated four beneficiaries. The shelter is accessible to persons with reduced mobility, but lacks accessible information in Braille, sign language, easy-to-read formats, and there is no accessible transport to and from the shelter.

**SCP service gap**

To provide better and more efficient protection for various categories of beneficiaries within the social and child protection system, the following services are lacking: socio-educational services, supported housing, respite care for parents, personal child attendants, small group homes for adults and the elderly, and sign language interpretation.[[85]](#footnote-85)

In the previous period, a need has been recognised for establishing services for various vulnerable groups, including Roma and Egyptian children, street children, homeless children, children who are victims of arranged marriages, unaccompanied children, children with disabilities and developmental delays, children with behavioural problems, child offenders, migrant children, and others.

Among adults and the elderly, there is a lack of services that adequately address the specific needs of people with disabilities, members of the Roma and Egyptian communities, the LGBTIQ population, the homeless, prisoners, psychoactive substance users, migrants, particularly those from war-torn areas, and others.

Although the **service of sign language interpretation and translation** is recognised by the Law on Social and Child Protection as a support service for community living, it is not formally elaborated. This service is intended for persons with hearing and/or speech impairments. These individuals are entitled to equality, non-discrimination, and access to information in accessible formats, like any other person. Therefore, it is essential to prescribe minimum standards and detailed conditions for providing and using this service in all situations where it is necessary for the independent living of persons with hearing and/or speech impairments.

The problems related to the provision of this service include: Lack of minimum standards and prescribed service costs; Almost complete isolation and exclusion of persons with hearing and/or speech impairments from the disability rights movement and decision-making processes; Very few sign language interpreters, who do not typically consider it their primary occupation; Insufficient information and motivation among users to fight for their rights in the area of social and child protection.

**Integrated services** are crucial for the protection of various categories of beneficiaries, and involve cooperation, collaboration, and coordination between different departments and sectors. Integrated social services encompass other sectors besides social protection, such as health, housing, education, employment, culture, transportation, civil society, and more, thereby meeting a broader range of user needs. It is necessary to recognise this type of service in the Law on Social and Child Protection as well as in other relevant laws.[[86]](#footnote-86)

Shelters, Day Care Centres, Elderly Homes, and Public Institutions for Accommodation, Rehabilitation, and Resocialisation represent forms of integrated services for which the responsibility of different sectors for the services they provide, as well as the method of financing, need to be clearly defined.

The Public Institution for Accommodation, Rehabilitation, and Resocialisation of Psychoactive Substance Users in Podgorica is a specialised institution for the treatment of addiction, established by the Local Council of the Capital City Podgorica. The treatment at this institution lasts a minimum of 12 months of residential stay, consisting of three phases: adaptation, rehabilitation, and resocialisation, followed by 12 months of non-residential treatment. The status of this institution within the social and child protection system needs to be normatively regulated through the provision of integrated services.

**Key problems for institutional care**

* *It is necessary to reassess the standards and norms for providing accommodation services.*
* *A methodology for calculating the cost of accommodation services needs to be developed.*
* *There is a lack of an integrated approach, with an absence of medical professionals.*
* *Family care and foster care are insufficiently developed.*
* *It is necessary to review the standards and norms for family care and foster care services.*
* *Centres for foster care need to be established.*
* *Shelters for certain categories of beneficiaries and crisis centres for victims of sexual violence need to be established.*
* *Institutional care services are not fully adapted to persons with disabilities.*

**Total central government expenditures for social and child welfare services** amounted to 5,525,915.16 euros in 2023.

***Chart 8. Breakdown of central government expenditures for social and child protection services, in 2023***

The Ministry of Social Welfare, Family Care, and Demography allocated €1,616,345.00 for the "transfers to municipalities" position for financing social and child protection services in 2023, with the same amount projected in the budget for 2024.

According to the Law on Social and Child Protection, funds for the activities of social and child protection are provided in the state budget and the municipal budget. Funds for social and child protection services are secured through user participation, contributions from their relatives obliged to support them, donations, gifts, bequests, legacies, the establishment of endowments and foundations, etc. Municipal budgets may also allocate funds for social and child protection services, such as home care, accommodation in shelters, housing for socially vulnerable individuals, and other services in accordance with their financial capabilities. If municipalities are unable to secure funds for these services in their budgets, the state participates in their financing.

To ensure the provision of financial resources for the development and financing of social and child protection services by the state at the local level, local self-governments need to adopt Local Social and Child Protection Plans. These plans must clearly outline the criteria for the allocation of funds to individual municipalities, as prescribed by the Regulation on the Amount of Funds for the Development and Financing of Social and Child Protection Services and the Criteria for Their Distribution.[[87]](#footnote-87)

The document "Directions for Changes in the Near Future in Social and Child Protection Programmes in Montenegro” proposes that all institutional care and supported housing services be financed at the state level. These services simultaneously provide care and housing, facilitating the flow of funds following the beneficiary. According to this concept, financing should be secured from the state budget for services with nationally defined requirements for establishment, where standards (and prices) are firmly set, leaving no room for local inputs or modifications.[[88]](#footnote-88)

The Roadmap proposed that the Law define a minimum package of services—key, mandatory services that will be available in every municipality (or through joint provision in multiple smaller municipalities). These services can be fully financed at the national level or with a clear division of responsibilities, partially from local budgets. [[89]](#footnote-89) Additionally, for certain services, the central government could finance the minimum needs, while local authorities could be responsible for funding a broader range of needs (and beneficiaries).[[90]](#footnote-90)

|  |  |
| --- | --- |
| Operational objective 2: | Improving social and child protection services by increasing the number of beneficiaries who have access to these services. |
| Performance indicator 1: Normative definition of the financing method for services from both state and local levels. | There is no functional and sustainable service financing system | The Law on Social and Child Protection stipulates which services will be financed from the state and which from the local level | Established funding for services at the state and local levels |
| Performance indicator 2:Increasing the share of expenditures for social and child protection services from the state budget. | 2024Current level of allocations for social and child protection services from the state budget€5,500,000.00 | 2026Increase in annual allocations for social and child protection services from the state budget by 25%(€6,600,000.00) | 2028Increase in annual allocations for social and child protection services from the state budget by 264% compared to the year 2024(€20,000,000.00) |
| Performance indicator 3:Increase in the number of licensed providers of social and child protection services (community living support, counselling-therapeutic and socio-educational services, family placement, foster care) who continuously offer services; | 532licensed service providers | An increase to 564 licensed service providers | An increase to 600 licensed service providers |
| Performance indicator 4: Increase the number of shelters (victims of human trafficking, homeless, LGBTIQ) | Current number of shelters3 | By the end of 2026, a minimum of one new shelter will be established (Total: 4) | By the end of 2028, a minimum of one new shelter will be established (Total: 5) |
| Performance indicator 5: Establishment of services for women and children victims of sexual violence | There are no services for women and children victims of sexual violence | At least one (1) service for women and children victims of sexual violence established | A minimum of three (3) services for women and children victims of sexual violence established |
| Performance indicator 6:Improving cooperation between the sectors of social and child protection, employment, education, health care, culture, etc. | There are no integrated services that include the sectors of social and child protection, employment, education, health care, culture, etc. | The method of financing and functioning of integrated services prescribed in the Law on Social and Child Protection and laws from other sectors | Financing of integrated services established between the sectors of social and child protection, employment, education, health care, culture, sports, etc. |

Given that financing is tied to the fiscal year, a significant issue is the interruption of funding for project-based services for several months each year, coupled with the absence of multi-year contract agreements.[[91]](#footnote-91)

Determining adequate service prices is directly linked to their financing. Service prices should be set in a way that ensures adequate coverage of the costs of providing services in various regions of the country (urban and rural areas, southern, central, and northern regions). Analyses suggest that prices should be indexed to inflation and/or updated in line with changes in the costs of resources affecting service provision.[[92]](#footnote-92) It is particularly emphasised that cost calculations per beneficiary should consider economies of scale and enable the coverage of higher costs per beneficiary when the number of beneficiaries is small. This is to avoid discouraging the provision of services with higher fixed costs or services in areas with lower population density and/or lower demand.[[93]](#footnote-93)

## Improving the quality of management in the social and child protection system at all levels

Existing resources and actors in social and child protection are not adequate to provide effective and quality social and child protection services. Various analyses conducted in the past period have indicated that the reform process in the field of social and child protection entails placing beneficiaries at the centre of the system, establishing new services, involving a greater number of service providers, and increasing the role of local governments in service provision. Additionally, it is necessary to establish integrated services, which are significantly important for the protection of various categories of beneficiaries. Ensuring intersectoral cooperation and promoting an integrative approach in service delivery is a key segment for the efficient functioning and improvement of services, regardless of the type of service and target group.

**Centres for Social Work (CSW)** are key players in the further development of the social and child protection system. A Centre for Social Work is a public institution that decides on the realisation of rights in the field of social and child protection and performs other tasks in accordance with public authorisations, including the role of guardianship authority**.**[[94]](#footnote-94)According to the Law on Social and Child Protection, a CSW, among other things, assesses the condition, needs, strengths, and risks of beneficiaries and persons significant to the beneficiaries, evaluates the suitability of guardians, foster carers, and adoptive parents, develops and monitors individual service plans, decides in the first instance on applications for accessing rights in social and child protection, and more.[[95]](#footnote-95) A CSW can be established for the territory of one or more municipalities. More detailed conditions of organisation, norms, standards, and methods of CSW operation are prescribed by the competent state administration authority.[[96]](#footnote-96)

In Montenegro, 13 CSWs and 12 branch units have been established, covering 25 municipalities. At the end of 2023, there were 1,172 employees in the Centres for Social Work, with gross monthly salaries amounting to €1,079,930.43.

The reform of the social and child protection system in Montenegro has led to changes in the organisation of CSW operation, the introduction of case management methodology, and the implementation of supervision tasks. The CSW network has also been expanded, and their capacities have been strengthened through increased staffing and the improvement of the competencies of professional workers.[[97]](#footnote-97) These reforms have led to improvements in the quality of work, both in terms of efficiency and individualisation of work with beneficiaries.[[98]](#footnote-98) However, various studies and analyses indicate that challenges and barriers still exist in the operation of CSWs.[[99]](#footnote-99)

The number of employees, particularly those directly working with beneficiaries, remains insufficient to provide quality support. As the capacities of the Centres for Social Work (CSW) have increased and their network expanded, the demands placed on the centres and their obligations have also grown.[[100]](#footnote-100) The additional responsibilities and increased number of beneficiaries are disproportionate to the number and structure of employees. Although the professional process in the centres is based on the case management method, there are only 72 employees engaged in these tasks, which constitutes just 17.3% of the total number of professional workers. Furthermore, professional workers spend a significant amount of time on record-keeping and documentation (49%).[[101]](#footnote-101) The burden on each professional worker ranges from one worker per 591 inhabitants to one worker per 8,047 inhabitants, with significant disparities in the workload of case managers. This highlights the urgent need for measures to reorganise work, and increase and redistribute employees.[[102]](#footnote-102)

CSW representatives additionally note a lack of space and other material resources (e.g., vehicles) for optimal functioning.[[103]](#footnote-103) The problems are particularly pronounced in smaller towns and smaller centres.[[104]](#footnote-104)

In addition to insufficient capacities and material resources, challenges have been identified in the accessibility and quality of support. The role of CSW is reactive rather than proactive and is primarily focused on dispensing benefits.[[105]](#footnote-105) Support is most often provided in situations of high or moderate risk, meaning significant harm has already occurred to the beneficiary.[[106]](#footnote-106) There are also indications that connections between centres and other institutions, as well as municipalities, are sporadic, which hinders the establishment of quality services.[[107]](#footnote-107) Supervision conducted in CSW is mainly administrative, with the educational and supportive roles lacking due to the supervisors' overload, as they are often also case managers.[[108]](#footnote-108)

Research analysing the work of the centres for social work indicates the need to strengthen mechanisms of prevention, fieldwork, and direct work with beneficiaries.[[109]](#footnote-109) Additionally, there is a need for further improvement in the professional process, professional supervision, and case management, as well as the enhancement of the gatekeeping function and the establishment of adequate supervision models.[[110]](#footnote-110)

The evaluation of the implementation of the previous Social and Child Protection Strategy highlights the need for system consolidation in the coming period, through simplification of work and reduction of CSW remit for some of the functions they currently cover (support for the implementation of health insurance policies, medical commissions, maternity and parental leave, part-time work compensation, etc.).[[111]](#footnote-111) Additionally, the application of the Law on Temporary Maintenance should be removed from the social and child protection system since the part of the procedure led by CSW lacks elements of social work. By removing these entitlements and functions from the social protection system, CSWs would be further relieved, allowing them to retain their primary functions, which are related to benefits and support for the implementation of social and child protection services.[[112]](#footnote-112)

Preconditions for improving the quality of work in CSWs include increasing the number of case managers to 80% across the entire system, limiting the number of clients per professional worker, and improving the material conditions for work.[[113]](#footnote-113) The necessity to strengthen the professional capacities of case managers, as well as the competences of other professional workers, is emphasized.[[114]](#footnote-114)

The integration of disaster risk reduction (DRR) into the social and child protection system is of paramount importance for building a more resilient and inclusive society, while also enhancing the state’s preparedness to address the challenges posed by natural and other disasters.

To reduce disaster risks, it is necessary to focus on strengthening administrative, technical, and financial capacities for disaster risk management and ensuring the involvement of all institutions and stakeholders within the country in disaster response efforts. A better understanding of the specific needs and challenges faced by vulnerable groups, as well as those at heightened risk of poverty and exclusion, enables the development of more effective measures for prevention, preparedness, protection, and rescue. This, in turn, contributes to reducing disaster risks within the social and child protection sector.

Reforms should be preceded by standardising tasks and developing professional guidelines for specific tasks.[[115]](#footnote-115)

Several documents and analyses emphasise the importance of ensuring cooperation between CSW and local self-government units, as well as with institutions and organisations in the community, particularly for proactive identification of support needs and recognition of exposure to various types of risks.[[116]](#footnote-116)

In the coming period, a stronger role of the **Social Protection Institute** is needed in the following tasks: advisory, research, and professional tasks in the field of social and child protection; monitoring the quality of professional work and services in social and child protection institutions; providing professional supervisory support to improve the quality of professional work and services in social and child protection; conducting licensing of professional workers and issuing work licenses in accordance with the law regulating social and child protection; performing professional and organisational tasks in the accreditation process of training programmes or service provision programmes to ensure professional development for professional workers and associates, and service providers; issuing a Code of Ethics for employees in the field of social and child protection; researching social phenomena and problems, activities, and effects of social and child protection, creating analyses and reports, and proposing measures for improvement in the field of social and child protection; developing a quality system in social and child protection, coordinating the development of service standards and proposing to the state administration authority responsible for social welfare the improvement of existing and introduction of new standards; participating in the development, implementation, monitoring, and evaluation of the effects of strategies, action plans, laws, and other regulations related to the development of social and child protection activities; organising professional development for professional workers and expert assistants; compiling and publishing monographs, journals, and collections of works, professional manuals, guides, information booklets, studies, and examples of good practice; informing the professional and general public about the implementation of social and child protection, highlighting the needs and problems of clients, especially those from vulnerable social groups.

In the Institute for Social and Child Protection, there are 20 systematised job positions, with 19 employees currently filling these roles. In line with the assigned tasks, two independent advisors carry out research and analytical duties. Of the total number of employees, only nine (47%) are professional workers, while 53% are employed in administrative and other roles.

The Institute places special emphasis on providing support to professional workers in the social and child protection system through professional consultations and participation in case conferences, as well as through the implementation of developmental-integrative supervision. The Institute employs five trained experts who provide this form of professional support. In 2023, six supervision groups were organised for 30 professional workers. With an increase in the number of experts trained to provide supervision under this model, conditions would be met for the membership of supervisors from Montenegro in the Association of National Organisations for Supervision in Europe - ANSE).

The Institute for Social and Child Protection is also responsible for the accreditation of training programmes, the licensing of professional workers, organising and conducting training for employees in the social and child protection system, monitoring the quality of service provision, participating in case conferences, providing professional consultations, and more. Over the past eight years, all these activities have been subject to review and improvement, resulting in the adoption of new regulations: on standards for the accreditation of training programmes (December 2022) and on the licensing of professional workers (January 2025).

Challenges the Institute continues to face include defining mandatory, basic training for professional workers, expert associates, and associates based on the tasks they perform. Although the law does not provide for the licensing of expert associates and associates, it is clear that they should also pursue professional development and obtain certificates for the training they complete. Currently, professional workers do not have a defined set of training programmes they are required to attend. It is necessary to conduct a comprehensive analysis of existing accredited training programmes to differentiate between basic and mandatory training and advanced and specific training.

**Table No. 8** Overview of accredited and delivered training programmes and the number of certificates and licenses issued

|  |  |
| --- | --- |
|  | Total |
| No. accredited training programmes | **132** |
| No. delivered accredited training programmes | **250** |
| No. certificates issued | **over 5000** |
| No. licenses issued | **871** |

The Institute for Social and Child Protection maintains an internal record of licensed professional workers by type of licence, as well as records of accredited and implemented training programmes.

Challenges in the operation of the Institute include: a lack of personnel, an insufficient number of supervisors, the absence of differentiation between basic and advanced training, resulting in professional workers attending training based on their preferences rather than the specific needs and job descriptions of their roles, the absence of a defined set of mandatory training for professional workers, and the lack of a dedicated department exclusively for analytical and research tasks.

The quality of the licensing process for service providers, as well as monitoring and evaluation, are significant prerequisites for the improvement of social and child protection services. The licensing of service providers should be enhanced, as it, alongside the licensing of professional workers and the accreditation of training programmes, forms the framework for ensuring the quality of SCP services. Analyses indicate that the standards for certain services are not clearly defined, complicating the licensing process, and that regulations, particularly concerning the suspension and revocation of service provider licences, need further clarification.[[117]](#footnote-117)

The minimum standards that are necessarily linked to meeting the requirements for obtaining a licence need to be further reviewed. Their enhancement would improve the process of obtaining, suspending, and revoking licences for service providers.[[118]](#footnote-118) Any potential lowering of these minimum standards could negatively impact the quality of services. It is also important to note that service pricing in Montenegro is based on these minimum standards, and lowering them could result in reduced prices.

Control, monitoring, and evaluation mechanisms are not developed in accordance with the stringent licensing requirements.[[119]](#footnote-119) Certain analyses indicate the need to establish clear responsibilities for these functions and to strengthen the capacities of the MSWD, including inspection services, to ensure the provision of quality within the social and child protection system.[[120]](#footnote-120)

The social and child protection system lacks an effective control mechanism while accessing entitlements, both in terms of inspection and professional oversight of service providers.

The Social and Child Protection Inspectorate oversees the application of the Law on Social and Child Protection, the Law on Travel Benefits for Persons with Disabilities, the Law on the Implementation of the Decision of the Constitutional Court of Montenegro, the Law on Temporary Child Support, as well as numerous by-laws enacted based on these laws.

The oversight includes verifying the legality of accessing and utilising rights to basic social and child protection benefits and services; ensuring the fulfilment of conditions for conducting activities in social and child protection; direct inspection of the realisation of rights and services, including the implementation of orders issued during the inspection process; ensuring the urgency of procedures and timely processing of applications claiming entitlements in social and child protection, and conducting procedures for compensation claims against recipients who have unlawfully accessed basic benefits.

In the Social and Child Protection Inspectorate, the number of systematised positions for inspectors is seven, of which five positions are filled, including the Chief Inspector (2 men and 3 women) (one with a degree in law, one in psychology, one in sociology, one in political science, and one in social work).

Out of the total number of employees, four inspectors are based in Podgorica (covering the entire territory of the country), while one inspector is based in Mojkovac (covering the municipalities of Mojkovac and Kolašin). In 2023, the Social and Child Protection Inspectorate conducted a total of 247 inspections, during which 100 irregularities were identified.

In 2023, 70 initiatives were submitted, relating to: the realisation of rights to cash allowance, care and assistance allowance, personal disability allowance, funeral expenses, one-time financial assistance, allowance for parents or guardians - caregivers of individuals receiving personal disability allowance, child allowance, newborn allowance, subsidised meals in preschools, reimbursement of wages and half-time work compensation, complaints regarding the provision and utilisation of social and child protection services (community living support, counselling, therapy and socio-educational services, institutional care, and other services); one initiative for verifying compliance with the conditions for conducting social and child protection activities, reviewing general and specific acts of public social and child protection institutions and other service providers, and documentation of public social and child protection institutions and other service providers on which social and child protection rights and services are based.

The current practice indicates that, relative to the number of submitted initiatives, there is an insufficient number of inspectors. Therefore, it is necessary to increase the number of inspectors and enhance their professional competencies through more training in the coming period.

The Ministry of Social Welfare, Family Care, and Demography oversees the professional work of service providers through the Commission for Monitoring the Professional Work of Social and Child Protection Service Providers. The Ministry forms a Commission for each individual case. The Commission consists of a chairperson and members who are representatives of the Ministry and the Institute for Social and Child Protection. From 1 January 2023 to 31 December 2023, the Commission conducted a total of 14 inspections of the professional work of institutions and service providers in the field of social and child protection.

The supervision of the professional work of service providers involves verifying whether the conditions related to the application of prescribed professional procedures and the use of professional knowledge and skills are met during admission, assessment, planning, review of the effects of realised activities, and the conclusion of work with the client, based on the examination of documentation and the observation of the service provision process and its effects.

In accordance with the Rulebook on Internal Organisation and Job Systematisation of the Ministry of Labour and Social Welfare, the Division for Supervision of Professional Work of Public Institutions and Service Providers in Social and Child Protection was established in February 2024 within the Directorate for Service Development, Professional Supervision, and Second-Instance Administrative Procedure in Social and Child Protection. According to the mentioned Rulebook, the Directorate has five systematised positions, of which currently two are filled. The Ministry of Social Welfare, Family Care, and Demography has also recognised the aforementioned Directorate as relevant and will work on developing its capacities.

In the upcoming period, it is necessary to strengthen the capacities of the Directorate by hiring new officers and providing continuous training for the employees. Additionally, considering that the Directorate for Supervision has been established but the professional supervision is still carried out through the Commission for Monitoring the Professional Work of Social and Child Protection Service Providers, which is formed for each individual case, it will be necessary to amend the Rulebook on Monitoring the Professional Work of Institutions, Other Forms of Organisation, and Individuals Performing Social and Child Protection Activities.

At the **local self-government level**, mechanisms for the efficient and effective implementation of measures in the field of social and child protection are underdeveloped. In the previous period, the drafting and revising of local plans for social and child protection, as defined by the previous strategic document, which was led by local self-governments, was realised at a very low level. This indicates a need for support in drafting and revising local plans in the upcoming period. When developing local government plans, it is essential to rely on a prior analysis of the needs of men and women at the local level to ensure that the development of services is specifically aimed at improving their quality of life.

The **European Social Fund (ESF)** is the main instrument of the European Union for investing in people and implementing the European Pillar of Social Rights. With EU membership, Montenegro will have access to 8 to 10 times the financial support from the European Social Fund (ESF) compared to the funds currently received under the Instrument for Pre-accession Assistance (IPA). These funds represent a significant resource for addressing numerous challenges in the field of social and child protection, provided that strengthened administrative capacities for managing these funds are in place. In this regard, all activities carried out through previous Operational Programmes funded by IPA I and IPA II Financial Perspectives for the employment and social inclusion sector indicate the preparation of Montenegrin administration for the utilisation of the European Social Fund (ESF) upon EU accession and fulfilling the obligation of Chapter 19, which calls for the establishment of administrative capacities for future ESF utilisation.

One of these activities included projects under the Multi-annual Operational Programme for Employment, Education, and Social Protection (SOPEES 2015-2017) "Technical Assistance to the Operational Structure for the Sectoral Operational Programme for Employment, Education and Social Policy" and "Strengthening the Capacities of the Social and Child Protection System", aimed at supporting Montenegrin institutions in strengthening their capacities. As a continuation and enhancement of the expected results, the One-Year Action Document "Support to Smart and Inclusive Growth – Education, Employment, and Social Inclusion 2020" aims to strengthen the capacities of beneficiary institutions to assume obligations arising from the EU accession process in the employment and social protection sector (in accordance with Chapter 2, Chapter 19, and Chapter 22).

Furthermore, the former Ministry of Labour and Social Welfare, in line with the guidelines of the European Commission, has completed the programming process of the new IPA III financial perspective – commenced in 2022 – defining priorities through the preparation of a Strategic Response and drafting a Multi-annual Operational Programme for Employment and Social Inclusion 2024-2027 (IPA III). The key criteria for receiving EU financial support are the relevance and maturity of the proposed projects, all aimed at preparing countries for the future use of European Structural and Cohesion Funds. This approach will require additional engagement and strengthening of the overall administration's capacities to meet the criteria defined by the European Commission. In this regard, a draft One-Year Action Document for 2024 has been prepared as a preparatory document for the implementation of the Multi-annual Operational Programme for Employment and Social Inclusion 2024-2027 (IPA III), aimed at enhancing Montenegro's capacities for efficient and effective utilisation of IPA III and future EU cohesion policy funds/ESF through support for establishing functional operational structures, preparatory work, and capacity development for relevant programmes and projects in the fields of employment and social inclusion.

The new IPA III financial perspective represents a test of institutional capacity for the future utilisation of the European Social Fund (with the identification of bottlenecks in the process and in the system). The Ministry of Social Welfare, Family Care, and Demography, as the future Intermediary Body for Policy Management for the Operational Programme for Employment and Social Policy 2024–2027, should pay special attention to individuals at risk of poverty and social exclusion, particularly children in disadvantaged socio-economic conditions, young people, and other vulnerable categories, including women, to ensure their full equality in society.

Furthermore, the implementation of previous Operational Programmes has demonstrated the potential for partnership with social partners and civil society organisations (CSOs) to achieve the set goals in Montenegro's EU accession process. Through the implementation of activities, social partners and CSOs have the opportunity to develop their capacities to achieve the objectives of the ESF. It is a fact that CSOs are particularly active in providing social services and implementing activities for the social inclusion of vulnerable groups.

The most important social policy goals of the European Union are to achieve a uniform and fair access to basic social services, improve the social protection system, ensure high employment rates, good working conditions, high productivity, and social cohesion. In this context, Montenegro's challenges include improving the normative framework in social and child protection, enhancing the quality system in social and child protection, and improving social and child protection services, as well as creating prerequisites for continuing deinstitutionalisation, which are recommendations from the EU in the latest EC Reports for Montenegro.

The reasons for adopting a new Law on Social and Child Protection stem from the need to further improve the quality of life of individuals and families by enhancing benefits and services in the field of social and child protection, the process of licensing service providers and professional workers, and the accreditation process for training programmes, which will impact the quality assurance system in social and child protection. Additionally, the reasons for adopting the new law on social and child protection are also aimed at aligning with international standards and fulfilling obligations undertaken by ratifying international treaties, particularly those relating to guarantees of human rights and freedoms, children's rights, and the rights of persons with disabilities.

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| Operational objective 3 : | Improving the quality of management in the social and child protection system at all levels |
| Performance indicator 1: Reducing the caseload burden for case managers in social work centres | Current caseload: 100 cases per case manager | Reduction of the caseload to 60 cases per case manager | Reduction of the caseload to 40 cases per case manager |
| Performance indicator 2: Improved existing and developed new standards in the social and child protection system | The current number of existing standards in the social and child protection system for which the Institute for Social and Child Protection has defined recommendations5 standards | By the end of 2026, the number of standards for which the Institute for Social and Child Protection has defined recommendations will be increased to:14 standards | By the end of 2028, the number of standards for which the Institute has defined recommendations will be increased to:20 standards |
| Performance indicator 3: Increased number of professionals receiving supervisory support in the social and child protection system | 24 supervision groups | 29 supervision groups | 49 supervision groups |
| Number of supervisees152 | Number of supervisees187 | Number of supervisees290 |
| Performance indicator 4: Upgrade of the database for the register of licensed professionals, the record of accredited training programmes, and the record of completed training programmes | Number of databases 1 | Number of databases 2 | Number of databases 3 |
| Performance indicator 5: Increase in the number of inspections in the field of social and child protection | 250 inspections annually | 275 inspections annually | 300 inspections annually |
| Performance indicator 6: Increase in the number of oversights over professional work | 15 oversights annually | 55 oversights annually | 75 oversights annually |

# 2.6 Social Welfare Information System (SWIS)

The Social Welfare Information System (SWIS) serves as the backbone of the social and child protection system reform, with the aim of ensuring high-quality and transparent realisation of rights, both in terms of benefits and social and child protection services. In the previous period, the use of SWIS has optimised budget allocations for social protection through better targeting of benefits. Consequently, cash allowance and associated entitlements are granted only to those who meet the legal requirements, thereby reducing inclusion errors. The termination of entitlement to benefits for those who obtained them without a valid legal basis has resulted in budget savings for those in social need who are not covered by the social protection network. This ensures fiscal space for correcting exclusion errors, i.e., for those in social need who, due to restrictive criteria, do not access the entitlements.

Additionally, access to benefits and social and child protection services has been improved through the establishment of automated evidence procurement from nine other state institutions, thereby facilitating administration for CSW employees. This functionality also enables monthly reviews of rights utilisation to maintain up-to-date records and prevent potential misuse. The quality and monitoring of the provision of social and child protection services have been improved through the introduction of case management and comprehensive management of cases in a standardised manner across all CSWs. As statistics represent one of the key data sources in creating social policies, efforts in the previous period have focused on ensuring data availability, statistics, reports, and improving transparency, quality control, and case tracking through the system.

Importantly, four sets of Government COVID measures were implemented optimally and timely to assist vulnerable citizens. These included emergency one-off payments, ensuring the continuity of social rights through the automatic extension of rights for recipients whose rights were under review, particularly during the 17-month suspension of the activities of Social-Medical Commissions and similar situations.

The Ministry of Social Welfare, Family Care, and Demography has noted that a significant number of legal amendments were optimally implemented through SWIS in the previous period. In the upcoming period, new legal provisions will have to be implemented through SWIS to ensure the continuous and smooth operation of social and child protection institutions, provide e-services for citizens, etc., which requires the development of new system functionalities.

To timely implement new legal provisions and secondary legislation, it is essential to secure resources in terms of time, experts, and financial means for the development of new functionalities in SWIS, and for the refinement and optimisation of existing ones.

When discussing key information systems in the country, especially those responsible for significant annual budget expenditures (over €230 million was disbursed through SWIS in 2023), the fundamental rule is that continuous and planned investments must be made in their further development as well as in regular maintenance.

Therefore, it is projected that after ten years of SWIS operation, starting from 2025, a complete re-engineering (re-factoring) of the system will commence. This re-engineering will fully modernise and optimise the system, and with regular maintenance and upgrades, it is intended to serve for the next decade. Otherwise, the unacceptable risk of the system's dysfunction could ultimately result in the interruption of the disbursement of benefits and delivery of services.

Regarding technical capacities, the information and telecommunication infrastructure has been provided at 36 locations, including CSWs, their branch offices, public institutions for residential care, the Institute for Social and Child Protection, and the central location. In the forthcoming period, it is necessary to continue investing in equipment and networks and ensure regular maintenance, replacement, servicing, and upgrading of all hardware and server components to avoid interruptions in operational work and to ensure further investment in ICT security.

The equipment also includes:

* Server Environment, which includes servers, storage systems, necessary active network equipment for system networking and security, system virtualisation, and appropriate licenses.
* Network and Hardware: This encompasses workstations, printers, scanners, etc., as well as integrating existing IT equipment (currently over 650 workstations) at remote locations into the domain controller.
* Central and Local Information-Communication Networks and maintaining web services.

To achieve the conditions for implementing legal and strategic reforms in social and child protection, continuous delivery of specialised training for employees required. Besides analysing regulatory changes, testing, developing guidelines, and training for the use of SWIS, training also includes sessions for system administrators from the Ministry of Labour and Social Welfare, as well as training concerning personal data protection, ISO standardisation for information technology, cybersecurity, etc. This component also encompasses knowledge transfer among colleagues and support for operational work in the field, including help desk services, as well as visits to CSWs to provide on-site support.

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| Operational objective 4: | Expansion and enhancement of the functionalities and infrastructure of the Social Welfare Information System (SWIS) |
| Performance indicator 1:Number of new social and child protection entitlements (functionalities) included in the information system | Currently, 21 social and child protection entitlements are included in the information system | A minimum of 24 social and child protection entitlements will be included in the information system | A minimum of 27 social and child protection entitlements will be included in the information system |
| Performance indicator 2:Number of e-services available to citizens | Currently, no e-services are available to citizens | Two developed and operational e-services available to citizens | Seven developed and operational e-services available to citizens |
| Performance indicator 3:Increasing the number of service providers who have access to the information system | Current number of service providers who have access to the information system: 8 | A minimum of 15 service providers who have access to the information system | A minimum of 27 service providers who have access to the information system |
| Performance indicator 4:Re-engineering of the Information System completed (transition to new technologies) | The existing SWIS is based on outdated technological solutions | By the end of 2027, SWIS based on new technologies established | Improved system efficiency (quicker response to user requests through process optimisation and the use of new technologies) and facilitated interoperability (data exchange) with other systems. |

Without additional investments in SWIS, there is a significant risk of disruptions in existing processes, which would also negatively impact the efficiency of the entire social protection system. Therefore, in the forthcoming period, as previously described, it is essential to secure further investments in software, hardware, and human capacities to ensure the implementation of legal provisions and public policies within the social and child protection system.

# FINANCIAL FRAMEWORK FOR THE STRATEGY IMPLEMENTATION

To implement the activities outlined in the action plan, a total allocation of financial resources amounting to EUR 30.344.400,00 is necessary. The methodology used for calculating financial expenditures/revenues is based on estimation methods and previous experiences of the activity holders. These funds need to be secured from the budget of Montenegro as well as from donor support. Additionally, to accelerate the enlargement process and promote economic convergence within the Western Balkans (WB) region, the European Commission (EC) adopted the proposal for a new EU Growth Plan for the Western Balkans on 8 November 2023. The plan projects that the implementation of reforms and EU financial support will positively impact the economic growth of candidate countries. The Government adopted the Information on the Preparation Process of Montenegro's Reform Agenda 2024–2027 for the EU Instrument for Reforms and Growth, as well as the actual Reform Agenda of Montenegro 2024–2027 for the same instrument. Detailed information on the funds required for each specific activity for a one-year/two-year period will be presented in the Action Plan.

The following table provides an overview of the funding for the entire strategic document for the next four-year period, with the main sources of funding being:

- The Budget of Montenegro (A portion of the funds is allocated under the EU Growth Plan for the Western Balkans for 2026–2027 – Montenegro's Reform Agenda 2024–2027 for the EU Instrument for Reforms and Growth)

- Donor Support

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| Year | Budget funds | Donor support | Total |
| 2025 | 2.306.400,00 [[121]](#footnote-121)  | 1.000.000,00 | 3.306.400,00 |
| 2026 | 9.538.000,00 | 3.000.000,00 | 12.538.000,00 |
| 2027 | 7.500.000,00 | 3.000.000,00 | 10.500.000,00 |
| 2028 | 2.500.000,00 | 1.500.000,00 | 4.000.000,00 |
| Total | 21.844.400,00 | 8.500.000,00 | 30.344.400,00 |

# DESCRIPTION OF ACTIVITIES BY COMPETENT AUTHORITIES AND BODIES FOR MONITORING THE STRATEGY IMPLEMENTATION

The implementation of the Strategy for the Development of the Social and Child Protection System in Montenegro 2025-2028 will be coordinated by the Ministry of Social Welfare, Family Care, and Demography.

The direct implementation of the SCP Strategy will primarily be under the responsibility of the ministries and other institutions whose representatives were members of the Working Group for drafting the Strategy: the Ministry of Social Welfare, Family Care, and Demography; the Ministry of Health; the Ministry of Human and Minority Rights; the Ministry of Education; the Ministry of Labour, Employment, and Social Dialogue; the Institute for Social and Child Protection; the Administration for Inspection Affairs, as well as the Union of Municipalities of Montenegro. All the aforementioned ministries and other institutions, in accordance with their mandates, have competencies and responsibilities precisely defined by the Action Plan.

The Intersectoral Team for Monitoring and Evaluating the Implementation of the SCP Strategy will be formed after the adoption of the SCP Strategy for the entire duration of the Strategy and will meet at regular quarterly meetings dedicated to the implementation of the SCP Strategy. The Team for Monitoring and Evaluating the Implementation of the SCP Strategy will harmonise the proposals of action plans and reports on the implementation of the SPC Strategy and action plans.

All ministries and institutions will be involved in interdepartmental and intersectoral cooperation, primarily with NGOs and international organisations, as only through such cooperation can the goals of the Social and Child Protection Strategy be achieved. Interdepartmental cooperation will be reflected in joint activities to achieve the Strategy's goals, from the development of annual action plans, the implementation of joint training for professionals from different sectors, the creation of integrated services, to the monitoring of the implementation and achievement of the Strategy's goals.

All competent ministries will, as needed, involve institutions within their sector in the implementation of the Strategy – educational institutions, SCWs, primary healthcare centres, etc. Additionally, all ministries and other institutions will collaborate with institutions that collect and process various data about children during the implementation process.

Within the framework of intersectoral cooperation, partnerships with non-governmental organisations, local self-governments, the Union of Municipalities of Montenegro, and international development organisations are possible to achieve the goals of the Strategy through various projects and programmes.

# REPORTING AND EVALUATION

During the implementation of the strategic document, monitoring, or the tracking of the document's implementation, is primarily conducted through the monitoring of the accompanying action plan. Reporting on the implementation of the action plan is typically done annually. The Intersectoral Team for Monitoring and Evaluating the Implementation of the SCP Strategy will have the role of promoting the coordination of activities and highlighting priorities in the implementation of the measures defined in the SPC Strategy.

The Ministry of Social Welfare, Family Care, and Demography is responsible for collecting information and producing a consolidated annual report to the Government on the implementation of the strategic document, with a focus on the realisation of activities from the action plan. Additionally, the annual report will provide an overview of progress in implementation according to impact and performance indicators. The annual report on the implementation of the strategic document is submitted to the Government's General Secretariat for review.

The final report on the implementation of the strategic document is prepared by the Ministry of Social Welfare, Family Care, and Demography at the end of the period for which the strategic document was adopted and is submitted to the Government's General Secretariat for review. The structure of this report is specific in that, aside from the mandatory elements that apply to the structure of the annual report, the final report also includes an evaluation of the implementation of the given strategic document. In preparing the final report, the Ministry of Social Welfare, Family Care, and Demography may consult with other administrative bodies involved in the implementation process to further enhance the development of public policies.

The evaluation of the Strategy for the Development of the Social and Child Protection System 2025-2028 implementation will be conducted at the midpoint of the its implementation (in late 2026) and after the strategic document's expiration, and will be recorded within the mid-term and final reports on its implementation. In addition to evaluating the implementation of specific strategic goals and measures, the evaluation will pay special attention to reviewing the implementation process of the Social and Child Protection Strategy. Funds for conducting the mid-term (ex-ante) and final (ex-post) evaluations will be provided within the relevant action plans for the periods when the two forms of evaluation are scheduled to be conducted.

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 The Gini coefficient is a measure of inequality within a country. It calculates inequality as a coefficient ranging from 0 (perfect equality) to 1 (perfect inequality), sometimes presented as a percentage from 0% to 100%. [https :// www . monstat . org / uploads / files / SILC /2022/ Saop % C 5% A 1 tenje \_ Survey \_ on \_ income \_ and \_ conditions \_% C 5% BEivota \_ EU - SILC \_2022. pdf](https://www.monstat.org/uploads/files/SILC/2022/Saop%C5%A1tenje_Anketa_o_dohotku_i_uslovima_%C5%BEivota_EU-SILC_2022.pdf)

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