**Government of Montenegro**

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

**DEINSTITUTIONALISATION STRATEGY OF MONTENEGRO**

**FOR THE PERIOD 2025–2028**

**WITH THE ACTION PLAN for 2025**

**December 2024**

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**List of Acronyms**

CRC – UN Convention on the Rights of the Child

CRPD – UN Convention on the Rights of Persons with Disabilities

CSW – Centre for Social Work

EC – European Commission

ESF – European Social Fund

EU – European Union

IPA – Instrument for Pre-Accession Assistance

LSGU – Local Self-Government Unit

PI – Public Institution

PI SCP – Public Institutions for Social and Child Protection

MF – Ministry of Finance

MHMR – Ministry for Human and Minority Rights

MJ – Ministry of Justice

MESI – Ministry of Education, Science, and Innovation

MSPUSP – Ministry of Spatial Planning, Urbanism, and State Property

MLSW – Ministry of Labour and Social Welfare

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

MLESD – Ministry of Labour, Employment, and Social Dialogue

MSY – Ministry of Sports and Youth

MH – Ministry of Health

NSSD – National Strategy for Sustainable Development by 2030

NGO – Nongovernmental Organisation

CSO – Civil Society Organisation

OECD – Organisation for Economic Cooperation and Development

ERP – Economic Reform Programme

PAMNE – Programme of Accession of Montenegro to the EU

SP SCP – Service Provider for Social and Child Protection

SCP – Social and Child Protection

SOP – Standard Operating Procedures

MTGWK – Medium-Term Government Work Programme

PWD – Persons with Disabilities

SPA – State Property Administration

SCPI –Social and Child Protection Inspection

UN – United Nations

UNDP – United Nations Development Program

UNICEF – United Nations Children’s Fund

UMM – Union of Municipalities of Montenegro

ISCP – Institute for Social and Child Protection

## 1. INTRODUCTION

**Purpose of adopting the strategic document**

The Deinstitutionalisation Strategy of Montenegro for the period 2025–2028 (hereinafter: the Strategy) with the Action Plan for 2024 and 2025 for implementing the Strategy is adopted with the aim of preventing institutionalisation, deinstitutionalising users, and transforming service providers to ensure family or community-based life, as well as developing support services for community-based living and advisory services and socio-educational services. The Strategy represents the first national strategic document that sets goals and priorities for the deinstitutionalisation process, the means to achieve these goals, the timeframe, the necessary financial resources, as well as intersectoral cooperation of government bodies involved in the implementation of the Strategy and cross-sectoral cooperation with service providers and NGOs.

The groups targeted with this document are as follows:

* Children without parental care;
* Children whose parents are unable to care for them;
* Children with developmental disabilities;
* Children with behavioural problems;
* Children who abuse alcohol, drugs, or other substances;
* Children whose parents disagree on the exercise of parental rights;
* Unaccompanied children;
* Single parents with children lacking family support and adequate living conditions;
* Young individuals who were once children without parental care;
* Young individuals with disabilities;
* Adults and elderly persons with disabilities;
* Adults and elderly persons who abuse alcohol, drugs, or other substances;
* Adults and elderly persons who are homeless;
* Roma and Egyptians;
* Elderly persons;
* People living in rural areas;
* Other individuals requiring specific forms of protection due to particular circumstances and social risks.

The basis for adopting the Strategy is the Law on Social and Child Protection[[1]](#footnote-1), which stipulates that social and child protection is to be realised in accordance with strategic documents determining the long-term goals and priorities for the development of social and child protection. Such strategic documents consist of programmes that need to be implemented in order to improve social and child protection. One of the key principles of said law is the prevention of institutionalisation and the availability of services in the least restrictive environment whenever conditions allow in the homes of users or the local community, through non-institutional forms of protection, offered by various service providers with the aim of improving the quality of life of users and their social inclusion. Deinstitutionalisation is a goal that is set in numerous international and European conventions, agreements, and strategies. The UN Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention on the Rights of the Child (CRC) ensure the right of persons with disabilities to live independently and be included in community life.

This Strategy will create the basic conditions for respecting the right to live in the community or family and for the active participation of users in creating, choosing, and using social and child protection rights, which will result in the use of services in the least restrictive environment and inclusion in everyday life activities.

In the previous period, Montenegro implemented measures and activities aimed at the deinstitutionalisation process. Certain results have been achieved in relation to children, but significant results have not been achieved for persons with disabilities and the elderly. The number of such users in residential institutions has increased as new institutions have been opened, while changes in forms of protection rarely occur in practice. Services that support users’ stay in the community remain underdeveloped.

The Strategy is expected to facilitate the development of support services for community living and advisory-therapeutic and socio-educational services, which will contribute to users of the social and child protection system who need support meeting their needs in the community, i.e., natural environment, preventing their institutionalisation and transforming residential institutions.

Considering that the working group involved in drafting this Strategy involved two men and seventeen women, the issues were discussed from both female and male perspectives. Thanks to this comprehensive approach by the social and child protection sector, the problems were addressed from different gender perspectives and recognised as such by the Strategy.

It is important to draw attention to the entire structure of all stakeholders whose contribution to the realisation of the goals and activities in this strategic document will enable the building of a functional, sustainable, and high-quality social and child protection system, with the citizens of Montenegro as the ultimate beneficiaries. In addition to representatives of various institutions, as members of the working group tasked with drafting this strategic document, the stakeholders shown in the following graph were involved.

**Graph 1. Stakeholders in the process of drafting the Deinstitutionalisation Strategy**

The following chapters of this strategic document provide an overview of the Strategy’s alignment with the national strategic framework and international obligations undertaken by Montenegro.

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

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

**Medium-Term Government Work Programme 2024–2027 (MTGWP)[[2]](#footnote-2)**

The development of the strategic document is fully oriented towards achieving Goal 18: *A solidary society for a dignified life and equal opportunities* from the MTGWP. As an indicator of this goal, it is planned that:

* The number of foster families will increase by 15% from 350 by 2027;
* The number of providers of the standard service family placement will increase by 15% from 35 by 2027;
* The number of providers of social and child protection services for victims of gender-based violence will increase by 15% from 13 by 2027;
* The number of providers of support services for community living for persons with disabilities and children with developmental difficulties will increase by 15% from 45 by 2027.

In pursuit of this objective, efforts will be made to implement deinstitutionalisation measures that promote the inclusion of all vulnerable groups within our society while enhancing the accessibility of services in the least restrictive setting.

The obligations envisaged for the second quarter of 2024 include adopting the Strategy for the Development of the Social and Child Protection System 2024–2028 and Deinstitutionalisation Strategy 2024–2028. Strategy for the Development of the Social and Child Protection System will establish overarching strategic goals and operational objectives, as well as activities aimed at further improving the social and child protection system and the quality of life of social and child protection beneficiaries, empowering them for an independent and productive life, through the improvement of the regulatory framework in social and child protection, the quality system, and the enhancement of social and child protection services, thus creating conditions for the continuation of deinstitutionalisation. The Action Plan will define measures, activities, result and impact indicators, deadlines, responsible authorities and bodies, and sources of funding necessary for implementing the strategic guidelines defined by the Strategy for 2024. The Deinstitutionalisation Strategy derives from the Strategy for the Development of the Social and Child Protection System for the period 2024-2028, with the aim to dedicate special attention to deinstitutionalisation.

**National Strategy for Sustainable Development by 2030 (NSSD)[[3]](#footnote-3)**

In drafting the Strategy, the authors adhered to the principle of alignment with the obligations arising from Montenegro’s overarching strategic document – the National Strategy for Sustainable Development by 2030 (NSSD). 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 and that social institutions do not have sufficient resources to carry out activities in line with standards. It also assesses that the existing social and child protection system does not adequately meet the structural needs of vulnerable population categories. Additionally, the system is not flexible and is insufficiently adapted to present-day needs, while the centralised social and child protection system faces the problem of failing to recognize the specificities of social issues at the local level.

**Table 1. NSSD measures and sub-measures**

| NSSD measures | NSSD sub-measures |
| --- | --- |
| * + 1. Prevent and mitigate the effects of population aging   SDG 8 (8.3), 17 (17.4) | 1.1.1.6 Ensure adequate level of social protection  for senior and vulnerable populations. |
| 2.1.1 Ensure prerequisites for healthy development of individuals within their families  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  starting a family SDG 3 (3.1) and 5 (5.6)   * develop a system of support for the family with regard to all challenges of parenting and family life   2.1.1.2  Educate the population about alternative family forms  (e.g. one-member family, single-parent family,  partnerships without formal marriage, foster  families, etc.)   * develop and promote the foster family system * develop an efficient system for the support to children with disorders and development difficulties and their families |
| 2.1.2. Eliminate gender discrimination SDG 5 (5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.a, 5.b and 5.c | 2.1.2.2 Recognise and value unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies, and promote shared responsibility within the household and the family, SDG 5(5.4). |
| 2.1.5 Eliminate discrimination of persons with disabilities SDG 10 (10.3), SDG 11 (11.2), SDG 16 (16.7,16.b) | 2.1.5.3 Ensure social, healthcare and other services to persons with disabilities in accordance with their real needs and in compliance with international standards, SDG 10 (10.3).  2.1.5.4 Ensure adequate living standards and social security for persons with disabilities, SDG 10 (10.3). |
| 2.1.6 Eliminate discrimination of senior citizens SDG 3 (3.8) | 2.1.6.1 Increase efficiency and quality of social protection services for senior citizens, SDG 3.  2.1.6.2 Strengthen social and financial security of poor senior citizens, SDG 3.  2.1.6.3 Ensure adequate infrastructure for accommodation and care for senior citizens (including ill ones) SDG 3 (3.8).  2.1.6.4 Develop an efficient system for prevention and fight against violence against senior citizens, (SDG 3).  2.1.6.5 Build positive social climate towards senior citizens and aging as a process, (SDG 3) |
| 2.5.2 Ensure social stability and  reduce 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) | 2.5.2.11 Target socially vulnerable groups through efficient measures of social and other policies, SDG 1 (1.3, 1.b).  2.5.2.12 Improve accessibility, affordability and quality of social services.  2.5.2.13 Improve the system for allocation of social benefits and support programmes intended for citizens who are in greatest need.  2.5.2.14 Provide support to psycho-social protection programmes to population categories in danger of social exclusion. |
| 2.5.3 Fight against 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 Efficiently apply the existing and create new programmes focused on groups at risk of marginalisation, SDG 1 (1.3, 1.4, 1.b), SDG 8 ( 8.7), SDG 10 (10.2, 10.3):  - taking into account family structure (single-member families, single parents, children without parental care, youngsters having grown as children without parental care, families with a lot of children)  - taking into account age (children, youth, elderly citizens, pensioners), including prohibition of child labour in all forms thereof  - taking into account disability or developmental disorders |

**Economic Reform Programme (2024–2026) (ERP)[[4]](#footnote-4)**

This strategic document is aligned with ERP, particularly with the reform measure pertaining to the Social and Child Protection System Reform based on the Roadmap. The key activity of this reform measure involves cost analysis, and financial sustainability assessment, and the development of a financial plan for the reform of the social and child protection system, which will provide guidelines for sustainable long-term budget planning and the integration of reform measures through the state’s programme-based budget. In practice, the analysis will be based on assessing the costs of all available services and cash benefits in the social and child protection field.

Activities planned for 2024 include the development of a Methodology for calculating the cost of community living support services, the creation and adoption of the Deinstitutionalisation Strategy, and the continued improvement of coordination and cooperation between the Ministry of Social Welfare, Family Care and Demography (MSWFCD), Centres for Social Work, and service providers through the oversight and coordination functions of the MSWFCD, as well as further enhancement of the system’s capacity to provide case management and referral services by MSWFCD and Centres for Social Work.

The activities planned for 2025 are the establishment of a minimum package of social and child protection services, creating social and child protection service packages (e.g., minimum service package for persons with disabilities or the ones for the elderly or young children) to ensure easy referral and access to all key services and best meet the needs of beneficiaries.

**Programme of Accession of Montenegro to the EU 2023–2024 (PAMNE)[[5]](#footnote-5)**

PAMNE, as one of the key national strategic documents, envisages the adoption of the Deinstitutionalisation Strategy of Montenegro as a crucial segment within Chapter 19: Social Policy and Employment. The adoption of this document will further contribute to Montenegro’s path towards the EU, noting that Montenegro has met the condition for opening Chapter 19 by developing the Action Plan for the gradual harmonisation of legislation and building the necessary capacities for the implementation and enforcement of the EU acquis, which has been confirmed at the Intergovernmental Conference held on 13 December 2016.

**Montenegro’s Reform Agenda 2024–2027 for the EU Reforms and Growth Facility [[6]](#footnote-6)**

Montenegro’s Reform Agenda was adopted in September 2024, and the European Commission approved it in October 2024. The agenda identifies four key policy areas where reform measures have been defined.

The Deinstitutionalisation Strategy aligns with Measure 3: Human Capital Development, specifically Sector 3.1: Employability, Activation Support, and Social Services, and Indicative Reform 3.1.3: Reforming the Social and Child Protection System for more efficient, effective, and transparent use of public funds.

The Deinstitutionalisation strategy adheres to qualitative and quantitative steps related to the aforementioned measures. As a step forward toward improved access, at least three social services listed in the Law on Social and Child Protection will be available to citizens in each municipality, tailored to their needs (including joint participation across multiple municipalities, if necessary). The services are planned to be accessible by December 2027, ensuring that none of the three services support institutionalisation.

**Montenegro’s Fiscal Strategy 2024–2027[[7]](#footnote-7)**

The adoption of the deinstitutionalisation strategy aligns with Montenegro’s Fiscal Strategy 2024–2027 under the section on Measures in the Field of Social Welfare. This includes the adoption of the deinstitutionalisation strategy aimed at developing social protection services to avoid placing beneficiaries in institutional care. The strategy ensures the provision of planned home-based assistance services.

**Regional Development Strategy of Montenegro 2023–2027[[8]](#footnote-8)**

This strategic document is aligned with the Regional Development Strategy 2023–2027, particularly in terms of creating conditions for the balanced development of all regions of Montenegro, emphasizing the need for greater social inclusion and the development of social policies aimed at less developed regions. The primary focus is on aligning with Operational Goal 2.1: Improving human capital through enhancing the quality of education, health, and social protection. The level of alignment with this goal reflects the need for increased investment in the development of social protection infrastructure in less-developed regions of Montenegro.

**Strategy for the Protection of Rights of Persons with Disabilities from Discrimination and Promotion of Equality 2022–2027[[9]](#footnote-9)**

Social protection plays a key role in realising the rights of persons with disabilities of all ages, primarily by ensuring an adequate standard of living, together with a basic level of income security. This creates conditions for reducing the level of poverty and vulnerability faced by persons with disabilities. Therefore, this strategic document emphasizes achieving **Operational objective 5**: Ensure full equality and recognition of all social and child protection rights for persons with disabilities, guaranteeing the necessary conditions for independent living in the community. The performance indicator for this goal is to reduce the share of persons with disabilities who are denied a legally guaranteed social protection right by 85% by the end of 2027. Additionally, **Operational objective 6**: Enable equal rights for persons with disabilities under guardianship to form marital unions and remove existing legal restrictions on parental rights of persons with disabilities. The performance indicator is to reduce the number of persons with disabilities whose legal capacity is revoked, in accordance with the UN Committee’s recommendations, by 20% by the end of 2027.

**Inclusive Education Strategy 2019–2025[[10]](#footnote-10)**

*This Strategy* includes principles and theoretical and practical achievements towards the development of the potential of children with special educational needs and society as a whole.

The primary focus is on alignment with the following objectives: **Operational objective 1**: Conduct research on knowledge, attitudes, and practices in relation to children with disabilities and, based on the results, conduct activities, workshops, and campaigns; **Operational objective 2**: Appoint professional workers for children and families in centre for social work and develop competencies of staff working with this population; **Operational objective 3**: Promote employment of persons with special educational needs; **Operational objective 4**: Develop and license the service of mediators in career guidance and employment; **Operational objective 5**: Evaluate the work and develop a cooperation plan for day care centres with schools, resource centres, and other community-based services in line with the UNCRPD.

**Strategy for Social Inclusion of Roma and Egyptians in Montenegro 2021–2025[[11]](#footnote-11)**

Considering the vulnerability of the Roma and Egyptian communities in Montenegro, this strategic document emphasizes alignment with social policies through the following objectives: **Operational objective 1**: Improving the institutional and social fight against all forms of discrimination and anti-Gypsyism faced by the Roma and Egyptian communities. Performance indicator: Reduce the percentage of members of the Roma and Egyptian communities who have faced some form of discrimination to 53% by 2025; **Operational objective 10**: Providing social and legal protection against domestic violence, child and arranged marriages and child begging for Roma and Egyptian children. Performance indicator: Establishment of specialised services for children who have been victims of illicit and arranged marriages and children who are street-involved or at risk of becoming street-involved.

**Strategy for Cooperation Between State Administration Bodies and Non-Governmental Organizations 2022–2026[[12]](#footnote-12)**

The strategic document aligns with achieving a high level of cooperation with NGOs addressing social policy issues, primarily through the expansion of social and other services based on citizens’ needs and their stronger integration into public services offered by the state, either independently or in partnership with NGOs. Special emphasis is placed on social service beneficiaries, as the strategy envisions establishing a mid-term planning framework for NGO development, introducing more stable multi-year funding for key NGO programmes. This approach prioritizes beneficiary support, ensuring higher quality and sustainable services. Additionally, NGO service beneficiaries will be directly involved in designing measures for balanced regional NGO development through consultations and focus groups.

Social entrepreneurship and philanthropy remain areas requiring greater promotion of the potential of functional, proven models, not only for the sustainability of NGOs but also for broader societal benefits. Beyond promotion, there is room for other forms of support for NGOs engaged in volunteering, social entrepreneurship, and philanthropy.

Planned measures include financial support for youth employment in NGOs and developing innovations in service provision to citizens (in key areas such as health, public administration, social protection, and disability rights). These measures will be planned in the next action document and will complement activities under the Youth Guarantee programme within IPA III.

**National Strategy for Gender Equality 2021–2025[[13]](#footnote-13)**

This strategy aligns with the national strategy for gender equality, particularly in addressing gender equality principles across all elements and areas of the strategy. It includes gender-disaggregated data, measurable performance indicators addressing the status of women and men in public policy, and specific activities providing precise solutions for identified issues.

**Early Childhood Development Strategy 2023–2027[[14]](#footnote-14)**

The alignment with this strategic document is ensured in the following segments:

* The role of day-care centres for children with developmental disabilities should be enhanced, not as a substitute for regular learning and socialising services but as additional support for the holistic development of the child, recognized through health, social welfare, and education laws.
* Improvements in foster care and the establishment of quality enhancement programmes, including capacity building and support for foster caregivers, ensuring the accommodation of children meets their best interests.
* Deinstitutionalisation should prioritize preventive interventions for family strengthening and family-based alternatives over reactive measures and institutional placements, which are costlier and yield poorer outcomes. Adoption should be promoted, administrative barriers reduced, and the process made child-friendly.

**Youth Strategy 2023–2027[[15]](#footnote-15)**

Youth policies emphasise revising, improving, and establishing specific and targeted activities to support youth employment and independence, involving information and career counselling centres, employment bureaus, social work centres, and other institutions. These activities should primarily target disadvantaged youth at risk of poverty. Further, activities should address support for youth in tackling labour market abuse and workplace protection, particularly concerning gender-based discrimination. Joint efforts should define activities to promote youth entrepreneurship, including social, green, and female entrepreneurship. Special focus should be placed on activities countering patriarchal norms and gender stereotypes regarding women’s economic empowerment and career choices.

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

The ministry responsible for social welfare prepared the proposal of the Strategy for the Development of the Social and Child Protection System 2025–2028 with the Action Plan for 2025. The strategy is expected to be adopted in Q4 2024. It aims to provide and implement measures and programmes for individuals and families requiring appropriate forms of social and child protection due to special circumstances and social risks. Its strategic goal is to establish and develop an integrated and sustainable social and child protection system, improving the quality of life for beneficiaries. The deinstitutionalisation strategy is based on and aligns with the Development Strategy for the Social and Child Protection System, particularly regarding access to social and child protection services.

**Programme for the Prevention of Harmful Alcohol Use and Alcohol-Related Disorders in Montenegro 2022–2024[[16]](#footnote-16)**

This strategic document aligns with the relevant goal (Operational objective 2), addressing the need to improve monitoring and support systems for individuals with alcohol abuse problems. Emphasis is placed on developing psychosocial support programmes for individuals with alcohol abuse issues and their families. Continuous education of medical staff in mental health centres and youth counselling centres at health institutions is planned, focusing on implementing group therapy for individuals with alcohol abuse problems and their families. Assigning a social worker to alcohol addicts post-institutional treatment is planned, addressing the gap where discharged patients, lacking family support, are left to fend for themselves. Furthermore, the programme is needed to support rehabilitated addicts in finding employment or retraining to enhance resocialisation.

**Alignment with obligations from the European Union (EU) accession process[[17]](#footnote-17)**

Montenegro’s accession negotiations began in June 2012. To date, 33 chapters have been opened, of which three have been temporarily closed. Montenegro is the regional frontrunner in the European integration process. The Ministry of Social Welfare, Family Care and Demography is responsible for negotiating Chapter 19 and is actively working on meeting the criteria for closing this chapter. The EU acquis in the field of social policy and employment covers labour law, health and safety at work, equality between men and women in employment and social security, social dialogue, as well as the prohibition of discrimination based on racial and ethnic origin, religion and belief, disability, age, and sexual orientation. The sub-areas within Chapter 19 are: 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) Prohibition of 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.

European integration provides a crucial framework for implementing social and child protection reforms in Montenegro. Considering the assessments from the EU Enlargement Strategy 2018, which mentioned 2025 as the indicative date for Montenegro’s accession, the Strategy takes into account all obligations from the accession negotiation process — alignment with European legislation and best practices in social and child protection. When it comes to reforms in the field of social and child protection, chapters of particular importance are: *Freedom of Movement for Workers (Negotiation Chapter 2), Employment and Social Policy (Negotiation Chapter 19), and Judiciary and Fundamental Rights (Negotiation Chapter 23)*. Additionally, by the time it achieves EU membership, Montenegro should be ready to ensure the implementation and reporting related to the principles and goals developed within the European Pillar of Social Rights.

**The European Pillar of Social Rights[[18]](#footnote-18)** is a new EU instrument that ensures standards and coordination in the field of social rights. Upon becoming an EU member, 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 sets out 20 principles and rights to support fair and well-functioning labour markets and welfare systems, divided into three categories: 1) Equal opportunities and access to the labour market, 2) Fair working conditions, and 3) Social protection and inclusion. The European Pillar of Social Rights consolidates existing rights in EU law and international law while complementing them to take into account current circumstances.

**The European Commission’s 2023 Report on Montenegro’s progress in the EU accession process, in its Chapter 19 (Employment and Social Policy),[[19]](#footnote-19)** states no progress was made on deinstitutionalisation and the transition to community and family-based services, especially regarding children. The report emphasises that in the coming year, based on the Roadmap for Social and Child Protection Reforms, a clear timeline and financial planning for the reform of the social and child protection system should be established, to begin with the implementation of reforms. The European Commission also notes that the social protection and inclusion sector still faces human resource and capacity limitations. At the same time, centres for social work continue to be understaffed while their scope of work increases as they need to manage the new entitlements. The report further notes that the Institute for Social and Child Protection lacks sufficient resources, and its role in the overall social protection system should be clarified.

The European Commission warns that, given recent changes in the legal and strategic framework, the overall social policy and employment system requires thorough assessment and reforms to respond effectively to the needs of the most at-risk groups. More involvement, support, and cooperation with civil society are needed to achieve sustainable and effective results in the social protection sector, both in the planning and monitoring of social policies and their implementation through social services, including at the local level. The European Commission also warns that children from the Roma and Egyptian communities are often heavily engaged in begging.

The European Commission believes that the capacity of indirect management structures need further strengthening to ensure they can manage effectively within the ex-post control environment. Additionally, the Commission believes that Montenegro should more effectively secure funds from the Instrument for Pre-Accession Assistance (IPA) in the coming year by increasing and consolidating the administrative capacities of central, regional, and local bodies and establishing a structure for managing the administration of future cohesion policy funds, strengthening capacities for procurement, management, and monitoring of capital investments, while simultaneously strengthening existing coordination mechanisms. Regarding activities related to preparations for the European Social Fund (ESF) within Negotiation Chapter 19, the European Commission emphasises that Montenegro should decide which institutions will be responsible for contracting and managing to establish a sectoral operational programme for employment and social inclusion.

**In the European Commission’s Report on Montenegro’s Progress in the EU Accession Process for 2024, Chapter 19 (Employment and Social Policy)[[20]](#footnote-20)** states that the 2023 European Commission Recommendations have been only partially implemented and largely remain valid. It is necessary to adopt the Strategy and Law on Social and Child Protection and to initiate reforms. The policy framework for social and child protection is outdated, the reform of social protection is delayed, and it faces challenges regarding the sequencing and costs of measures. A new Strategy for the Development of Social and Child Protection has been prepared and is awaiting adoption. Significant gaps persist in support services for children, families, and victims. The outdated disability assessment model results in unfair and ineffective material benefits and services. Public consultations and legal harmonisation for the Draft Law on Unified Disability Assessment have been completed, but its adoption is still pending. Regarding deinstitutionalisation, progress in transitioning from institutional to community- and family-based services is insufficient. The Deinstitutionalisation Strategy has been prepared and awaits adoption. Social work centres continue to lack adequate staffing, organisation, and capacity. The Institute for Social and Child Protection does not have sufficient human resources to ensure quality and professional supervision.

In mid-2021, the Council of the European Union adopted *the Recommendation on the European Child Guarantee[[21]](#footnote-21),* aiming to ensure access to healthcare, education, early childhood development, childcare, adequate housing, and nutrition for the most vulnerable children. The Child Guarantee focuses on the most vulnerable children targeted by social and child protection, explicitly mentioning poor children, children with disabilities, children without parental care, especially children in residential institutions, homeless children, children living in precarious family situations, children from minority groups, primarily Roma children, etc.

The European Union will continue to finance activities supporting the deinstitutionalisation process in Montenegro through pre-accession funds. This primarily relates to projects from the IPA3 programme *Deinstitutionalisation and Youth Guarantee*, which will partially finance certain activities envisaged by the Deinstitutionalisation Strategy.

In 2021, the European Commission adopted **the European Strategy for the Rights of Persons with Disabilities 2021–2030[[22]](#footnote-22)** aimed at improving the lives of persons with disabilities (PWD) in Europe and beyond. The objectives of this strategy can only be achieved through coordinated action at both the national and EU levels, with strong commitment from states and regional and local authorities to fulfil the proposed activities. The strategy’s goal is to ensure that all persons with disabilities in Europe: enjoy their human rights; have equal opportunities and equal access to society; can decide where, how, and with whom to live; can move freely within the EU regardless of the type of support they need; and are no longer exposed to discrimination. This strategy addresses the multiple disadvantages faced by women, children, older people, refugees with disabilities, and people with socioeconomic difficulties, promoting an intersectional perspective in line with the UN Sustainable Development Agenda and its Sustainable Development Goals. The strategy includes an ambitious set of measures and flagship initiatives across various areas and priorities, such as: accessibility, including the freedom to move and reside freely, fostering participation in the democratic process; a satisfactory quality of life and independent living with a particular focus on deinstitutionalisation, social protection, and non-discrimination in the workplace; equal participation by ensuring effective protection of persons with disabilities from all forms of discrimination and violence, providing equal opportunities and access to justice, education, culture, sports, tourism, and all healthcare services; making the EU a role model for others; ensuring the EU serves as the role model to others; and improving the rights of persons with disabilities globally.

**Other international obligations of Montenegro**

As a member of the UN and the Council of Europe, Montenegro is implementing social and child protection system reforms that consider the rights, norms, and standards established by international documents.

Important international documents in the creation of this strategic document include: the UN Convention on the Rights of the Child[[23]](#footnote-23), the UN Convention on the Rights of Persons with Disabilities[[24]](#footnote-24), the Revised European Social Charter[[25]](#footnote-25) (ECP, 2006), the UN Principles for Older Persons[[26]](#footnote-26) and the Madrid International Plan of Action on Ageing[[27]](#footnote-27), among others.

**The UN Committee on the Rights of the Child** has welcomed Montenegro’s commitment to aligning its legislation with the UN Convention on the Rights of the Child. However, the Committee has also expressed concern about the lack of comprehensive child legislation and insufficient measures to ensure the effective implementation of laws related to child rights, including allocating sufficient resources and regularly assessing relevant regulations. The Committee has urged Montenegro to guarantee adequate budget allocations in all areas, especially those related to healthcare, education, and child protection, and to define budget lines for children in disadvantaged or vulnerable situations, including Roma and Egyptian children and children with disabilities. The Convention on the Rights of the Child[[28]](#footnote-28) states that “for the full and harmonious development of a child’s personality,” he or she should “grow up in a family environment, in an atmosphere of happiness, love, and understanding.” Additionally, the CRC outlines a range of children’s rights that suggest most children should live with and be cared for by their biological families (Articles 9 and 7). Parents have the primary responsibility for the upbringing and development of their children, and the state is responsible for assisting parents in fulfilling that responsibility (article 18). Children have the right to protection from harm and abuse (article 19), education (article 28), and appropriate healthcare (article 24), but also the right to be raised by their family. When a family cannot provide necessary care despite adequate state support, the child has the right to alternative family care (article 20). Children with disabilities have the right to live in “conditions which ensure dignity, promote self-reliance, and facilitate the child’s active participation in the community” (article 23).

**The UN Committee on the Rights of Persons with Disabilities,** in its Concluding Observations to Montenegro[[29]](#footnote-29) noted the need for progress in adopting laws that comply with the Convention and replacing the current medical model of disability with a human rights-based approach. There is a concern about ongoing discrimination and violence against women and girls with disabilities, and generally insufficient measures for prevention and redress. It is necessary to include women with disabilities in all stages of developing measures and processes for adopting regulations and strategic documents that govern the rights and position of women, to strengthen protection measures for women and girls with disabilities from all forms of discrimination and violence in various environments, and to create a safe, empowering environment for them. Additionally, efforts should be intensified to eliminate discrimination and exclusion of children with disabilities, particularly those at risk of intersectional discrimination.

The Committee also 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” (article 37.a), and to “Ensure the involvement of persons with disabilities and their representative organisations at all stages of the development of independent living strategies and schemes” (article 37.c).

The UN Convention on the Rights of Persons with Disabilities requires signatory states to take measures to ensure that persons with disabilities can choose their place of residence and where and with whom to live on an equal basis with others and are not obliged to live in a particular living arrangement, and that persons with disabilities have access to a range of support services in their homes, residential facilities, and community, including personal assistants, necessary to support community inclusion and prevent isolation or segregation from the community (article 9). This convention also outlines various measures aimed at the employment of persons with disabilities (article 27).

**UN Committee Guidelines for the Rights of Persons with Disabilities on Deinstitutionalisation, including Emergency Situations[[30]](#footnote-30)**

In order to prevent institutionalisation, which is recognised as a discriminatory practice against persons with disabilities and contrary to Article 5 of the Convention, as well as to lay the groundwork for planning the deinstitutionalisation process, based on an analysis of the current situation, the UN has provided guidelines for creating a deinstitutionalised framework. The UN has defined the duty of member states to end institutionalisation. The Committee notes that deinstitutionalisation processes are either not in compliance with the Convention or have been delayed. State parties should recognise institutionalisation as a form of violence against persons with disabilities. Institutionalisation is contrary to the right of persons with disabilities to live independently and be included in the community. Institutionalisation should never be considered a form of protection for persons with disabilities or a “choice.” The exercise of the rights under Article 19 of the Convention cannot be suspended in emergency situations, including public health emergencies. State parties should not use the lack of community support and services, poverty, or stigma to justify the ongoing maintenance of institutions or delay their closure. Deinstitutionalisation processes should aim to end all forms of institutionalisation, isolation, and segregation of persons with disabilities, both in the private and public spheres. Institutionalisation can never be considered a form of protection for children with developmental disabilities. All forms of institutionalisation of children with developmental disabilities, i.e., placement in any environment outside of the family, constitute a type of segregation, are harmful, and violate the Convention. Children with developmental disabilities, like all children, have the right to family life and need to live and grow up with a family in the community. State parties should immediately halt new placements in institutions, adopt moratoria on new admissions and the construction of new facilities and departments, and refrain from renovating or refurbishing existing institutions.

During emergencies, such as pandemics, natural disasters, or conflicts, state parties should continue and accelerate efforts to close institutions. Member states should also recognise that climate change disproportionately impacts persons with disabilities, especially those in institutions. During emergencies, urgent efforts are needed to identify persons with disabilities in institutions, as well as internally displaced persons with disabilities, unaccompanied and separated children with disabilities, and refugees with disabilities to prevent their institutionalisation. Targeted efforts are necessary to ensure inclusion in evacuation, humanitarian aid, and recovery measures and full accessibility in situations of risk and emergencies. Funding for emergencies and recovery should not support the continuation of institutionalisation. Instead, plans for accelerated deinstitutionalisation should be included in recovery efforts and national deinstitutionalisation strategies and immediately implemented in emergencies.

In April 2024, the European Commission adopted **Recommendations on developing and strengthening integrated child protection systems in the best interests of the child[[31]](#footnote-31)**. These recommendations focus on developing and strengthening integrated systems for protecting children from any form of violence, in line with the best interests of the child. Regarding deinstitutionalisation, the recommendations emphasise the development of community- and family-based services for children. Investment in non-residential quality services and support for children to remain in their communities and families is essential, along with fostering inclusion and full participation in community life. Additionally, national strategies should be promoted to accelerate the deinstitutionalisation of children without adequate parental care and children with developmental disabilities. This includes providing support during the transition from institutional care to the community and reintegration into biological families. Investment is necessary to develop quality community- and family-based services, including accessible housing and fostering the development of foster care.

**UN Sustainable Development Goals by 2030[[32]](#footnote-32)**

The Sustainable Development Goals (SDGs) represent a universal call to action to eradicate poverty, protect the environment, and ensure peace and prosperity for all. In the field of social and child protection, it is essential to highlight the following goals that Montenegro is actively working towards achieving: **Goal 1**: No poverty (Establish nationally appropriate social protection systems and measures for all and achieve substantial coverage of the poor and vulnerable by 2030); **Goal 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 public and private spheres, including trafficking and sexual and other types of exploitation; eliminate all harmful practices, such as child, early and forced marriages and female genital mutilation; recognise 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**: Reduced inequalities (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 opportunities and reduce inequalities of outcome, including by eliminating discriminatory laws, policies, and practices and promoting appropriate legislation, policies, and actions in this regard).

**The Revised European Social Charter**

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[[33]](#footnote-33)**, aimed at promoting equal opportunities for children at risk of poverty or social exclusion.

Directly linking to the Strategy, particularly its second thematic area – Socio-economic inclusion, health and education, the European Commission developed **the European Child Guarantee**. This initiative provides guidelines 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[[34]](#footnote-34) has been implemented in EU member states as an inclusive, activation scheme enabling young people to transition more effectively from education to the labour market. The Youth Guarantee obligates the government to ensure that young people (aged 15–29) receive a good quality offer of employment, continued education, apprenticeships or vocational training.

In July 2021, Montenegro adopted the Western Balkans Declaration on ensuring sustainable labour market integration of young people (aged 15–29), committing to take concrete steps to gradually introduce and implement the Youth Guarantee.

The European Social Charter also provides measures for the integration of persons with disabilities into the wider community, with a particular focus on integration into the education system, labour market, but also into community life (Article 15).

**United Nations Principles for Older Persons[[35]](#footnote-35)**

The United Nations Principles for Older Persons provide that older people should be ensured a life in their own homes as long as possible and social integration. Although it does not emphasise deinstitutionalisation, this UN document clearly indicates that institutional care should ensure rehabilitation and life in a humane and safe environment.

**Madrid International Plan of Action on Ageing[[36]](#footnote-36)**

The Madrid International Plan of Action on Ageing requires the development of a continuum of services, from community services and family support to residential services, to ensure adequate protection for the elderly.

**Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence[[37]](#footnote-37)**

By ratifying the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, known as the Istanbul Convention, which entered into force on August 1, 2014, Montenegro committed to:

- Protecting women from all forms of violence and preventing, prosecuting, and eliminating violence against women and domestic violence;

- Contributing to the elimination of all forms of discrimination against women and promoting substantive equality between women and men, including by empowering women;

- Designing a comprehensive framework, policies, and measures for the protection and assistance of all victims of violence against women and domestic violence;

- Enhancing international cooperation in the field of eliminating violence against women and domestic violence;

- Providing support and assistance to organisations and law enforcement agencies to adopt a comprehensive approach to eliminating violence against women and domestic violence;

- Establishing a monitoring mechanism for the effective implementation of the provisions of the Convention.

The Law on Social and Child Protection is not aligned with the Istanbul Convention, hindering access to services and determining service costs. Consequently, the bylaws cannot be in accordance with the Convention.

**Alignment with the closing benchmarks in the EU accession process**

Montenegro is intensively working on aligning its national social policy system with the closing benchmarks for Chapter 19:

* Montenegro is amending and supplementing laws in the areas of anti-discrimination and gender equality in employment and social policy to align its legislation with the EU acquis. It is also demonstrating that appropriate administrative structures, particularly the equality body, the Ombudsperson’s Office, administrative capacities, and enforcement capacities, will be established by the time of accession.
* Montenegro is strengthening administrative capacities to ensure the effective implementation and enforcement of all regulations and policy frameworks in employment and social policy. This includes planning and operational capacities to guarantee effective dialogue between social partner organisations and to ensure future management of the European Social Fund.

**Legislative framework of Montenegro**

According to the Constitution of Montenegro, which is the highest legal act and with which all laws and documents must be harmonised, Montenegro is defined as a civil, democratic, ecological, and social justice state based on the rule of law. The Constitution provides that ratified and published international treaties and generally accepted rules of international law are integral parts of national law, take precedence over national legislation and apply directly where their provisions govern relations differently than national legislation. The Constitution guarantees that the state must ensure special protection for persons with disabilities.

The Law on Social and Child Protection was enacted in 2013 and has since undergone several revisions. The law prescribes basic material benefits and services in the field of social and child protection. It aims to implement commitments that include, among other things, encouraging and introducing new social and child protection services and involving as many different actors as possible in the provision of these services. The law sets out the norms and standards in the area of social and child protection services, the procedure for licensing professional workers and service providers, and the procedure for accrediting training programmes. A reorganisation of certain centres for social work was carried out, and new centres were established to ensure better accessibility of social and child protection rights for citizens. In accordance with the law, bylaws were adopted to prescribe the organisations and operation of centres for social work, professional activities in the field of social and child protection, service standards, quality systems in social and child protection, and other issues affecting the functioning of the system.

The Law on the Movement of Persons with Disabilities with the Assistance of Service Dogs[[38]](#footnote-38) guarantees the rights of individuals with disabilities to use various modes of transportation (road, rail, maritime, and air) with their service dogs. It also ensures their access to and presence in public places, as well as free access and presence in workplaces.

Other applicable national regulations include the Family Law[[39]](#footnote-39), the Law on Temporary Child Maintenance[[40]](#footnote-40), the Law on Healthcare[[41]](#footnote-41), the Law on Health Insurance[[42]](#footnote-42), the Law on Pension and Disability Insurance[[43]](#footnote-43), the Law on the Prohibition of Discrimination against Persons with Disabilities[[44]](#footnote-44), the Law on Protection from Domestic Violence[[45]](#footnote-45), the Law on Treatment of Juveniles in Criminal Proceedings[[46]](#footnote-46), among others.

**Alignment with the principle of gender equality**

Alignment with the principle of gender equality in the social and child protection system is essential to ensure equal opportunities for all. This involves incorporating gender-aware policies, programmes, and practices designed to enable equal access to services and support for all gender identities.

According to the National Strategy of Sustainable Development by 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 where everyone’s needs are met.

In this regard, the working group preparing the Deinstitutionalisation Strategy paid particular attention to considering the gender perspective in all areas covered by the document.

Special attention was given to ensuring that the data used were disaggregated by gender and other relevant characteristics. However, the working group encountered problems due to a lack of data and irregular updates.

The social and child protection information system contains data on material benefits and services categorised by gender, but not by gender identity.

Collecting gender-disaggregated data in the deinstitutionalisation process is crucial to ensure fairness, inclusivity, and effectiveness. This data would identify specific needs and challenges faced by women, men, and different gender groups during the transition from institutions to the community.

It would also help pinpoint gender-specific barriers like violence, discrimination, or lack of support for transgender individuals, which may impede the process of deinstitutionalisation. Analysing this data would facilitate planning policies, programmes, and services that consider the diverse needs and perspectives of all users, ensuring that no one is left behind during the deinstitutionalisation process.

**Alignment with the principle of environmental protection**

In accordance with the United Nations Sustainable Development Agenda by 2030[[47]](#footnote-47) and the European Green Deal[[48]](#footnote-48), there is a need for sustainable models of providing social and child protection services that do not harm the environment and strive for sustainable development for all citizens. In this context, the role of social work is gaining increasing importance, and concepts such as green social work are becoming more prevalent. This approach seeks to achieve environmental justice by supporting people to take action to protect their environment. It is important to pay attention to vulnerable groups, including people with disabilities, who are often particularly affected by the negative consequences of climate change.

Sustainable models of social service delivery include consideration of decentralisation of services to reduce environmental impact, along with the implementation of more environmentally sustainable practices, while ensuring that these models do not compromise the quality of services provided.

During the implementation of the Strategy, attention will be paid to the environmental impact. For activities involving construction works, environmental impact assessment reports will be prepared, and permits will be sought from the Environmental Protection Agency.

# 2. SITUATION ANALYSIS AND IDENTIFICATION OF THE PROBLEM

Deinstitutionalisation involves a systematic transition from institutional care systems to support systems within the family environment and local community.

Deinstitutionalisation also represents a transition process that prepares individuals to leave institutions and be included in community life, in the least restrictive environment possible. This process includes community services for those who live in family settings but are isolated and excluded from community life. In that sense, institutionalisation does not just refer to living in an institution but any restrictive environment where individuals cannot reach their full potential. Sociologically speaking, institutionalisation is the process of development or transformation of rules and procedures that affect human interactions. It aims to regulate social behaviour within organisations or societies. Institutionalisation is a process intended to regulate social behaviour (i.e., supra-individual behaviour) within organisations or entire societies. Therefore, institutionalisation is a human activity (based on decisions derived from attitudes, not just legal arrangements) that introduces, adjusts, and changes rules and procedures in the social and political sphere. “This is not ‘just’ about living in a specific building or environment but, above all, about the loss of personal choice and autonomy due to the imposition of a certain way or living arrangement.” Institutionalisation can also mean living in one’s own home if choices and opportunities are not available and there is no support for inclusion in the community**.[[49]](#footnote-49)**

## 2.1. Analysis of results of deinstitutionalisation policies in Montenegro in the previous period

In the last decade, Montenegro has intensified the deinstitutionalisation process through policy changes, enhanced legal frameworks, capacity building, and awareness-raising campaigns. This long-term, complex process aims not only to “deinstitutionalise” individuals but to ensure all necessary prerequisites for their inclusion in local community life (Development of community services, availability of healthcare and educational services, employment opportunities, changing attitudes of professionals and the general public, mutual cooperation of state authorities and local governments, public institutions, civil society organisations, etc.). Deinstitutionalisation also includes preventing the separation of a child from their family, and ensuring the necessary support for the child and family at risk of separation to prevent the child from entering an accommodation facility. This includes the obligation to provide adequate resources for intensive direct work with families at risk of separation to prevent the child from entering an institution. It is important to work on preventing institutionalisation and ensuring a gatekeeping mechanism. In the process of deinstitutionalisation, it must be considered that institutionalisation is not just the existence of institutions and living in them, but any restrictive environment where a person’s full potential is not realised. For children, the essence of the right to community inclusion implies the right to grow up in a family. Accordingly, for children, an “institution” is any accommodation that is not family-based. Placement in homes for large or small groups is particularly dangerous for children. As regards children with disabilities, deinstitutionalisation should focus on protecting the right to family life. This includes schools where children with disabilities must stay separated from their families because otherwise, they would not be able to exercise their right to education.[[50]](#footnote-50)

Montenegro has invested certain resources in the reform of the social and child protection system. However, sufficient funds have not been allocated for the deinstitutionalisation process from 2009 to the present. The biggest progress has been made in reducing the number of children, especially those under three, being placed in institutions. Community services have also been developed, including day care centres for children with disabilities, while the number of children with developmental disabilities integrated into the educational system has increased. Additionally, the professional capacities of employees in the social and child protection system have been improved through numerous training programmes, the introduction of new case management methodologies, the licensing of professional workers, and the accreditation of training programmes. On the other hand, practice shows that although certain results have been achieved in the deinstitutionalisation process, further reforms are needed to ensure an effective and efficient system that fully relies on the development of community-based services and support to the family.

The Deinstitutionalisation Strategy is being adopted for the first time in Montenegro. In the previous period of public policy implementation, deinstitutionalisation was part of the strategic document related to the development of the social and child protection system.

In the Strategy for the Development of the Social and Child Protection System for the period from 2018 to 2022[[51]](#footnote-51), the process of deinstitutionalisation was carried out through strategic goal 3, aimed at improving social and child protection services and creating preconditions for the continuation of deinstitutionalisation. According to the Evaluation of the implementation of this strategic document, the most significant activities related to the deinstitutionalisation process were establishing and developing social and child protection services: support for community living and advisory-therapeutic and socio-educational services. Continuous efforts were invested to develop and support the provision of services at the local level, as well as to improve the spatial capacities for providing social and child protection services.

According to the evaluation findings, little progress has been made in relation to the deinstitutionalisation policy, which is being implemented very slowly. In addition, insufficient progress has been made in developing social and child protection services. The Roadmap for the transition from institutional to community-based care in Montenegro, based on a minimal package of family and community life support services, including a cost analysis,[[52]](#footnote-52) shows that the range of social and child protection services for children and adults requiring the highest level of support is inadequate, that the availability of non-institutional services is insufficient, that some services essential for deinstitutionalisation are not available, and that there are unmet needs for support.

Relevant actors indicate that the cooperation between institutions within the social and child protection system, the healthcare system, and the education system was inadequate during the implementation of the Strategy.

Social and child protection services are predominantly project-funded, indicating that a system for sustainable services has not been established. Most funds have been allocated for material assistance and institutional accommodation, while insufficient resources have been directed toward establishing and developing services that support community living.

Studies[[53]](#footnote-53) indicate that deinstitutionalisation and community-based service development remain key reforms Montenegro will continue to develop in the coming years.

Under the EU-Montenegro Employment, Education, and Social Protection Program, Action 3 “Promoting Social Inclusion and Improving the Social Protection System”, was implemented, with 3.5 million euros from the EU and 0.62 million euros of national co-financing sources. Activities included further social and child protection reforms, local service development and promotion, and the inclusion of marginalised groups, particularly the RE population.

The “Accelerating Disability Inclusion for Children and Adults with Disabilities” project, funded by the UN Partnership on the Rights of Persons with Disabilities (UNPRPD), implemented by UNICEF, UNDP, and the UN Resident Coordinator’s Office from 2021 to 2024, achieved several activities by December 2023: drafting an action plan for multisectoral response to the needs of children with disabilities, analysing the minimal service package for these children and their families, developing Standard Operating Procedures (SOP) for children and youth with disabilities and their families, research conducted on support service needs for people with disabilities related to their life in community, calculating the costs of three selected services, establishing an independent monitoring mechanism for the UN Convention on the Rights of Persons with Disabilities under the Ombudsperson’s office, supporting foster care development and the establishment of the Centre for Foster Care, creating guidelines and recommendations for inclusive budgeting in preventing child institutionalisation and developing family and community services, and preparing to pilot psychological counselling services for adults with disabilities and their families in northern, southern, and central regions of Montenegro.

The “Developing Facilities for Provision of Social Services in Montenegro” project, implemented by the Ministry of Labour and Social Welfare in cooperation with UNDP from December 2013 to December 2024, supports quality social protection service development and delivery by enhancing the capacity of national and local authorities to manage social programmes, increasing service provision potential in line with infrastructure, technical, functional, and human capacity standards. In this regard, project initiatives by the United Nations Development Programme (UNDP) have supported the establishment and provision of social protection services to priority vulnerable groups, along with the development and improvement of facilities for providing social protection services throughout the country.

## 2.2. Description of the current state of deinstitutionalisation and prevention of institutionalisation

Every child is entitled to the right to family life, whether it is with their own family or a foster family (if they do not have a family or if it is not in the child’s best interest to remain with their biological family). All individuals have the right to live independently and be included in the community, the right to choose their place of residence and with whom they live, and the right to live with dignity. In practice, the right to community living requires the availability of community services that provide the necessary support to citizens and enable them to participate in everyday life.

The biggest problem in the deinstitutionalisation process and in preventing institutionalisation is the lack of adequate community services to implement the process more efficiently. Community services are not sustainable, not well-distributed, and not adequately funded, resulting in the insufficient implementation of deinstitutionalisation. Local governments are insufficiently involved in the development, provision, and funding of services, and the cooperation between the Government and local governments is not at an adequate level. Employees in residential institutions report the lack of preventive programmes and services, as well as community-based accommodation services for beneficiaries, as obstacles to sustainable deinstitutionalisation.[[54]](#footnote-54)

In addition to reducing the rate and number of children and youth in residential institutions, developing foster care, and certain support services for community living, structural changes are equally important. Placement prevention must be considered within the response to the needs of users, which must involve a cross-sectoral response.

The most significant option in the best interest of the child is to remain or return to their biological family or adoption. Prevention, or preventing the removal of children from their families, must be understood as an important part of systemic efforts.

As regards the perspective of deinstitutionalisation and improving the overall social and child protection system, recommendations should highlight the need to strengthen prevention and proactive identification mechanisms (through improved cross-sectoral cooperation and the development of competencies of employees in institutions who are in contact with citizens to identify those in need of support and refer them), change the standards defining the number of professional workers in centres, establish models of internal and external supervision, and reduce the time spent on administrative tasks.[[55]](#footnote-55)

To continue deinstitutionalisation, it is particularly important to strengthen the “gatekeeping mechanism,” establish and develop services that support community living, and regularly review individual service plans with user participation. Day care and home assistance services are the most developed, but even these are not sufficiently developed for all children. Other services that support community living, which are essential for deinstitutionalisation, are not sufficiently developed, especially for persons with disabilities and children. The development of these services lacks financial resources, as well as institutional and human capacities.[[56]](#footnote-56)

**Graph 2. Areas in which deinstitutionalisation and prevention of institutionalisation activities will take place**

The above areas will be analysed, and adequate solutions will be proposed through strategic goals and operational objectives.

In the process of development of this document, a SWOT analysis of the deinstitutionalisation and prevention of institutionalisation process was carried out, identifying strengths, weaknesses, opportunities, and threats.

**Table 2. SWOT analysis**

|  |  |
| --- | --- |
| **Strengths** | **Weaknesses** |
| **The process of deinstitutionalisation is planned by the Medium-Term Government Work Program for the period from 2024 to 2027.**  **Professional capacities of employees in social and child protection and human rights activists.**  **The interest of citizens/users in non-institutional accommodation.**  **Licensed service providers operate in most municipalities in Montenegro.**  **Standardised social and child protection services exist.**  **NGOs and international organisations support the Ministry of Social Welfare, Family Care ad Demography in policy implementation.**  **Organisations of persons with disabilities have expertise in independent living and deinstitutionalisation.**  **Media coverage and media support with personal stories and experiences in independent living.**  **Interest of persons with disabilities in community-based support services.** | Sustainable funding for services is not ensured.  Insufficient and unevenly developed social and child protection services in local communities.  Lack of new services that meet the needs of users.  Insufficient coverage of users and availability of social and child protection services in local communities.  Underdeveloped capacities of employees in CSW (Centre for Social Work), service providers, and local self-government units (LSGUs) to support the development of community-based services.  Lack of awareness of the need for the development of non-institutional social and child protection services.  Standards and norms are not sufficiently developed, and for some services, they are not developed at all.  Costing is not defined for all services, and for those services where it is defined, it rarely aligns with the cost of living and average wages in Montenegro.  Lack of support for interested parties in licensing for service providers.  Insufficient number of institutions, other forms of organisations, and individuals interested in obtaining a license to operate in the field of social and child protection.  Insufficient number of developed accredited training programmes.  Absence of a licensing system for associates in the field of social and child protection.  Insufficient funds are allocated in the budgets of local self-governments for services that support community living.  Insufficient development of capacities of employees in LSGs in the field of social and child protection.  Difficulties in the transformation process of institutions for the accommodation of persons with disabilities.  Lack of intersectoral cooperation between social and child protection sectors, education, employment, healthcare, LSGUs, NGOs, and CSOs.  Preventive services are not developed.  Insufficient level of gender-disaggregated data. |
| **Opportunities** | **Threats** |
| Possibility of combining national and local service planning.  Development of a network of service providers.  Expansion of the existing number of services.  Cost rationalisation through networking of municipalities in providing social and child protection services.  Increase in budget expenditures for the development of services that support community living.  Establishment of public-private partnerships.  Possibility of accessing international funds.  Exchange of experiences with various organisations and institutions at the international and national levels in the field of independent living and deinstitutionalisation.  Influence on changing mindset, especially among young people - a potential for cooperation.  Collaboration with universities and NGOs in part of student internships and acquiring knowledge and skills for future personnel (especially students of social policy and social work).  Mapping of user needs for services and field support in general. | Use of the medical and functional model of approach to disability.  Protective attitude of families and lack of empowerment in providing support for the independent living of young and adult persons with disabilities.  Restrictive legislation in areas of life that indirectly and directly affect independent living and deinstitutionalisation.  Different approaches of certain duty bearers and activities (institutions, organisations, NGOs, media, etc.) towards users from vulnerable groups: children, persons with disabilities, and the elderly.  A high percentage of persons with disabilities of all ages live at or below the poverty line (according to research findings).  Unclear norms regarding the obligation to finance services by local self-governments and the state.  The ageing population is increasing, and there is an increasing need for support services for the elderly.  Demographic, family, and value changes reduce the role of the family in caring for the elderly and persons with disabilities.  A large number of persons with disabilities of all ages are accommodated in residential-type institutions. |

## 2.3. Development of services that support beneficiaries’ family and/or community-based living, i.e. life in the least restrictive environment

Social and child protection services are categorised into four groups: community living support (day care, home assistance, supported living, drop-in centres, personal assistance, sign language interpretation and translation, and other community living support services); Counselling-therapeutic and socio-educational services (counselling, therapy, SOS helplines, and other services aimed at overcoming crisis situations and improving family relationships); Accommodation (family place3ent – foster care, residential placement, drop-in centre, and other types of placement/accommodation services); and, Urgent interventions.[[57]](#footnote-57)

Montenegro has 25 local self-governments. Most of them provide at least one social and child protection service. In the municipality of Tuzi, no licensed service providers offer services.

2.3.1. Community living support services include activities that support users’ stay in their family or immediate environment. Montenegro has made considerable progress in day care and home assistance services in recent years. There is, however, only one drop-in centre, while supported living and sign language interpretation/translation services do not exist.

**Graph 3. Community living support services**

**Table 3. Prevalence of community living support services as of the end of December 2023 [[58]](#footnote-58)**

| Local self-government unit | Day care | Home assistance | Personal assistance | Drop-in centre |
| --- | --- | --- | --- | --- |
| Andrijevica |  |  |  |  |
| Bar | 1 |  |  |  |
| Berane | 1 |  |  |  |
| Bijelo Polje | 2 | 1 | 1 |  |
| Budva | 1 |  |  |  |
| Old Royal Capital Cetinje | 2 |  |  |  |
| Danilovgrad | 1 | 1 |  |  |
| Gusinje |  |  |  |  |
| Herceg Novi | 3 |  |  |  |
| Kolašin |  |  |  |  |
| Kotor | 2 |  |  |  |
| Mojkovac | 1 |  |  |  |
| Nikšić | 6 | 1 | 1 |  |
| Petnjica |  |  |  |  |
| Plav | 1 |  |  |  |
| Pljevlja | 3 | 1 |  |  |
| Plužine |  |  |  |  |
| Capital City Podgorica | 4 | 2 | 1 | 1 |
| Rožaje | 1 | 1 | 1 |  |
| Šavnik |  |  |  |  |
| Tivat | 1 |  |  |  |
| Tuzi |  |  |  |  |
| Ulcinj | 1 |  |  |  |
| Žabljak |  |  |  |  |
| Zeta | 1 |  |  |  |
| Services provided in multiple local self-government units. |  | 4[[59]](#footnote-59) |  |  |
| TOTAL: | **32** | **11** | **4** | **1** |

In Montenegro, 18 service providers offer **day care services for children and youth with developmental disabilities** in 16 municipalities (17 of these are public institutions, including the day care centre within the Public Institution Children’s Home “Mladost” in Bijela, while the Public Institution Resource Centre for Hearing and Speech “Dr Peruta Ivanović” in Kotor does not yet have a license to provide this service). Funding for day care services for children and youth with developmental disabilities is entirely provided by the state and local self-government. The Ministry of Social Welfare, Family Care and Demography participates by covering user costs (€250 per user per month), while local self-governments provide salaries and cover other costs, except for the day care centre service at the Children’s Home “Mladost,” where all costs are covered by the MSWFCD. In Podgorica, the NGO Association of Parents of Children and Youth with Developmental Disabilities – Give Us a Chance provides day care services for children and youth with developmental disabilities on a project-funded basis.

**Table 4. Day care centres for children and youth with disabilities[[60]](#footnote-60)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Day care centres for children and youth with disabilities | Number of Users in December 2023 | Gender | | Children | Youth |
| **F** | **M** |
| 1. | Public Institution Centre for Children and Youth with Disabilities “Tisa” – Bijelo Polje | 37 | 11 | 26 | 34 | 3 |
| 2. | Public Institution Day Care Centre for Children with Disabilities and Persons with Disabilities – Nikšić | 28 | 9 | 19 | 5 | 23 |
| 3. | Public Institution Children’s Home “Mladost” – Bijela – Day Care | 9 | 0 | 9 | 9 | 0 |
| 4. | Public Institution Day Care Centre for Children with Developmental Disabilities and Adults with Disabilities – Pljevlja | 24 | 7 | 17 | 19 | 5 |
| 5. | Public Institution Day Care Centre for Children and Youth with Disabilities “Lipa” – Plav | 11 | 3 | 8 | 8 | 3 |
| 6. | Public Institution Day Centre for Children and Youth with Developmental Disabilities “Sirena” – Ulcinj | 25 | 10 | 15 | 20 | 5 |
| 7. | Public Institution Centre for Day Care of Children with Developmental Disabilities and Adults with Disabilities – Old Royal Capital Cetinje | 21 | 9 | 12 | 19 | 2 |
| 8. | Public Institution Day Care Centre for Children and Youth with Disabilities – Berane | 35 | 13 | 22 | 25 | 10 |
| 9. | Public Institution Day Care Centre for Children and Youth with Disabilities – Mojkovac | 6 | 2 | 4 | 4 | 2 |
| 10. | Public Institution Day Care Centre for Children and Youth with Disabilities – Podgorica | 20 | 5 | 15 | 7 | 13 |
| 11. | Public Institution Day Care Centre for Children with Disabilities – Herceg Novi | 15 | 3 | 12 | 8 | 7 |
| 12. | Public Institution Day Care Centre for Children and Youth with Developmental Disabilities – Rožaje | 26 | 9 | 17 | 19 | 7 |
| 13. | Public Institution Resource Centre for Hearing and Speech “Dr Peruta Ivanović” – Kotor – Day Care (unlicensed) | 10 | 1 | 9 | 8 | 2 |
| 14. | Public Institution Day Care Centre for Children with Developmental Disabilities and Adults with Disabilities – Danilovgrad | 21 | 8 | 13 | 16 | 5 |
| 15. | Public Institution Day Care Centre for Children and Youth with Disabilities “Biseri” – Budva | 20 | 6 | 14 | 16 | 4 |
| 16. | Public Institution Centre for Providing Social and Child Protection Services for the Municipality of Zeta | 25 | 8 | 17 | 22 | 3 |
| 17. | Public Institution Day Care Centre for Children and Youth with Developmental Disabilities – Tivat | 20 | 4 | 16 | 14 | 6 |
| TOTAL: | | **353** | **108** | **245** | **253** | **100** |

In recent years, significant efforts and substantial financial resources have been invested to establish these services in as many Montenegrin municipalities as possible, resulting in their rapid and continuous growth. Reports and analyses so far indicate that day centres for children and youth with developmental disabilities have brought numerous benefits to users and their families. A key advantage, from the users’ perspective, is that such day care centres provide various services through a multidisciplinary approach in one place, though there is a lack of intersectoral cooperation. Data collected from day care centres show that 30% of the children and youth are female, with around 70% being male. About 72% of users are children, and 28% are youth.

Although the day care centres in Montenegro have developed rapidly, they need to become more inclusive and complementary to other services from different systems. The centres are not well-integrated or coordinated with other sectors, particularly when it comes to support for inclusive education. There is no fieldwork or family support. Some day care centres have underutilised spatial capacities, while others have insufficient capacities, leading to waiting lists. Most children stay at the centres for four hours before or after kindergarten or school, and in some centres, children come only twice a week for individual treatments. A problem is that many municipalities do not fully utilise the capacities of day centres to provide occasional services for children and youth who are not regular users but need day care services when the centre’s capacity is not full (including transportation to the facility). Moreover, the facilities are not used during weekends and afternoons for other services. All this indicates the need to transform day care centres through careful consideration and systematic planning of each step in this process.[[61]](#footnote-61)

In 2023, national-level annual expenditures for public institution day care centres for children and youth with disabilities and elderly and adult persons with disabilities amounted to approximately €873,000. Local government annual expenditures for these public institutions were about €3,100,000 in 2003. It should be noted that day care centres, in addition to day care services, provide other services as well, so these figures represent the total expenditures of local governments for all services, not just day care services, making direct comparisons impossible. Data on local government allocations specifically for day care services are not available.

In Montenegro, there are **20** **day care centres for adults and elderly persons with disabilities, and adults and elderly persons** who require an appropriate form of social protection due to special circumstances and social risks. Licensed service providers offer 12 such day care services.

Three day care centres operate within day centres, three are provided by civil society organisations, and other day care services are provided by (residential care) Homes for the Elderly. The Ministry of Labour and Social Welfare finances the cost of users’ stay in day centres, homes for the elderly, and the day care centre in Herceg Novi. Caritas of the Archdiocese of Bar provides project-based services in Bar.

**Table 5. Day care centres for adults and elderly persons with disabilities and adults and elderly persons[[62]](#footnote-62)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Day care centres for adults and elderly persons with disabilities and adults and elderly persons | Number of users in December 2023 | Gender | |
| **F** | **M** |
| 1. | Public Institution Day Care Centre for Children with Developmental Disabilities and Adults with Disabilities in Old Royal Capital Cetinje | 7 | 1 | 6 |
| 2. | Public Institution Day Care Centre for Children with Developmental Disabilities and Persons with Disabilities – Pljevlja | 12 | 7 | 5 |
| 3. | Public Institution Day Care Centre for Children with Developmental Disabilities and Persons with Disabilities – Nikšić | 21 | 9 | 12 |
| 4. | NGO “Nova šansa u Novom” – Herceg Novi | 10 | 7 | 3 |
| 5. | Public Institution Home for the Elderly Bijelo Polje | ­­15 | 13 | 2 |
| 6. | Public Institution Home for the Elderly Pljevlja | 3 | 0 | 3 |
| 7. | Public Institution Home for the Elderly “Grabovac” – Risan | 0 | 0 | 0 |
| 8. | Public Institution Home for the Elderly “Grabovac” – Kotor | 0 | 0 | 0 |
| 9. | Public Institution Home for the Elderly Nikšić – Duklo | 16 | 2 | 14 |
| 10. | Public Institution Home for the Elderly Nikšić – Vardarska | 10 | 2 | 8 |
| 11. | NGO “Futura” – Nikšić | 9 | 5 | 4 |
| TOTAL: | | **103** | **46** | **57** |

In addition to the above, day care services are also provided in the municipalities of Rožaje, Plav, Petnjica, Kolašin, Mojkovac, Danilovgrad, and in the Old Royal Capital Cetinje. These services are financed through the project “Developing Facilities for Provision of Social Protection Services in Montenegro,” which is implemented in partnership with the Ministry of Labour and Social Welfare (MLSW) and UNDP.

Three licensed service providers offer **day care services for children with behavioural problems**. Day care services for children and youth with behavioural problems represent a significant resource in preventive work for children and youth with such issues. In 2023, 23 beneficiaries used these services. National-level annual expenditures amounted to approximately €19,000 in 2023.

**Table 6. Day care centres for children with behavioural problems[[63]](#footnote-63)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Day care centres for children with behavioural problems | Number of users in December 2023 | Gender | |
| **F** | **M** |
| 1. | Public Institution Centre for Children and Youth “Ljubović” Podgorica – day care centre | 8 | 4 | 4 |
| 2. | NGO Centre for the Rights of the Child – Podgorica | 6 | 2 | 4 |
| 3. | NGO Defendologija – Nikšić | 9 | 1 | 8 |
| TOTAL: | | **23** | **7** | **16** |

The number of children with behavioural problems is on the increase, and the issues themselves are becoming more complex. The consequences for individuals and society are growing, leading to higher crime rates as well as broader impacts on society as a whole.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of day care services for children and youth with developmental disabilities, day care for adults and elderly persons with disabilities, and day care services for children with behavioural problems:

* The funding and sustainability system for services at the central and local government levels is not defined.
* The participation of users in the costs of day care for adults and elderly persons with disabilities is not adequately defined.
* Day care services are not available in all municipalities.
* Day care centres provide a wide range of services beyond day care. At the same time, these additional services are not standardised.
* Day care centres should be transformed to provide other community support services.
* Some day care centres have underutilised spatial capacities, while others have insufficient capacities, leading to waiting lists.
* There is no intersectoral cooperation among relevant entities providing these services.
* The provided services are not recognised as integrated services.
* There is no standardised approach to working with children on the autism spectrum.
* There is a shortage of staff, especially when it comes to working with preschool-aged children.
* Standards and norms do not align with the level of support required.
* Standards and norms are not specifically defined for children, youth, adults, and elderly users.
* The age limit for youth beneficiaries is not harmonised between the Law on Social and Child Protection and the Law on Youth.
* Children and youth dwell in the same space.
* In most municipalities, day care services for adults and elderly persons and adults and elderly persons with disabilities have not been established.
* Financial resources for hiring staff according to norms and standards are not provided.
* Employees lack training.
* There is an insufficient number of day care services established for children with behavioural problems and for their families.

For the service of **home assistance** for children and youth with disabilities, adults and elderly persons with disabilities, and adults and elderly persons who, due to special circumstances and social risks, require an appropriate form of protection, a total of 11 service providers are licensed.

The NGO “Zračak Nade” - Pljevlja, NGO First Association of Parents of Children and Youth with Disabilities - Podgorica, Association of Paraplegics Bijelo Polje and Mojkovac – Bijelo Polje are licensed to provide home assistance for children and youth with disabilities.

Public Institution Home for the Elderly “Grabovac” Risan for the municipalities of Budva, Kotor, Bar, and Herceg Novi, Caritas of the Archdiocese of Bar - Bar, Association for Social Security - Podgorica, Caritas of Montenegro for the municipalities of Bar, Danilovgrad, Berane, Plav, Gusinje, and Petnjica, NGO “Crnogorski bezbjednosni forum” – Danilovgrad, NGO “Nova perspektiva” - Rožaje, Association for Assistance to Persons with Psycho-physical Disabilities - Nikšić, NGO “Zračak Nade” - Pljevlja, Association of Paraplegics Bijelo Polje and Mojkovac - Bijelo Polje are licensed to provide home assistance for adults and elderly persons with disabilities, and adults and elderly persons. The Red Cross of Montenegro is licensed to provide home assistance services in 15 municipalities, where 814 beneficiaries are entitled to this service.

Licensed service providers offer home assistance services in 22 municipalities. The cost of home assistance services is established, and MSWFCD provides the funds while users participate in the service costs. Local governments have taken on the cost of user participation in the municipalities of Danilovgrad, Berane, Andrijevica, Plav, Gusinje, Plužine, and the Old Royal Capital Cetinje.

National-level annual expenditures for home assistance services amounted to approximately €484,000 in 2023.

There are no licensed service providers for the service in the municipalities of Zeta, Šavnik, and Tivat.

**Table 7. Home assistance service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Home assistance | Number of users in December 2023 | Gender | |
| **F** | **M** |
| 1. | The Red Cross of Montenegro provides this service in the municipalities of Bijelo Polje, Danilovgrad, Nikšić, Pljevlja, Žabljak, Kolašin, Mojkovac, Berane, Andrijevica, Petnjica, Plav, Gusinje, Rožaje, the Old Royal Capital Cetinje, and Plužine | 814 | 650 | 164 |

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of home assistance services:

* The funding and sustainability system for central and local government services is not defined.
* Services for the elderly are not integrated with healthcare protection.
* Local government expenditures for this purpose are not known.
* The established price is inadequate and needs to be adjusted in line with living costs and average wage.
* User participation in the costs is not adequately defined.
* Standards and norms are not sufficiently developed.
* Services are not established in rural areas.
* There is no mandatory training for associates providing the service.

**The personal assistance service** is provided to a recipient of personal disability benefits or care and assistance allowance who is employed or involved in the higher education system or adult education system. In exceptional cases, it is provided to a person with a disability who does not meet these conditions if, due to special circumstances, they may be at social risk. A personal assistant works with one user for a minimum of 20 and a maximum of 40 hours per week.[[64]](#footnote-64) Four service providers are licensed to provide personal assistance: the Association of Youth with Disabilities of Montenegro – Podgorica, Bijelo Polje, Kotor, Association for Assistance to Persons with Psychophysical Disabilities - Nikšić, Association of Paraplegics Bijelo Polje and Mojkovac - Bijelo Polje, NGO “Nova perspektiva” - Rožaje.[[65]](#footnote-65) The cost of the personal assistance service was established in 2021. Some of the projects supported through public works in previous years were not actually personal assistance services in line with standards but other care or support services (assistance in the classroom, personal companion, home assistance, etc.).[[66]](#footnote-66) In 2023, MLSW provided half the funds for one personal assistant, amounting to approximately €8,700.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of personal assistance services:

* The funding and sustainability system for central and local government services is not defined.
* There is an insufficient number of service providers.
* The percentage of user participation in paying service costs is too high.
* There is no mandatory training for collaborators providing the service.
* There is a limited number of interested collaborators who provide personal assistance services.
* Standards and norms do not align with the level of support required.
* Standards and norms are imprecisely defined.

Reforming the disability assessment system should enable a more precise determination of the need for this service.

**The drop-in centre service** is provided to a child found without parental or guardian supervision, an adult and elderly person who is homeless, and a person who, due to special circumstances and social risks, requires an appropriate form of social protection. There is one licensed provider of shelter services for adults and elderly homeless persons from communities of drug users, sex workers, LGBTIQA+ individuals, and former convicts – NGO JUVENTAS in Podgorica.

Collecting reliable data on the number of homeless people is very complex in any society, as it includes hidden forms such as living with family or friends in unacceptable conditions or people facing various forms of exclusion.[[67]](#footnote-67) The Law on Social and Child Protection defines a homeless person as an individual without a residential address, living in public or other places not intended for residence, and without means to cover their housing needs. In 2023, the Centre for Social Work for the Capital City of Podgorica recorded eight homeless persons across Podgorica, Golubovci, and Tuzi. No cases were reported in other municipalities.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of drop-in centre services:

* The funding and sustainability system for central and local government services is not defined.
* The service is not sufficiently developed.
* There is no homeless person registry.
* The cost price is not established.
* Standards and norms are imprecisely defined.

2.3.2. Counselling-therapeutic and socio-educational services include: counselling, therapy, SOS helpline, and other services aimed at overcoming crises and improving family relationships.

**Table 8. Counselling and therapy services**

|  |  |  |
| --- | --- | --- |
| Local self-government unit | Counselling | Therapy |
| Berane |  | 1 |
| Danilovgrad | 1 |  |
| Herceg Novi | 1 |  |
| Kotor | 1 |  |
| Nikšić | 3 | 1 |
| Pljevlja | 1 |  |
| Plužine | 1 |  |
| Capital City Podgorica | 9 | 2 |
| Rožaje | 1 |  |
| Šavnik | 1 |  |
| Services provided to users from multiple municipalities |  | 1 |
| TOTAL: | **19** | **5** |

In Montenegro, there are 17 licensed service providers in 9 municipalities offering counselling services. Counselling is provided to: children without parental care, children whose parents are unable to care for them, children with developmental disabilities, children in conflict with the law, children whose parents disagree on the exercise of parental rights, children found away from their place of residence without parental supervision, adults and elderly individuals abusing alcohol, drugs, or other substances, individuals who are victims of abuse, neglect, gender-based violence, family violence, or exploitation, or those at risk of becoming victims, victims of human trafficking, pregnant women without family support and adequate living conditions, single parents with children without family support and adequate living conditions, adults and elderly individuals with disabilities, homeless adults and elderly individuals, and individuals requiring social protection due to specific circumstances and social risks. The cost of these services is not determined; hence they are financed on a project basis.

Four service providers are licensed to provide therapy services. The cost of this service is not determined, so the services are project-funded. Therapy services need to be reassessed as they should not be part of the social and child protection system. In Serbia, there are no standards and norms for this service, while in Croatia, only counselling services are standardised, with therapy services being part of the healthcare system.

There are 7 licensed providers for the SOS helpline service in Montenegro. PI Children’s Home “Mladost” in Bijela is licensed to provide SOS helpline services for children victims of abuse, neglect, gender-based violence, family violence, and exploitation or children at risk of becoming victims. The total number of calls in 2023 was 636. The NGO SOS Hotline for Women and Children Victims of Violence in Nikšić is licensed for the SOS hotline for adult and elderly victims of abuse, neglect, gender-based violence, family violence, and exploitation or those at risk of becoming victims. The total number of calls in 2023 was 2,313. The Association “Parents” provides an SOS hotline service for parents and children, with 1,797 calls from parents in 2023. The NGO Centre for Roma Initiatives offers an SOS hotline for victims of child and arranged marriages in Montenegro, with 95 calls in 2023. The NGO Montenegrin Women’s Lobby provides an SOS hotline service for victims of sexual violence, with 411 calls in 2023.

MLSW allocated €75,000 for this service in 2023 through a public call. The funds were allocated to service providers Children’s Home “Mladost” in Bijela and the NGO SOS Hotline for Women and Children Victims of Violence in Nikšić.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of counselling and SOS hotline services:

* The cost of services is not determined;
* The method of financing from the state and local budgets is not defined;
* Counselling services are not established in every municipality;
* The SOS hotline service is not sufficiently promoted for children with developmental disabilities, adults, elderly people, and adults and elderly people with disabilities who are victims of neglect or live in isolation;
* There are no standards for socio-educational services.
* There is not enough educated staff, nor a sufficient number of accredited training courses for people who provide services on the SOS hotline.

2.3.3. Family placement and foster care servicessupport the stay of children, adults, and elderly people in family and community settings. The service is provided by an individual assessed as suitable, who has successfully completed training and received a license from the Centre for Social Work.[[68]](#footnote-68) The Centre for Social Work assesses the suitability of individuals for providing family placement and foster care services, and provides professional support and training.

**Table 9. Number of family placement and foster care service providers as of the end of December 2023**

|  |  |
| --- | --- |
| Number of providers | Total |
| Number of kinship foster families | 222 |
| Number of non-kinship foster families with children and youth in care (partially free and occupied) | 41 |
| Number of free foster families | 144 |
| Number of kinship family placement providers | 28 |
| Number of non-kinship family placement providers (partially free and occupied) | 2 |
| Number of free family placement providers | 38 |
| TOTAL: | **475** |

**Family placement** can be standard, with intensive or additional support, emergency, and occasional.

In 2023, only 38 people used family placement services. Providers are compensated for the costs of user accommodation and work.[[69]](#footnote-69) The amount is determined based on the cost of accommodation in a public institution. The compensation for standard family placement is 30% of the accommodation costs for one user, and 15% for each additional user. For family placement with intensive or additional support, the compensation is 50% of the accommodation costs for one user, and 25% for each additional user. Occasional family placement lasts up to 20 days per year.

**Table 10. Number of adults and elderly in family placement providers as of the end of December 2023**

|  |  |
| --- | --- |
| Number of individuals in family placement under CSW jurisdiction in 2023 | Total |
| Individuals using standard family placement | 12 |
| Individuals using family placement with intensive or additional support | 26 |
| TOTAL: | **38** |

**Family placement – foster care** is provided for children and youth without parental care and children and youth whose development is hindered by family circumstances (standard family placement – foster care), children with developmental disabilities (family placement – foster care with intensive or additional support), children who are victims or at risk of becoming victims of neglect, abuse, exploitation, and family violence, and in cases of sudden parental incapacity to care for the child (emergency family placement – foster care). Occasional, i.e. periodic, family placement – foster care lasts up to 45 days per year.[[70]](#footnote-70)

Over the years, this service has developed into the most important form of alternative care in Montenegro. According to MRSS data, 420 children and youth were placed in kinship and non-kinship foster families in 2023. Family placement – foster care is used by 353 children, 77% of whom are placed in kinship foster families. The service is used by 67 youth, 91% of whom are placed in kinship foster families.

**Table 11. Number of children in family placement – foster care providers as of the end of December 2023**

| Number of children in family placement – foster care under CSW’s jurisdiction in 2023 | Total | Male | Female | Children with disabilities | Age 0-3 |
| --- | --- | --- | --- | --- | --- |
| Children in kinship foster care | 271 | 145 | 126 | 8 | 11 |
| Children in non-kinship foster care | 82 | 49 | 33 | 1 | 22 |
| TOTAL: | **353** | **194** | **159** | **9** | **33** |

**Table 12. Number of youth in family placement – foster care providers** **as of the end of December 2023**

| Number of youth (18–23) in family placement – foster care | Total | Male | Female | Youth with disabilities |
| --- | --- | --- | --- | --- |
| Youth in kinship foster care | 61 | 28 | 33 | 1 |
| Youth in non-kinship foster care | 6 | 3 | 3 | 0 |
| TOTAL: | **67** | **31** | **36** | **1** |

During 2020–2023, 12 children were adopted (7 female and 5 male). The adoption rate has halved compared to the first decade of the 21st century (from 7.9 to 3.7 per 100,000 children), being the lowest in the Central and Eastern Europe region.[[71]](#footnote-71) The low adoption rate indicates a need for further analysis of the adoption process. Some research suggests that various actors in the child protection system view foster care as a permanent solution, which may hinder the adoption process.[[72]](#footnote-72)

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of family placement and foster care services:

* Insufficiently developed temporary family placement services for adults and elderly people, family placement with additional or intensive support services, and urgent family placement services;
* Insufficiently developed temporary family placement services for adults and elderly people, family placement with additional or intensive support services, and urgent family placement services – foster care;
* Insufficient number of family placement service providers and family placement service providers – foster carers;
* Family placement and foster care service providers cannot exercise certain work-related rights;
* Lack of non-kinship family placement and foster care service providers, especially for urgent family placement, intensive or additional support, and temporary placement;
* Inadequate support for foster families after initial training;
* The preparation of children and young people for independent living depends on the foster carers’ decisions;
* The misconception that family placement – foster care is a permanent form of child protection;
* Lack of professional foster carers for urgent and temporary foster care;
* Underdeveloped adoption process;
* Lack of supervision and quality control in providing family placement and foster care services.

2.3.4. Missing community living support services**[[73]](#footnote-73)**

**Supported living** is a service intended for adults and elderly people with disabilities, young people who were without parental care until the age of 23, and individuals requiring social protection due to special circumstances and social risks. Although minimum standards and norms for providing this service are prescribed by regulations,[[74]](#footnote-74) supported living is not yet established. Its development is imperative for deinstitutionalisation, and efforts must be intensified to establish and develop this form of support. This would enable independent living in the community for those currently institutionalised or at risk of institutionalisation due to lack of family support and living conditions. In Podgorica, Bijelo Polje, Danilovgrad, and Kotor, residential units provide support to young people leaving the Children’s Home “Mladost” Bijela.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of supported living services:

* Lack of licensed service providers despite established minimal standards and norms;
* Undefined service cost;
* There is a lack of collaboration and initiative between state and local levels to establish this service and to promote intersectoral cooperation.
* Insufficient use of housing units owned by the CSW across municipalities;
* There are no accredited training programmes for providing this service.

**Sign language interpretation and translation** is a service intended for persons with hearing and/or speech impairments. Although it is legally recognised as a community living support service, it remains neither adequately detailed nor formally developed. Persons with hearing and/or speech impairments have the right, same as anyone else, to equality, non-discrimination, and access to information in adaptable formats, guaranteed by international and national legal acts on human rights, especially the rights of persons with disabilities. It is particularly concerning that adaptable information formats are not available in most public institutions, offices, and public transportation services. There are very few sign language interpreters in Montenegro, and for most of them, this is not their primary occupation. This service is not part of the social and child protection system in neighbouring countries. Establishing this service requires first adopting a Law on the Use of Sign Language.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of sign language interpretation and translation services:

* Lack of minimal standards and norms;
* Almost complete isolation and exclusion of persons with hearing and/or speech impairments in decision-making processes;
* Very few sign language interpreters;
* Insufficient awareness and motivation of users to fight for their rights in social and child protection.
* Sign language has not been standardised.

**Respite care for parents** means combining short-term and temporary/periodic care to support the user’s family members. This form of support contributes to deinstitutionalisation. The target groups of this service should be parents of children with developmental disabilities and people with disabilities, and families of the elderly. By providing daily, multi-day, or weekend care, support is offered to parents of children with developmental difficulties and persons with disabilities, adults, and families of elderly people, improving their quality of life and helping them stay in the community. There are no prescribed conditions, norms, and minimum standards for this service.

During the implementation phase of this strategy, it is crucial to emphasise the following concerns regarding the delivery of respite care services:

* Lack of minimal standards and norms;
* Inadequate support for parents of children with developmental difficulties and persons with disabilities.
* Lack of adequate support for families of elderly persons.

**Intensive family support services** mean providing intensive professional support in the user’s home for families at risk of child removal (children with disabilities, behavioural problems, Roma and Egyptian population, etc.) or those in the process of preparing for the child’s return from the institutions, as well as foster families. In addition to counselling and practical assistance in organizing daily life, support is provided to help families better utilise local resources, such as improving relationships with schools, health centres, and similar services.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of intensive family support services:

* Lack of minimal standards and norms;
* Inadequate support for families at risk of child removal or preparing for the return of children from institutions and foster families.

In order to enable people with visual impairments to live according to the principle of independent living, it is essential to provide them with accessible community support services, such as **sighted guides**. A sighted guide is a type of assistance tailored to individuals with visual impairments, having similarities to, but also distinct differences from, other forms of assistance. The sighted guide service aims to support individuals with visual impairments, primarily in independent mobility. This leads to socialisation, social inclusion, increased self-confidence, and motivation for active participation in social life, including seeking employment and getting a job. All of this together reduces the level of home-based institutionalisation, which is significantly prevalent among these individuals. The sighted guide service involves providing support to a visually impaired person by another individual, assisting with independent movement and performing activities that cannot be done without help or would be done much more slowly and with considerable effort, sometimes incurring higher financial costs due to physical and informational inaccessibility.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of sighted guide Services:

* Lack of minimal standards and norms;
* Inadequate support for visually impaired individuals.

**Personal companions** for children with disabilities, individuals with intellectual and psychosocial disabilities, and autism improve the quality of life for these children, adults, and their families. The difference between a personal assistant and a personal guide lies in who makes the decisions about the activities in which support is provided. For personal assistants, the decisions are made by the person with a disability, while for personal companions, the decisions are partially made by the parents/guardians of children with developmental disabilities and individuals with intellectual and psychosocial disabilities and autism. Children with developmental disabilities have teaching assistants who support them only in kindergarten or school, but they lack support for getting to and from these places and for participating in community activities. Individuals with intellectual and psychosocial disabilities and autism often cannot access personal assistants because very few of them are employed or enrolled in adult education. The home assistance service does not include support for social, cultural, educational, sports, or other needs. The goal of the personal companion service is to support the inclusion of children with developmental disabilities and individuals with intellectual and psychosocial disabilities and autism in community life, as well as to support families in their daily functioning.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of personal companion services:

* Lack of minimum standards and norms;
* Inadequate support for children with developmental disabilities and individuals with intellectual and psychosocial disabilities and autism in integrating into community activities.

**Support services for** **persons who, due to special circumstances and social risk, require an appropriate form of protection and who live in rural areas** have not been established**.** are not established. Given its population and territory, Montenegro is a dispersed entity. However, urbanisation and centralisation have led to significant internal migration trends, with a growing tendency for people to settle in cities while villages remain “empty” or with a small, usually elderly population isolated from most resources needed for adequate support. There is insufficient data on the number, age structure, and other characteristics of individuals living in remote rural areas. The situation is particularly complex in the northern region, where during the winter months, some households in remote locations are cut off from all services for several months. Special attention needs to be given to this particularly vulnerable category of individuals to ensure their survival and improve their quality of life.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of support services for **persons who, due to special circumstances and social risk, require an appropriate form of protection and who live in rural area**s:

* Lack of minimum standards and norms;
* The rural population is isolated and lacks access to most resources necessary for adequate support.

### 2.3.5 Key problems in the development and sustainability of services supporting users’ lives in family and/or community settings or in the least restrictive environment

**Graph 4.** **Key problems in the development and sustainability of services supporting users’ lives in family and/or community settings or in the least restrictive environment**

## 2.4. Transformation of residential institutions through the provision of community-based services in the least restrictive environment

**Institutional placement** is a service intended for users for whom support cannot be provided within the family, through family placement services or other services supporting users’ community living.

In accordance with the Law on Social and Child Protection, children under the age of 3, are no longer referred to institutional accommodation, except in exceptional cases. However, there are still reasons for concern regarding the number of children and youth placed in institutions, as well as the insufficient development of preventive services and support services to biological families, including non-kinship foster care.

Despite positive efforts in the process of deinstitutionalising children in Montenegro, the Committee on the Rights of the Child noted in its concluding observations on Montenegro’s Second and Third Periodic Reports for 2018 that “although the State party has made significant efforts to reform the system of social and child protection, to strengthen the legal framework for alternative care, and to promote deinstitutionalisation, the Committee remains concerned about the number of children still living in institutional care and the fact that children from the most disadvantaged and marginalised groups remain at a high risk of family separation and institutionalisation.”[[75]](#footnote-75)

According to data from the Ministry of Labour and Social Welfare, at the end of 2023, there were 430 children without adequate parental care, of whom 43 children had disabilities. Of the total number of children without parental care, 22% are in institutional care, while 78% are placed in foster families.

**Table 14. Children and youth in residential institutions as of the end of December 2023**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total children and youth | 0-18 | | 18-25 | | F | M |
| **Total children** | **Number of children with disabilities** | **Total youth** | **Number of youth with disabilities** |
| PI Children’s Home “Mladost”, Bijela | 71 | 69 | 24 | 2 | 2 | 38 | 33 |
| PI Centre Ljubović | 19 | 15 | 2 | 4 | 0 | 6 | 13 |
| Small group home, Bijelo Polje | 8 | 8 | 8 | 0 | 0 | 5 | 3 |
| TOTAL: | **98** | **92** | **34** | **6** | **2** | **49** | **49** |

Placement in institutions is provided for children without parental care, whose development is hindered by family circumstances, and for children with developmental disabilities. At the end of December 2023, 71 children and youth (33 male and 38 female) were accommodated at the PI Children’s Home “Mladost” in Bijela. The Small Group Community for children with developmental disabilities in Bijelo Polje is an organisational unit of PI Children’s Home “Mladost”. In 2023, 8 children (3 male and 5 female) were accommodated in the Small Group Home.

Although in 2023, 420 children and youth were in foster families, non-kinship foster care is quite underdeveloped, which represents a significant obstacle in the deinstitutionalisation process.

The transformation process of PI Children’s Home “Mladost” began in 2015 when the first transformation plan was adopted. Within the transformation of PI Children’s Home “Mladost” in Bijela, plans include improving the quality of childcare services while preserving the institution’s existing human and spatial resources. The organisation of the Home has been changed according to transformation plans, with children being divided into residential communities aimed at empowering them, preparing them for independent living, and transitioning from a structured and supervised environment to an independent life. The transformation plans also include licensing the Home for the following services:

* Shelter for protecting children from family violence, providing short-term accommodation and treatment, assessing the child’s needs, and determining future protection measures.
* Day care services for children with developmental disabilities aged 6 to 18 living in the municipality of Herceg Novi.
* SOS Hotline – national helpline for children and youth residing in Montenegro, ensuring anonymity, confidentiality, and availability. Free counselling hotline available 24/7 nationwide.

PI Children’s Home “Mladost” provides support to youth in residential care preparing to leave the institution, as well as assistance after leaving the institution during the adjustment period to independent living. Support includes taking on work responsibilities, meeting daily needs, managing household finances, assistance with employment, education, health care, organizing leisure time, developing practical skills, and more through counselling and transitional housing units.

The transformation plan for the period 2020-2024 initially included establishing a Centre for Foster Care, which was abandoned. Instead, the Foster Care and Adoption Centre will be established in Podgorica, along with two regional units in the south and north of the country.

In the next phase of reform, it is planned that children under 7 years old will not be accommodated in institutions, requiring the engagement of a greater number of non-kinship foster parents, especially for children with developmental disabilities.

An analysis based on the perspective of users indicates that professionals often cite “neglect and/or violence against children by parents” and “dysfunction in the biological family” as reasons for placing children in PI Children’s Home “Mladost” in Bijela.[[76]](#footnote-76) From the perspective of users, institutional placement results from insufficient family support, both material and in conflict resolution, in improving parenting skills, and in providing services such as day care, extended school stays, etc. These reasons highlight that one of the key prerequisites for implementing the deinstitutionalisation process is prevention and strengthening effective and efficient crisis support services for families to prevent the separation of children from families where it is in the child’s best interest.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of accommodation services for children:

* Children without parental care are institutionalised due to their parents’ inability to care for them;
* Support services for biological families are underdeveloped;
* Foster care is inadequately developed;
* There is insufficient assessment, preparation, and support for foster parents;
* There is a shortage of non-kinship foster families;
* Lack of support for the reintegration of children without parental care into family environments;
* Insufficient support for the development of family relationships and parenting skills.

In December 2023, in addition to the children placed in institutions in Montenegro, 15 children were placed in residential facilities of resource centres, and three children (1 male and 2 female) were accommodated in institutions in Serbia.

Children and youth with behavioural problems are placed in the Public Institution “Ljubović” Centre, where educational measures are implemented for placement in non-institutional facilities for a duration of 6 months to 2 years. Within the activities of the Centre, enhanced supervision measures by guardianship authorities are implemented, alongside daily stay in educational institutions, and temporary accommodation until the completion of preparatory procedures by the decision of the competent court. At the end of 2023, there were 19 users at the Public Institution “Ljubović” Centre, including 15 children (9 males and 6 females) and 4 youth (all males). Within the Public Institution “Ljubović” Centre, in March 2024, a shelter/reception centre for children and young victims of human trafficking was established.

The analysis of the Law on Social and Child Protection application highlights that this form of protection is unsuitable for children under 15 years of age.[[77]](#footnote-77) Unlike children and youth placed under a court decision, who stay in institutions for a limited period (up to two years), the stay of other users is much longer, often until adulthood. For this group of children and youth, it is necessary to define the maximum length of stay in the institution in addition to age limits.[[78]](#footnote-78) Users placed under a court decision who committed the most severe offenses should be separated into a specific institution under the jurisdiction of the Ministry of Justice.[[79]](#footnote-79) It is worrying that there is no specialised institution in accordance with the Law on the Treatment of Juveniles in Criminal Proceedings. Article 28 of this Law stipulates that: “For a minor with impaired psychological development or mental disorders who has committed a criminal offence, the court may, instead of imposing a measure of referral to a non-institutional educational institution or an institutional educational institution, impose a measure of referral to a specialised institution where treatment and training for the minor can be provided.” The law has been in force since 2011, and conditions for implementing the measure envisaged by it are still not in place, despite the evident great need for it.

In the next period of implementing the strategic document, the following **concerns** need to be emphasised regarding the provision of accommodation services for children and youth with behavioural problems:

* For users accommodated based on CSW decisions, there is no time limit for their stay;
* Children under 15 years of age are placed in institutions;
* Children and youth are accommodated together in institutions;
* The Public Institution “Ljubović” Centre does not have a transformation plan.

In Montenegro, there are 7 licensed providers offering residential care services for adults and elderly individuals. Five public institutions are located in Risan, Bijelo Polje, Pljevlja, Nikšić, and Podgorica. Two private residential care services providers are located in Danilovgrad.

The Public Institution “Komanski most” in Podgorica provides residential care services For adults and elderly individuals with disabilities.

One of the reform measures in the social and child protection system involves transforming residential care institutions. The Law on Social and Child Protection stipulates that public institutions providing care for children, youth, adults, and elderly individuals should be transformed to develop independent living support services, counselling-therapeutic, or socio-educational services, in accordance with the transformation plan adopted by the competent state administration authority.[[80]](#footnote-80)

Residential care should be considered as a last resort when all community-based options have been exhausted, with institutional stay intended to be temporary.[[81]](#footnote-81)

A trend contrary to deinstitutionalisation has been noted in the protection of adults and elderly individuals, considering that the accommodation capacity for this group of users has nearly doubled with the opening of new homes for the elderly in Nikšić and Podgorica. In 18 EU countries for which data are available in the OECD database, the proportion of people aged 65 and over in residential institutions for long-term care (excluding hospitals) averaged 3.8%.[[82]](#footnote-82)

**Table 15. Overview of capacity and number of users in residential care for adults and elderly in 2023**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the institution | Capacity | Total number of users on 31 December 2023 | Total number of users with CSW decisions | Total number of users through service agreements | F | M |
| Public Institution Home for the Elderly “Grabovac”, Risan | 283 | 227 | 161 | 66 | 130 | 97 |
| Public Institution “Home for the Elderly” Bijelo Polje | 200 | 151 | 112 | 39 | 71 | 80 |
| Public Institution “Home for the Elderly” Pljevlja | 61 | 57 | 46 | 11 | 39 | 18 |
| Private Institution Home for the Elderly “Duga”, Danilovgrad | 45 | 46 | 1 | 45 | 27 | 19 |
| Private Institution Home for the Elderly “Nana”, Danilovgrad | 32 | 27 | 0 | 27 | 23 | 4 |
| Public Institution “Home for the Elderly” Podgorica | 274 | 212 | 75 | 137 | 138 | 74 |
| Public Institution “Home for the Elderly” Nikšić | 208 | 98 | 79 | 19 | 47 | 51 |
| TOTAL: | **1,103** | **818** | **474** | **344** | **475** | **343** |

In addition to residential care services, the Public Institution “Home for the Elderly” Bijelo Polje, the Public Institution “Home for the Elderly” Pljevlja, and the Home for the Elderly “Grabovac” in Risan provide daily care services for adults and elderly individuals. Also, the Home for the Elderly “Grabovac” in Risan provides home care services for adults and elderly individuals with disabilities and for individuals requiring appropriate protection due to special circumstances and social risks in the municipalities of Budva, Kotor, Bar, and Herceg Novi, accommodation in shelters for homeless adults and elderly individuals, and counselling for homeless individuals.

The total residential capacity for adults and elderly individuals is 1,103 places, of which 93% are in public institutions. The occupancy rate in public institutions at the end of 2023 was approximately 73%. The occupancy rate in private residential facilities at the end of 2023 was around 95%. The capacity for providing residential care services significantly increased at the beginning of 2023 with the opening of public institutions in Podgorica and Nikšić.

The total number of users at the end of 2023 was 818. The number of users accommodated during 2023 was 595. The total number of users whose accommodation ceased during 2023 was 309, accounting for 37.78% of the total user population. The most common reason for ceasing accommodation was the death of users, with 196 users or 63.43%. Residential accommodation is a service chosen by the user and their family as a permanent form of care. Therefore, a small number of users, 28 or 9.06%, decide to return to their families. Fifty-four users, or 17.48%, were transferred to another institution during the year. Twenty-eight users, or 9.06%, left at the institution’s request. There were no cases of users being referred to family-based accommodation services. One of the reasons may be insufficient information about the existence of this service and its insufficient promotion through campaigns.

Occupancy rates indicate that there is no longer a stigma associated with residential accommodation, as families are increasingly unable to meet the growing needs of the elderly. The elderly prefer peer socialisation and long-term healthcare, and there will always be a certain number of users who, despite the development of community-based services, cannot meet their needs, particularly health-related ones, at home, necessitating institutional care. Users aged 65 to 79 represent the largest group at 39.49%, followed by users over 80 years at 39%, and users aged 51 to 64 years at 17.36%. Users under 50 years of age constitute 4.16%. The percentage of women using residential accommodation services is 58%. There are evident differences between men and women, as the latter live longer, are more often widowed, and have lower educational levels than men. Around 50% of users lived alone before entering the institution.

The majority of users, 44.01%, have secondary education, and 76.53% of users receive a pension, while 23.59% of users finance their accommodation partly from their own funds and partly from relatives’ funds. The predominant reason for residential accommodation is the personal choice of users, in 29.58% of cases.

From the perspective of user care and daily life organisations in institutions, data on the type of disability and mental health status are of great importance.

Out of 818 users who were in institutions on 31 December 2023, 217 (26.53%) users have mental health disabilities. Additionally, 185 users (22.62%) have no physical, sensory, mental, or intellectual disabilities. Out of the total number of users, 153 (18.70%) have multiple disabilities. There are 130 users (15.89%) with physical disabilities. There are 57 users (6.97%) with intellectual disabilities. Additionally, 44 users (5.38%) have sensory disabilities, and 32 users (3.91%) have other disabilities.

**Graph 5. Users of accommodation services for adults and elderly persons according to the type of disability**

In December 2023, the **PI Home for the Elderly “Grabovac” in Risan** accommodated 227 users. About 70% of them were placed in the institution through centres for social work. At the end of 2023, women made up about 57% of the total number of users. The home’s capacity was filled to about 80%.

In December 2023, the **PI Home for the Elderly “Bijelo Polje”** accommodated 151 users. About 74% of them were placed in the institution through centres for social work. At the end of 2023, women made up about 47% of the total number of users. The home’s capacity was filled to about 75%.

In December 2023, the **PI Home for the Elderly “Pljevlja”** accommodated 57 users. Approximately 80% of them were placed through centres for social work. At the end of 2023, women constituted about 68% of the total number of users. The home’s capacity was filled to about 93%.

**The PI Home for the Elderly “Podgorica”** was established in 2020, and began admitting users at the start of 2023. In December 2023, the home accommodated 212 users. About 35% of them were placed through centres for social work. At the end of 2023, women made up about 65% of the total number of users. The home’s capacity was filled to about 77%.

In December 2023, the **PI Home for the Elderly “Nikšić”** accommodated 98 users. Approximately 80% of them were placed through centres for social work. At the end of 2023, women made up about 47% of the total number of users. The home’s capacity was filled to about 47%.

**The Home for the Elderly “Duga” Ltd in Danilovgrad** is the first private home for the elderly in Montenegro. In December 2023, the home accommodated 46 users. One user was placed through a centre for social work. At the end of 2023, women made up about 58% of the total number of users.

**The Home for the Elderly “Nana” Ltd in Danilovgrad** is a private institution that accommodates the elderly. In December 2023, this home accommodated 27 users. There were no users placed through centres for social work. At the end of 2023, women made up about 85% of the total number of users. The home’s capacity was filled to about 84%.

**The PI “Komanski most” Institute** in Podgorica is an institution that accommodates **adults and elderly people with disabilities.** In December 2023, the PI “Komanski most” accommodated 114 users (12 young individuals and 102 adults and elderly individuals). There were 52 female and 62 male users.

**Table 16. Overview of capacities and the number of users of accommodation for adults and elderly people with disabilities in institutions in 2023**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the institution | Capacity | Total number of users as of 31 December 2023 | Total number of users with a decision from CSW | Total number of users through service contracting | F | M | Number of persons with disabilities |
| PI „Komanski most” Institute – Podgorica | 120 | 114 | 114 | 0 | 50 | 64 | 114 |

The occupancy rate at this institution has been consistently high, reaching 95% in 2023, as the institution is licensed for 120 users. Women made up 44% of the total number of users. The youngest user is 19 years old, while the oldest is 72 years old. The average age of users is 43 years. Two users are over 65 years old. The majority of users, 18.3%, have been in the institution for between one and five years. Out of the total number of users, 14 (11.7%) have been in the institution for over 40 years, with the longest current stay being 47 years. The average length of stay is over 20 years. Of the total number of accommodation users, 38 users, or 33.33%, did not receive any visits from family members, relatives, or other significant persons during 2023, nor did they have any contact with their families or relatives, nor did anyone inquire about them during this period.

All accommodated users are under the guardianship of the competent Centre for Social Work as the guardianship authority, with a preference for appointing a family member as the guardian over a professional worker from the Centre. Of the 114 users, the parental rights of five users were extended by a decision of the competent Basic Court; for 49 users, a family member was appointed as a guardian; while 60 users had no relatives, or they were unwilling or unsuitable to perform the guardianship duties, in which case a professional worker from the competent Centre was appointed as a guardian.

In 2023, the process of reviewing the revoked legal capacity initiated by the competent Basic Court continued. All users of the institution had their legal capacity completely revoked. By the end of 2023, from the moment the procedures were initiated, one user had their legal capacity partially restored, while for 61 users, the proposal for the restoration of legal capacity was rejected after the court proceedings. The procedures for reviewing the remaining users’ revoked legal capacity are ongoing.

The transformation process began with the adoption of the Transformation Plan in 2020. As part of the institution’s transformation plan, the development of services such as supported living, small group home, counselling, and home assistance was envisaged.[[83]](#footnote-83) The project “Institutional Transformation of PI Komanski most Institute – Development of Supported Living Service” lasted until November 2022. Within the project, an assessment was conducted for all users based on the methodology of the General Functionality Scale, and a functional profile was created for all. Ten users were assessed as eligible for inclusion in the preparatory unit within Pavilion C. Despite adequate preparation of users, the supported living service was not established due to the inability to meet the material conditions for licensing due to a lack of financial resources. The transformation plan is still active and partially implemented, but the institution has not been licensed to provide community services planned in the Transformation Plan.

During the implementation phase of this strategy, it is crucial to emphasise the following **concerns** regarding the delivery of accommodation services for adults and elderly people, as well as adults and elderly persons with disabilities:

* Lack of active participation in community life;
* Lack of support programmes for independent living or supported living;
* Lack of supported decision-making;
* Lack of an integrative approach;
* The Transformation Plan has not been realised.

### 2.4.1. Key problems in the area of transforming institutions for accommodating beneficiaries through community-based services in the least restrictive environment

**Graph 6. Key problems in the area of transforming institutions for accommodating beneficiaries through community-based services in the least restrictive environment**

## 2.5. Empowering users for deinstitutionalisation, community inclusion, and prevention of institutionalisation

**Children** are at risk of institutionalisation for several reasons. Primarily, neglect, abuse, and family issues such as divorce or the death of parents can lead to situations where children can no longer stay in their homes. There are various reasons why parents may be unable to provide adequate care and support for their children. Additionally, the lack of adequate support networks in the community increases this risk. The scope and quality of services provided to support biological families to enable children to stay with them are not satisfactory. The assessment and preparation of foster parents and children are inadequate, and the number of foster families is insufficient. Additionally, there are limited capacities to monitor children’s status and living conditions, and resources to ensure the sustainability of progress achieved in the deinstitutionalisation process are lacking.

The “Analysis of the Cross-Sector System Support for Children with Disabilities in Montenegro” states that “The equity gaps in the realisation of the rights of children with disabilities are linked to barriers that these children face in the access to health, education, and social and child-protection services. Generally, there is a lack of relevant statistics and quality data on disability, insufficient inter-sector cooperation, gaps in the provision of services or their overlapping, uneven coverage of inclusive education for children with disabilities, insufficient territorial coverage and coverage of children with child- and social-care services, as well as unequal access to justice, etc.[[84]](#footnote-84)

Children with behavioural problems are often at risk of institutionalisation because there are no adequate community resources for support. Social stigmatisation and misunderstanding of behavioural problems can lead to children being quickly labelled as “problematic,” further complicating their integration into regular social flows. Institutionalisation is sometimes seen as a “quick fix” to complex problems that require long-term and comprehensive support. Unfortunately, placing children in institutions can often worsen their problems, as they need individualised attention and support that is difficult to provide in an institutional setting.

It is necessary to envisage models of social activation for children from Roma and Egyptian families and work on improving parenting skills to reduce the number of children requiring some form of institutional care. Children from this population are at high risk of institutionalisation at PI Children’s Home “Mladost”. To prevent institutionalisation, there is a need to include these children in day care centres where they would be provided with various activities (e.g., help with studying, doing homework, organizing various psycho-educational workshops on healthy lifestyles; psycho-educational workshops on protective and preventive behaviour), and advisory-therapeutic work with children and parents would also be carried out.[[85]](#footnote-85)

**Persons with disabilities** are one of the most vulnerable groups in Montenegrin society and are, at the same time, a social group at significant risk of institutionalisation. There is no reliable data on the number of persons with disabilities in Montenegro, nor on the types of disabilities present, as there is no register of persons with disabilities. Persons with disabilities are often at risk of institutionalisation due to various factors. First, the lack of accessible resources and community support can make independent living difficult for persons with disabilities. Additionally, social stigma and lack of understanding can isolate them and limit their ability to participate in social activities. Although the state is obligated to ensure independent and inclusive living in the community for persons with disabilities, in practice, there is insufficient availability, continuity, and sustainability of services that support community living. A particular risk for this category of men and women is that they are at a higher risk of becoming victims of various forms of violence, and due to the lack of accessible resources and support in the community, this violence remains hidden and unrecorded for years.

**Elderly people** are also at particular risk of institutionalisation due to several factors, such as the lack of immediate family support, economic insecurity, and health problems. With a growing elderly population in Montenegro, there is an increased urgency to address specific challenges in upholding their human rights. The social protection services for the elderly have notably improved in Montenegro, reflecting a more comprehensive system. Given the complexities associated with ageing, there is a growing need for integrated community-based social services to effectively meet the diverse needs of elderly individuals. Special attention must be paid to older men and women who, due to special circumstances and social risk, need an appropriate form of protection, and who live in rural areas and do not have adequate coverage by the network of services from the social and child protection system.

Empowering children, persons with disabilities, and elderly people for the deinstitutionalisation process and their integration into the community is crucial for the success of the deinstitutionalisation process. This process should include assessing the current situation, developing individualised support plans, implementing the necessary resources and services, and continuously monitoring and evaluating outcomes. The goal is to ensure that beneficiaries receive support that enables them the highest possible level of independence and quality of life in the family and/or community.

Children should be involved in processes that concern them, which is one of the basic principles of the Convention on the Rights of the Child. Empowering children in social and child protection institutions is crucial for their development, emotional state, and preparation for independent living. The empowerment process includes providing support, education, emotional and social support, and developing their abilities and self-confidence.

Adults and elderly persons with disabilities rarely participate in personal planning, as many have been deprived of legal capacity and thus cannot formally participate in decision-making processes and assume responsibilities. Including persons with disabilities in assessment and planning processes fulfils their rights to participate and make decisions, independently or with support. Individualised planning according to abilities is crucial for developing skills and knowledge that enable the most independent inclusion in community life. The participation process for persons with disabilities must be well-designed, and their experiences and needs must be acknowledged and recognised to ensure that the planning, implementation, and monitoring of services are user-oriented, which is often not practised sufficiently. Exiting institutions for adults and elderly persons with disabilities has been a very rare occurrence over the years. Death is predominantly the most common reason for the cessation of the right to accommodation services. Institutionalised persons often have limited control over their daily activities, including schedules, meals, and free time. Decisions about personal matters such as medical care and social activities are often made by the institution’s staff without involving the users themselves. Institutions often provide standardised services that do not consider the individual needs and desires of the users. Insufficient resources and overburdened staff can further limit the ability to provide individualised support. Users often do not have contact with their families, which can lead to feelings of isolation and loneliness. A particular problem for all categories is to implement the deinstitutionalisation process for persons who, in addition to other difficulties or problems, have developed an addiction to chemical or non-chemical addictive substances. Therefore, in this part, the development of support measures for life in the family and community must take this aspect into account.

Some of the principles on which the social and child protection system is based include: respecting the integrity and dignity of users; prohibition of discrimination; informing users; active participation of users in creating, choosing, and using social and child protection rights; respecting the best interests of the users; preventing institutionalisation, and ensuring the availability of services in the least restrictive environment. The law mandates that providers offering accommodation services for children and individuals lacking legal capacity cannot be chosen directly. Instead, these services must be utilised exclusively based on a decision made by the centre for social work or a court decision, in strict accordance with legal provisions.

Regardless of legal status, in line with the principle of participation, the user should agree to the accommodation and use of services to the extent possible, according to their abilities. Users are often insufficiently informed about their rights when placed in social protection institutions, their living conditions, and the possibility to leave the accommodation by withdrawing consent.

To ensure the empowerment of users, it is crucial to support decision-making instead of substitute decision-making, which involves empowering users for self-determination and self-advocacy. Supported decision-making is intended for persons with intellectual and/or mental disabilities who need help in making informed and independent decisions. It is provided by a trained person chosen by the user, who is obliged to act impartially and according to the user’s instructions. So far, the model of proxy decision-making has been used, where the rights and abilities of the person are often limited. Supported decision-making is a concept that allows persons with disabilities to make their own decisions with the help and support of others. Instead, supported decision-making respects the person’s autonomy and rights, ensuring they have control over their life with the necessary help. The information needed for decision-making must be accessible and understandable to the person. This includes making information and communication accessible according to individual needs. Persons supporting decision-making help gather information and explain options and possible consequences, but do not make decisions for the person. It is necessary to ensure legal mechanisms that protect the rights of persons with disabilities and recognise the legitimacy of supported decision-making.

The Family Law requires serious revisions considering that it prescribes institutes contrary to the UN Convention on the Rights of Persons with Disabilities, primarily the ones related to the deprivation of legal capacity and extended parental rights. Both institutes are prescribed based on the person’s status, i.e., they include personal characteristics, or presumed or actual disability, which is perceived as a lack of “capacity for sound judgment” or inability to care for one’s own rights and interests. Due to these institutes, persons with disabilities experience severe violations of equality before the law, access to justice, family relations, and in the broadest sense, legal actions and decision-making about life and managing their own life. In the context of independent living and deinstitutionalisation, the application of these institutes represents a restriction and prevention of independent living, both legally and practically, due to the substitute decision-making regime, and thus institutionalisation either through accommodation in an institution or exclusion from community life and nullification of legal subjectivity.

The Family Law also requires revisions related to foster care and adoption conditions.

Besides the Family Law, the Law on Non-Contentious Proceeding needs to be changed and amended as a procedural law, in terms of applying a human rights-based model instead of a medical one, considering that the current solution equates health status with the existence of impairment/disability.

One of the problems in the area of ​​development of services that support the life of beneficiaries in the family and/or community, i.e. in the least restrictive environment, is that Individual Service Plans are not developed for beneficiaries of the right to basic material benefits – for all beneficiaries of personal disability allowance and for some beneficiaries of care and assistance allowance. It is expected that this problem will be partially resolved by the adoption of the Law on Disability Assessment and its regulation in the Law on Social and Child Protection. In addition, it is necessary to strengthen the capacities of employees in the Centres for Social Work.

One problem in developing services that support users’ family and/or community living, or in the least restrictive environment, is that Individual Service Plans are not made for users of basic material benefits – for all users of personal disability benefits and some users of care and assistance allowances. This problem is expected to be partially resolved by adopting the Law on Disability Determination and prescribing it in the Social and Child Protection Law. Besides this, it is also necessary to strengthen the capacities of employees in the centres for social work.

The Strategy for Protection against Discrimination and Promotion of Equality of Persons with Disabilities for the period 2022 to 2027 highlights accessibility as one of the key priorities for respecting human rights and a fundamental condition for the participation of persons with disabilities in society on an equal basis with other citizens. This Strategy includes an operational objective focused on ensuring equal access for persons with disabilities to public-use facilities, transportation (public transport, public spaces, and traffic infrastructure), as well as information, communications, products, and services. This underscores the importance of accessibility as a foundational principle for realising equal rights for all citizens. The Rulebook on Detailed Conditions and Manner of Adaptation of Structures for Access and Movement of Persons with Limited Mobility and Persons with Disabilities prescribes specific conditions for adapting facilities to be accessible to persons with disabilities. This rulebook covers the installation of access ramps, elevators, and other facilities that enable easier access and movement. Additionally, the Rulebook on the Standards of Accessibility in Montenegro defines conditions and standards for the accessibility of e-government. This rulebook contributes to respecting human rights and is linked to various legal mechanisms for human rights protection. Besides this, the Rulebook on Technical Interoperability Specifications related to accessibility of the railway system for persons with disabilities and persons with limited mobility has been adopted.

### 2.5.1. Key problems in empowering users for the deinstitutionalisation process, community inclusion, and prevention of institutionalisation

**Graph 7. Key problems in empowering users for the deinstitutionalisation process, community inclusion, and prevention of institutionalisation**

## 2.6. Intersectoral cooperation

Intersectoral cooperation is key in enabling sustainable deinstitutionalisation and providing comprehensive support to users.

Establishing integrated services supporting community living is particularly important in various sectors, primarily social and child protection, education, healthcare, and employment. Collaboration with justice, culture, transportation, sports, and other sectors is also essential. Integrated services combine provisions from different sectors (healthcare, education, employment) with social services to comprehensively and synchronously address an individual’s needs, rather than providing separate services. This approach places the service user at the centre of policies, ensuring greater efficiency in service delivery. Integrated services need to be recognised in the Law on Social and Child Protection as well as other relevant laws.[[86]](#footnote-86)

This is particularly important In Montenegro due to specific social challenges such as limited resources, geographical dispersion, and the need for better coordination between sectors. Establishing intersectoral cooperation in the deinstitutionalisation process, and preventing institutionalisation, ensures a holistic approach, optimizing resources, improving service quality, providing continuous and coordinated support, and strengthening community integration, particularly in reducing stigmatisation of individuals who have been institutionalised and promoting their acceptance in the community.

Due to the lack of intersectoral cooperation, many services are not properly recognised within the system.[[87]](#footnote-87) *The Roadmap* recommends developing a comprehensive funding framework for intersectoral services that requires service providers to align with standards and requirements prescribed in different sectors.[[88]](#footnote-88)

Day care centres for children and youth with disabilities provide not only daily care but also health and education services. However, the connection with sectors outside of social and child protection is not established, making program compatibility a challenge. The activities of day care centres require detailed and specific regulation, as they offer a range of services that extend beyond basic day care and relate to multiple sectors.[[89]](#footnote-89) Previous analyses highlight the role of day care centres in supporting inclusive education, recommending greater connection with schools and preschools, establishing integrated services with employment services focused on youth with disabilities, and linking with health centres for better rehabilitation programmes. [[90]](#footnote-90)

From 2021, through a project by MESI and MLSW with UNICEF support, day care centres improved collaboration with kindergartens and primary schools to align support goals and work plans with children across these sectors. Initially piloted in Pljevlja, Kotor, and Golubovci, the project expanded to nearly all municipalities with day care centres in Montenegro. While certain municipalities maintained this collaboration in 2023, the majority did not. Without establishing a new operational framework, there is apprehension regarding the long-term viability of the pilot project. Investments in these centres and funding from state and municipal budgets are crucial for ensuring their services’ sustainability and potential expansion.

The needs of users in day care centres include not only planned daily care activities but also support for motor development, i.e. habilitation, and rehabilitation, provided by physiotherapists and occupational therapists licensed in health services. Day care centres also employ special educators and speech therapists to support cognitive and speech-language development. Nurses are also employed as associates due to the high number of users with epilepsy and other health issues.

Currently, local governments, as the founders, finance the day centres, providing salaries and part of the costs, while the Ministry of Labour and Social Welfare contributes €250 per month per user. It is necessary for the Ministry of Health and the Ministry of Education, Science, and Innovation to also participate in funding these services, particularly for those provided beyond day care.

The Ministry of Health should fund medical staff, while the Ministry of Education should fund staff who support children’s education.

Early intervention services should be developed in collaboration with the health and education sectors. In the health sector, important initiatives include developing early detection and early intervention programmes for children with developmental disabilities, establishing an Early Childhood Development Centre instead of a Centre for Autism, creating Childhood Development Centres within all Primary Healthcare Centres, setting up home visiting services, providing psychosocial support for people with disabilities and parents of children with developmental difficulties, and establishing child psychiatric care programmes in Montenegro. At the end of 2023, the Early Childhood Development Strategy was adopted[[91]](#footnote-91), which calls for: an analysis and plan for integrating day care centres into the early intervention and early childhood development support system, introducing integrated intensive support services for families in a home environment, defining and aligning cooperation protocols and instruments, and delineating the roles and responsibilities among key multisectoral actors in early intervention at pilot locations, including representatives of parents of children with developmental delays and disabilities.

According to the Situation Analysis of Early Childhood Intervention (ECI)[[92]](#footnote-92) in Montenegro, most services are in the developmental stage, transitioning from a medical model to modern early intervention services. This means that services in Montenegro often start from traditional rehabilitation services but also use some basic concepts/elements of modern early intervention such as developmental screening, comprehensive developmental assessment, individualised family service plans, and family-oriented services in the child’s natural environment – at home, in a day care centre, or preschool.

At the end of 2023, the Ministry of Health adopted the Early Childhood Development Strategy, which plans joint activities among the health, social and child protection, and education sectors to support early childhood development.

The strategy proposes improving the role of day care services for children with developmental disabilities to provide additional support for the child’s holistic development, and to be recognised in laws governing health, social and child protection, and education.

One activity in this strategy is: preparing an analysis and creating a plan for integrating day centres into the early intervention and early childhood development support system, with a result indicator of: the existence of precise guidelines on how to integrate the resources of day care centres into the early childhood development system in terms of personnel and organisations.

Through collaboration between UNICEF, the Ministry of Health, the Ministry of Education, the Ministry of Labour and Social Welfare, and with EU support, developmental monitoring/screening and modern transdisciplinary, family-oriented early intervention services were piloted in two municipalities, Kotor and Bijelo Polje, in 2023. The pilot included mapping services in the two municipalities, strengthening professional capacities in developmental monitoring/screening, and the implementation of family-oriented early intervention, producing a Guide on Early Intervention (submitted to the Ministry of Health for adoption), and accrediting the training program by the Institute for Social and Child Protection.

Among the multisectoral programmes that were piloted is the *Caring Families* program for parents of children aged 2 to 9, implemented in Montenegro since early 2018 with UNICEF support. During the program, parents are taught non-violent discipline techniques which, combined with improved instruction giving and the establishment of rules and routines, reduce behaviours that usually lead to conflict by creating more predictable and safer conditions for children. Based on the analysis of the program’s effectiveness, its scale-up is proposed. There is also a recognised need to organise this program for parents of children with developmental disabilities and RE children to develop parenting capacities and skills. Starting in 2024, the Institute for Social and Child Protection will also participate in implementing this program.

Support for parents of children with developmental challenges from the moment a risk is identified in infants is lacking. Parents often lack adequate information or receive conflicting information about early childhood development, milestones, and strategies to promote optimal child development. Collaboration between institutions and parents/guardians to create optimal conditions for each child’s development is missing. Early parental support should be provided through multisectoral efforts, involving coordinated services across health, social services, and education sectors, as well as engagement with NGOs, local governments, and the media. Parents need to receive psychosocial support to embrace their child’s situation and facilitate their development and integration into community life.

In the education sector, various documents, research, and strategies highlight the development of inclusive education, learning support services, and organizing day/extended stays in schools, especially for primary school children with developmental difficulties, as particularly important prerequisites for deinstitutionalisation.

In collaboration with the Ministry of Labour, Employment and Social Dialogue and Employment Agency, it is especially important to mention the launch of the employment support programmes and market preparation for youth about to leave institutions like the PI *“Ljubović”* Centre and the PI Children’s Home *“Mladost”* Bijela, as well as support for young people with disabilities.

The Government of Montenegro, with support from UNDP and the EU Delegation, is conducting an overall reform of the national disability assessment system to establish a fairer, more equitable, and simpler approach to monetary support and services for people with disabilities. This reform will introduce a new methodology for disability assessment based on the human rights model.

Multisectoral issues also encompass patients undergoing long-term or extended treatment in healthcare facilities. The Special Hospital for Psychiatry “Dobrota” in Kotor has three extended treatment departments for comprehensive extended care for individuals with resistant psychotic disorders (schizophrenic, schizoaffective, affective) and adults with mental and intellectual disabilities. These departments primarily hospitalize older patients, including those with organic psychiatric disorders, dementia, amnestic and other cognitive disorders, and all psychiatric disorders where the patient refuses communication with specific primary healthcare in elderly homes. The extended treatment departments in this healthcare institution have a capacity of 122 patients. It is necessary for the Centres for Social Work to establish permanent cooperation with the Special Hospital for Psychiatry “Dobrota” and develop a joint action model to provide timely and appropriate social and guardianship protection for patients. A particular problem is support after leaving a psychiatric institution, given that in practice there are cases where a person remains in the institution for even several years due to a lack of support in the family environment.

Ministry of Labour, Employment and Social Dialogue will work on developing social entrepreneurship. Social entrepreneurship plays a crucial role in the deinstitutionalisation process by providing alternative and inclusive solutions for young people and persons with disabilities who were placed in institutions or are at risk of institutionalisation. Marginalised individuals or those at risk of social exclusion, including those leaving institutional care, often do not have the opportunity to find employment. Therefore, they lack the chance to acquire work skills, stable jobs, and social support, which are essential for their integration into the community. Social enterprises operate at the local level and aim to improve living conditions in communities. By supporting local development, social enterprises help create an environment more conducive to deinstitutionalisation, as individuals leaving institutions, and those at risk of institutionalisation, can find support and resources in their local communities. Social entrepreneurship also promotes social responsibility and solidarity values, increasing community awareness and engagement in supporting deinstitutionalisation. This includes accepting and supporting individuals leaving institutions, a critical aspect of a successful transition to community life.

Through innovative approaches and programmes, social enterprises enable individuals to remain in their communities by providing them with the support, training, and resources needed for independent living. This helps break the cycle of institutionalisation and ensures greater autonomy and integration for individuals previously excluded. Social entrepreneurship contributes to employment support and social inclusion.

### 2.6.1. Key problems in the domain of intersectoral cooperation

**Graph 8. Key problems in the domain of intersectoral cooperation**

# 3. THE GOALS OF THE STRATEGIC DOCUMENT

**The overall goal** of this Strategy is to ensure the right to a dignified, independent, and quality life in the community through the process of deinstitutionalisation, prevention of institutionalisation, support for social inclusion, and development of sustainable and accessible services that enable users to live in the least restrictive environment.

Deinstitutionalisation involves a process of systematically transitioning from a system of institutional care and accommodation to a system of support within family environments and the local community, through the development of community services, ensuring sustainable funding while respecting the rights of service users to their own choices and participation in decision-making processes.

Deinstitutionalisation requires a cross-sector response and should be the subject of broader policy definitions. Indicators of the success of the deinstitutionalisation process are: a reduced number of service users in residential institutions; the number of adopted and implemented transformation plans for residential institutions; the number of service users who have left residential institutions; the number of institutions that, in addition to accommodation services, are licensed to provide services that support community living; the number of social and child protection services in the community that support remaining in a natural environment; the number of service users of social and child protection services that support community living; allocations from local budgets for the development of social and child protection services that support community living; allocations from the state budget for the transformation processes of residential institutions and the development of social and child protection services that support community living; the number of service users who are partially or fully deprived of legal capacity; the number of service users whose legal capacity has been partially or fully restored.

The overall goal of this strategic document emphasises the focus on realising the right to a dignified, independent and good quality life within the community. In order to achieve the overall aim of the Deinstitutionalisation Strategy, four operational objectives have been set. To realise the rights of service users, it is necessary to develop and ensure the sustainability of services that support the lives of service users in the family and/or community, ensuring that services are provided in the least restrictive environment. It is necessary to transform residential institutions and empower service users to participate in the process of deinstitutionalisation and integration into the community. To achieve all of this, effective cross-sector collaboration is essential.

**Graph 9. Operational objectives**

## 3.1 Operational objective 1: Development and sustainability of services supporting users’ lives in family and/or community settings or in the least restrictive environment

**Table 13. Performance indicators for Operational objective 1**

| Performance indicators | Baseline value (2024) | Mid-term value (2026) | Target value (2028) |
| --- | --- | --- | --- |
| Performance indicator 1.1. Share of state budget expenditures on services supporting users’ community living relative to institutional accommodation services | The current allocation for services supporting users’ community living from the state budget is: €3,690,000.00 (67%)  The current allocation for institutional accommodation services from the state budget is: €1,810,000.00 (33%) | Increase annual allocation for services supporting users’ community living from the state budget by 40% (€5,166,000.00)  Increase the share of allocation for services supporting users’ community living relative to institutional accommodation to 79%:21% | Increase annual allocation for community-based services supporting users’ community living by 393% compared to 2024 (€18,190,000.00)  Increase the share of allocation for services supporting users’ community living relative to institutional accommodation to 90%:10% |
| Performance indicator 1.2. Share of local budget expenditures on services supporting users’ community living | The allocation for community-based services from local budgets in 2022 was: €4,571,149.86 | Increase allocation for services supporting users’ community living from local budgets by 25% compared to 2023 | Increase allocation for services supporting users’ community living from local budgets by 50% compared to 2023 |
| Performance indicator 1.3. Availability of at least three services supporting users’ community living in local self-government units (LSGUs) according to users’ needs | 9 LSGUs have at least three services supporting users’ community living | 13 LSGUs have at least three services supporting users’ community living according to users’ needs | All LSGUs have at least three community-based services in line with the users’ needs |
| Performance indicator 1.4. Increase in the number of users utilising services supporting users’ community living | Number of users of services supporting users’ community living based on CSW decisions: **1,752**   * Day care for children and youth with disabilities: **353** * Day care for adults and elderly with disabilities and elderly persons: **103** * Day care for children with behavioural problems: **23** * Home assistance: **814** * Personal assistance: **1** * Drop-in centres: **0** * Counselling: **0** * Family placement - foster care (children): **353** * Family placement - foster care (youth): **67** * Family placement (adults and elderly): **38** | Increase the number of users of services supporting users’ community living based on CSW decisions by 10%   * Day care for children and youth with disabilities * Day care for adults and elderly with disabilities and elderly persons * Day care for children with behavioural problems * Home assistance * Personal assistance * Drop-in centres * New services * Counselling * Family placement - foster care (children) * Family placement - foster care (youth) * Family placement (adults and elderly) | Increase the number of users of services supporting users’ community living based on CSW decisions by 30%   * Day care for children and youth with disabilities * Day care for adults and elderly with disabilities and elderly persons * Day care for children with behavioural problems * Home assistance * Personal assistance * Drop-in centres * New services * Counselling * Family placement - foster care (children) * Family placement - foster care (youth) * Family placement (adults and elderly) |
| Performance indicator 1.5.  Established missing services supporting users’ community living | Currently, there are 549 services[[93]](#footnote-93) supporting users’ community living | Increased number of services by at least one missing service - supported living | Increased number of services by at least three missing services |
| Performance indicator 1.6.  User satisfaction with services supporting users’ community living | User satisfaction is not currently monitored | Established user satisfaction monitoring model | A user satisfaction monitoring model is applied and data on the level of satisfaction with services supporting users’ lives in the community are collected |

## 3.2 Transformation of institutions for accommodating beneficiaries through community-based services in the least restrictive environment

**Table 17. Performance indicators for Operational objective 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Performance indicator | Baseline value (2024) | Mid-term value (2026) | Target value (2028) |
| Performance indicator 2.1.  Decreased number of users of institutional care | Current number of users of residential care services in institutions in Montenegro:   * Children: **92** (45 male, 47 female) * Children without adequate parental care: **77** of which **34** have disabilities * Children with behavioural problems: **15** * Youth: **6** (4 male, 2 female) * Youth with disabilities: **2** * Youth with behavioural problems: **4** * Adults and elderly: **932** (407 male, 525 female) * Persons with disabilities: **114** (52 female, 62 male) | Decreased number of users of institutional care by:   * Children without adequate parental care by 10% * Children with disabilities by 10% * Children with behavioural problems by 10% * Youth with disabilities by 10% * Youth with behavioural problems by 10% * Adults and elderly by ten beneficiaries * Persons with disabilities by five beneficiaries | Decreased number of users of institutional care by:   * Children without adequate parental care by 20% * Children with developmental disabilities by 20% * Children with behavioural problems by 20% * Youth with disabilities by 20% * Youth with behavioural problems by 20% * Adults and elderly by 20 beneficiaries * Persons with disabilities by ten beneficiaries |
| Performance indicator 2.2: Share of children in institutional care in the total number of children in institutional and family care/foster care | Total number of children in institutional and family care/foster care: **445**  Number of children in institutional care: **92**  (45 male, 47 female)  Number of children in family care/foster care: **353**  (194 male, 159 female)  The current share of children in institutional care in the total number of children in institutional and family care/foster care: **21%** | Share of children in institutional care in the total number of children in institutional and family care/foster care reduced by 5% | Share of children in institutional care in the total number of children in institutional and family care/foster care reduced by 10% |
| Performance indicator 2.3  Rate of children in formal residential care (in residential institutions) and formal family-based care at the end of the year per 100,000 children | Rate of children in formal residential care (in residential institutions): 81[[94]](#footnote-94)  Rate of children in formal family-based care: 248[[95]](#footnote-95) | Rate of children in formal residential care (in residential institutions): 65  Rate of children in formal family-based care: 250 | Rate of children in formal residential care (in residential institutions): 55  Rate of children of children in formal family-based care: 265 |
| Performance indicator 2.4: Number of community-based services provided by residential institutions | Current number of community-based services provided by residential institutions: **11** | Number of community-based services provided by residential institutions increased by at least **70%** | Number of community-based services provided by residential institutions increased by at least **100%** |
| Performance indicator 2.5: Number of beneficiaries in institutional care assessed as capable of independent living or supported living | Current number of users assessed as capable of independent living or supported living:   * Children: **25** (11 male, 14 female) * Youth: **2** (female) * Adults and elderly: **0** * Adults and elderly persons with disabilities: **10** (6 male, 4 female) | Increased number of beneficiaries receiving support in preparation for leaving the institution:   * Children: **28** * Youth: **4** * Adults and elderly: **10** * Adults and elderly persons with disabilities: **12** | Increased number of beneficiaries receiving support in preparation for leaving the institution:   * Children: **30** * Youth: **6** * Adults and elderly: **20** * Adults and elderly persons with disabilities: **15** |

## 3.3 Empowering users for the deinstitutionalisation process, community inclusion, and preventing institutionalisation

**Table 18. Performance indicators for Operational objective 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Performance indicators | Baseline value (2024) | Mid-term value (2026) | Target value (2028) |
| Performance indicator 3.1. Number of individuals with fully or partially restored legal capacity | Current number of individuals with full legal incapacity: **948** (**493** male and **455** female); partial legal incapacity: **38** (**24** male and **14** female)  Current number of individuals with restored legal capacity (2022–2023): **3** users with partial capacity restored from full incapacity  Current number of ongoing legal capacity assessments (2022-2023): **11** users with full incapacity (7 male and 4 female) and **1** user with partial incapacity (male) | Reduction in the number of individuals whose legal capacity has been revoked by at least 10  Increase in the number of individuals whose legal capacity has been fully or partially restored by at least 10  Increase in the number of individuals for whom legal capacity reassessment procedures have been reinitiated by at least 25 | Reduction in the number of individuals whose legal capacity has been revoked by at least 20  Increase in the number of individuals whose legal capacity has been fully or partially restored by at least 20  Increase in the number of individuals for whom legal capacity reassessment procedures have been reinitiated by at least 50 |
| Performance indicator 3.2. Increased user participation in the development/revision of individual plans (independently or with support) | Individual plans currently do not include activities developed with full user participation | At least 50% of individual plans developed/revised with full user participation | 100% of individual plans developed/revised with full user participation |
| Performance indicator 3.3. Increased number of users in institutional care empowered for independent living or community living | Users in institutional care are not empowered for independent or supported living.  Number of users receiving decision-making support instead of substitute decision-making and guardianship | At least 30 users in institutional care empowered for independent or supported living | At least 40 users in institutional care empowered for independent or supported living |

## 3.4 Ensuring efficient intersectoral cooperation to support deinstitutionalisation and support to community and family-based living

**Table 19. Performance indicators for Operational objective 4**

|  |  |  |  |
| --- | --- | --- | --- |
| Performance indicators | Baseline value (2024) | Mid-term value (2026) | Target value (2028) |
| Performance indicator 4.1.  Developed integrated services encompassing all necessary services from different sectors | No integrated services in the system | The manner of provision of integrated services and cooperation between sectors is prescribed by the Law on Social and Child Protection and other laws and bylaws. | Developed integrated services are provided to users |
| Performance indicator 4.2.  Established social entrepreneurship | Social entrepreneurship is not established | The Law on Social Entrepreneurship has been adopted | At least two social enterprises have been registered established |

When defining the objectives, no possible negative impacts on the environment were identified.

# 4. FINANCIAL FRAMEWORK FOR THE IMPLEMENTATION OF THE STRATEGY

For the implementation of activities outlined in the Deinstitutionalisation Strategy, a total financial allocation of **€56,181,600** is required. The methodology used to calculate financial expenditures/revenues is based on estimation and the previous experiences of activity holders. The necessary funds should be secured from the regular budget of Montenegro, the budgets of local governments, and donor support funds.

Additionally, to accelerate the expansion process and stimulate economic convergence at the regional level of the Western Balkans (WB), the European Commission (EC) adopted a proposal for a new EU Growth Plan for the Western Balkans on November 8, 2023. This plan projects that the implementation of reforms and EU financial support will have a positive impact on the economic growth of candidate countries’ economies.

The Government adopted the Information on the preparation process of Montenegro’s Reform Agenda 2024–2027 for the EU Instrument for Reforms and Growth and approved the Reform Agenda of Montenegro 2024–2027 for the EU Instrument for Reforms and Growth.

Detailed information on the funds required for the implementation of each individual activity over a one- or two-year period will be presented in the Action Plan.

The following table provides an overview of the financing of the entire strategic document for the next five-year period, where the main sources of financing are:

* The Budget of Montenegro (a portion of the funds is envisaged by the EU Growth Plan for the Western Balkans for the period 2026–2027 - Montenegro’s Reform Agenda 2024–2027 for the EU Reforms and Growth Facility)
* Donor support

**Table 20. Funds required for the implementation of activities envisaged by the Deinstitutionalisation Strategy**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | State budget funds | State budget share | Donor support | Donor support share | Total |
| 2025 | €7,701,600.00 | 94% | €500,000.00 | 6% | €8,201,600.00 |
| 2026 | €10,000,000.00 | 80% | €2,500,000.00 | 20% | €12,500,000.00 |
| 2027 | €12,480,000.00 | 84% | €2,500,000.00 | 16% | €14,980,000.00 |
| 2028 | €19,000,000.00 | 93% | €1,500,000.00 | 7% | €20,500,000.00 |
| Total | €**49,181,600.00** | **88%** | €**7,000,000.00** | **12%** | €**56,181,600.00** |

# 5. ACTIVITIES OF BODIES IN CHARGE OF STRATEGY IMPLEMENTATION AND MONITORING

The mechanism for monitoring and reporting on the implementation of the **Deinstitutionalisation Strategy for the period 2025–2028** primarily relies on the work of the **Operational Body for Monitoring the Implementation of the Strategic Document**. The operational body consists of representatives from institutions responsible for activities listed in the Action Plan, as well as representatives of all entities whose contribution is essential and crucial for the successful implementation of policies in the area of deinstitutionalisation during the period 2025–2028.

**Graph 10. Operational body for monitoring the implementation of the strategic document**

The operational body will meet at least twice a year, thereby timely and continuously reviewing the implementation process of the planned activities, as well as possible obstacles and challenges that institutions may face during the implementation of activities. Data necessary for the preparation of reports will be collected throughout the entire year and submitted to the Ministry of Social Welfare, Family Care and Demography as the coordinating authority of the operational body.

All ministries and institutions will engage in intersectoral cooperation, primarily with the NGO sector and international organisations, as only through such collaboration can the goals of the Deinstitutionalisation Strategy be achieved. Intersectoral cooperation will be reflected in joint activities aimed at achieving the Strategy’s objectives, from drafting annual action plans, conducting joint training for professionals from different sectors, and creating integrated services, to monitoring the implementation and achievement of the Strategy goals and objectives.

The Ministry of Social Welfare, Family Care and Demography is the coordinating institution responsible for the operational body’s work, drafting, implementing, and reporting on the implementation of the strategic document. The aforementioned strategic document is accompanied by an Action Plan prepared for a one-year period.

The Deinstitutionalisation Strategy 2025–2028 represents a strategic document requiring the involvement of all interested institutions, including state administration bodies, local self-governments, NGOs and CSOs closely involved in this field, as well as international organisations that significantly influence policy development in this area. Accordingly, these institutions are obliged to provide information on activities implemented within the action plan, to ensure timely and adequate data collection for the preparation of annual and final reports, as well as for measuring the degree of achieved performance and identifying challenges that may arise during the implementation of planned activities.

# 6. REPORTING AND EVALUATION METHOD

The Ministry of Social Welfare, Family Care and Demography will be responsible for collecting and consolidating data relevant to report preparation, as well as for coordinating the work of the operational team.

The operational body’s basic responsibilities include preparing two types of reports.

**Graph 11. Types of reports on the implementation of the strategic document**

Annual reports and the final report on the implementation of the strategic document will be prepared by the Ministry of Social Welfare, Family Care, and Demography. The final report is compiled upon the expiration of the period for which the strategic document was adopted. The structure of this report differs from that of the annual reports, as, in addition to the mandatory elements required for the structure of the annual report, the final report also includes an evaluation of the implementation of the given strategic document.

During the preparation of the final report, the Ministry of Social Welfare, Family Care, and Demography will consult other administrative bodies involved in the implementation process of the strategic document to further improve public policy development.

In accordance with the Medium-Term Work Program of the Government of Montenegro and obligations towards the European Union, the reports will be submitted for review to the General Secretariat of the Government of Montenegro. Upon receiving feedback, the reports will be submitted to the Government of Montenegro for adoption.

Additionally, the annual reports and the final report will be submitted to the Council for Child Rights and the Council for the Rights of Persons with Disabilities.

To ensure the transparency of the strategy implementation process, the reports will be published on the website of the Government of Montenegro / Ministry of Social Welfare, Family Care, and Demography.[[96]](#footnote-96)

The evaluation of the strategic document will be conducted as an ex post evaluation. This evaluation will be carried out by external experts specialising in deinstitutionalisation, primarily due to the complexity and scope of the subject, as well as to ensure a higher degree of objectivity. **Funds for conducting the ex post evaluation will be provided through the budget of the Ministry of Social Welfare, Family Care, and Demography or through donor support (IPA program).** These funds will be defined within the final action plan prepared for the implementation of the strategic document.

The process of ex-post evaluation is planned to begin in the first quarter of 2028 and be completed in the last quarter of 2028, to timely provide evaluation findings presented in the final report, and to establish adequate grounds for potentially creating a new strategic document. The evaluation findings will provide a clear and precise overview of the success of public policy implementation through the unified strategic document. This approach aims to determine whether planned effects are achieved through collective action, and whether implemented activities contribute to enhancing the respective public policy.

# 7. PUBLIC INFORMATION ON THE OBJECTIVES AND EXPECTED OUTCOMES OF THE STRATEGY

The Deinstitutionalisation Strategy for the period 2025–2028 is a comprehensive national strategic document that establishes the basic conditions for respecting the right to live in a community or family, active participation of users in creating, choosing, and utilising rights within social and child protection. This will result in the use of services in the least restrictive environment and inclusion in daily life activities.

To inform citizens, the public and private sectors, NGOs, and other relevant stakeholders about the plans, priorities, objectives, and expected results in the field of deinstitutionalisation, it is necessary to prepare appropriate public information. In this way, transparency, openness, and awareness about achieving the goals in the field of deinstitutionalisation will be ensured, contributing to building and/or increasing trust between the state, local governments, and the citizens of Montenegro.

The goals of the Strategy align with the goals of the Public Information Strategy on Montenegro’s Accession to the EU 2023–2026. During the implementation of the for Deinstitutionalisation Strategy, key communication messages from this strategy will be used: “European integration and reforms improve Montenegro and bring the living standards of citizens closer to the European level” and “Montenegro shares European values and wants to become part of the European Union, which is based on these values.”

Through selected communication channels, the development of community and/or family services will be promoted. When creating information, care will be taken to ensure that it is accessible, transparent, proactive, and inclusive. Information will be made accessible to all citizens and will be published in formats accessible to persons with disabilities (Braille, easy-to-read language, sign language interpreting).

The proposed set of communication activities in the Deinstitutionalisation Strategy includes: organizing a promotional campaign on the realisation of the right to independent living or living with support; organizing promotional activities dedicated to fostering; promoting services that support community living; organising promotional campaigns for including youth at risk of institutionalisation in youth services; organizing a promotional campaign on the importance of deinstitutionalisation and the prevention of institutionalisation.

Additionally, user satisfaction with community-based services will be monitored, and information about the degree of satisfaction will be published.

# DEINSTITUTIONALISATION STRATEGY ACTION PLAN FOR 2025

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STRATEGIC GOAL:** Exercising the right to a dignified, independent, and quality life in the community through the process of deinstitutionalisation, prevention of institutionalisation, support for social inclusion, and development of sustainable and accessible services that enable users to live in the least restrictive environment. | | | | | | |
| **Operational objective 1:** | **Development and sustainability of services supporting users’ lives in family and/or community settings or in the least restrictive environment** | | | | | |
| **Performance indicators** | **Baseline value (2024)** | | **Mid-term value (2026)** | | **Target value (2028)** | |
| **Performance indicator 1.1.** Share of state budget expenditures on services supporting users’ community living relative to institutional accommodation services | The current allocation for services supporting users’ community living from the state budget is: €3,690,000.00 (67%)  The current allocation for institutional accommodation services from the state budget is: €1,810,000.00 (33%) | | Increase annual allocation for services supporting users’ community living from the state budget by 160% (€9,594,000.00)  Increase the share of allocation for services supporting users’ community living relative to institutional accommodation to **84%:16%** | | Increase annual allocation for community-based services supporting users’ community living by 400% compared to 2024 (€18,450,000.00)  Increase the share of allocation for services supporting users’ community living relative to institutional accommodation to **91%:9%** | |
| **Performance indicator 1.2.** Share of local budget expenditures on services supporting users’ community living | The allocation for community-based services from local budgets in 2022 was: €4,571,149.86 | | Increase allocation for services supporting users’ community living from local budgets by 25% compared to 2023 | | Increase allocation for services supporting users’ community living from local budgets by 50% compared to 2023 | |
| **Performance indicator 1.3.** Availability of at least three services supporting users’ community living in local self-government units (LSGUs) according to users’ needs | 9 LSGUs have at least three services supporting users’ community living | | 13 LSGUs have at least three services supporting users’ community living according to users’ needs | | All LSGUs have at least three community-based services in line with the users’ needs | |
| **Performance indicator 1.4.** Increase in the number of users utilising services supporting users’ community living | Number of users of services supporting users’ community living based on CSW decisions: **1,752**   * Day care for children and youth with disabilities: **353** * Day care for adults and elderly with disabilities and elderly persons: **103** * Day care for children with behavioural problems: **23** * Home assistance: **814** * Personal assistance: **1** * Drop-in centres: **0** * Counselling: **0** * Family placement - foster care (children): **353** * Family placement - foster care (youth): **67** * Family placement (adults and elderly): **38** | | Increase the number of users of services supporting users’ community living based on CSW decisions by 10%   * Day care for children and youth with disabilities * Day care for adults and elderly with disabilities and elderly persons * Day care for children with behavioural problems * Home assistance * Personal assistance * Drop-in centres * New services * Counselling * Family placement – foster care (children) * Family placement – foster care (youth) * Family placement (adults and elderly) | | Increase the number of users of services supporting users’ community living based on CSW decisions by 30%   * Day care for children and youth with disabilities * Day care for adults and elderly with disabilities and elderly persons * Day care for children with behavioural problems * Home assistance * Personal assistance * Drop-in centres * New services * Counselling * Family placement - foster care (children) * Family placement - foster care (youth) * Family placement (adults and elderly) | |
| **Performance indicator 1.5.**  Established missing services supporting users’ community living | Currently, there are 549 services[[97]](#footnote-97) supporting users’ community living | | Increased number of services by at least one missing service - supported living | | Increased number of services by at least three missing services | |
| **Performance indicator 1.6.**  User satisfaction with services supporting users’ community living | User satisfaction is not currently monitored | | Established user satisfaction monitoring model | | A user satisfaction monitoring model is applied and data on the level of satisfaction with services supporting users’ lives in the community are collected | |
| **Activities contributing to the implementation of Operational objective 1** | **Result indicator** | **Competent institutions** | **Starting and ending timeframe for the implementation of the activity** | **Planned funds** | | **Funding source** |
| 1. Analysis of minimum standards and norms for services supporting users’ community living | Prepared Analysis of minimum standards and norms services supporting users’ community living, counselling, family placement and family placement – foster care | ISCP, MSWFCD, SCP inspection, NGO | Q1 2025 – Q2 2025 | €5,000.00 | | State budget |
| 1. Analysis of minimum standards and norms for family placement and family placement – foster care services | Analysis of minimum standards and norms for family placement and family placement – foster care services | ISCP, MSWFCD, SCP inspection, service providers, NGO | Q1 2025 – Q3 2025 | €3,000.00 | | State budget |
| 1. Determining the manner of financing services that support community living at the state and local levels | Adoption of the Law on Social and Child Protection, which prescribes the method of determining the financing of services that support community living at the state and local levels | MSWFCD, ISCP, SCP inspection, MF, MH, MJ, MESI, UOMM, NGO, CSO | Q1 2025 – Q2 2025 | No funds are needed | | State budget |
| 1. Improvement of closer conditions for the provision and use, norms and minimum standards of support services for community living, counselling-educational and social-educational services, family placement and family placement – foster care services | Prepared Regulations on closer conditions for the provision and use, norms and minimum standards of support services for community living, counselling-educational and social-educational services, family placement and family placement – foster care services | MSWFCD, ISCP, SCP inspection, service providers, NGO | Q3 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Mapping existing and missing services that support users’ community living at the local level (prevalence, number of users, costs) | Mapped services that support users’ community living at the local level (prevalence, number of users, costs) | ISCP, LSGU, NGO and CSO | Q1 2025 – Q3 2025 | €2,000.00 | | State budget |
| 1. Analysis of user needs for the establishment of at least three services that support community living in LSGUs in accordance with user needs | Analysis of user needs for the establishment of at least three services that support community living in LSGUs in accordance with user needs | ISCP, LSGU, CSW, NGO and CSO | Q1 2025 – Q3 2025 | €4,000.00 | | State budget |
| 1. Preparation of the annual plan for the development of services that support the users’ community living | Prepared annual plan for the development of services that support the users’ community living | MSWFCD, ISCP, SCP inspection, service providers, NGO | Q1 2025 – Q2 2025 | No funds are needed | | State budget |
| 1. Determining the cost of services that support the users’ community living | Established cost prices for services that support the users’ community living with solutions | MSWFCD, LSGU, service providers | Q3 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Amendment of the Rulebook on the amount of funds for development, i.e. financing of social and child protection services and the criteria for their distribution | Amended Rulebook on the amount of funds for development, i.e. financing of social and child protection services and the criteria for their distribution | MSWFCD, UOMM, LSGU | Q3 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Amendment of the Rulebook on Criteria and Standards for the Participation of Users, Parents, or Relatives in Covering the Costs of Community Support Services, Counselling-Therapeutic and Socio-Educational Services, and Accommodation Services | Amended Rulebook on Criteria and Standards for the Participation of Users, Parents, or Relatives in Covering the Costs of Community Support Services, Counselling-Therapeutic and Socio-Educational Services, and Accommodation Services. | MSWFCD, ISCP, SCP inspection, service providers, NGO | Q3 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Provision of the spatial resources of day care centres/day cares outside of working hours for the provision of other services through the signing of a Memorandum with the owners of the space. | The spatial resources of day care centres/day cares provided outside working hours for the provision of other services through the signing of a Memorandum with the owners of the space in five LSGUs | LSGU, MSWFCD, service providers, NGO | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Employment of professional workers in CSW with the aim of improving the development of individual service plans for users of the right to personal disability benefits | Five new professional workers in CSW employed | MSWFCD, CSW | Q1 2025 – Q4 2025 | €65,000.00 | | State budget |
| 1. Development of training programmes on adoption | Developed and accredited training programme on adoption | ISCP | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Development of training programmes in the field of foster care | New foster care training programmes developed and accredited | ISCP | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Development of training programmes for sign language – basic training and advanced training | Developed and accredited new training programmes for sign language | ISCP | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Implementation of training of professional workers for new training programmes for foster carers for emergency foster care, foster care with intensive or additional support and occasional foster care | Trainings for professionals for new training programmes for foster carers for emergency foster care, foster care with intensive or additional support and occasional foster care, as well as adoption trainings were carried out  Number of training programmes: 3  Number of participants: 45 | ISCP | Q1 2025 – Q4 2025 | €8,000.00 | | State budget |
| 1. Implementation of training of professional workers for adoption | Number of trainings: 1  Number of participants: 20 | ISCP | Q1 2025 – Q4 2025 | €3,000.00 | | State budget |
| 1. Organisation of promotional activities intended for foster care | Organising open days and promotional activities on a quarterly basis in all LSGUs | CSW, LSGU, service providers, NGO | Q1 2025 – Q4 2025 | €30,000.00 | | State budget |
| 1. Establishment of the Centre for Foster Care and Adoption in Podgorica | Established Centre for Foster Care and Adoption in Podgorica | MSWFCD | Q1 2025 – Q4 2025 | €550,000.00 | | State budget |
| 1. Development of work standards of the Centre for Foster Care and Adoption and corresponding bylaws | Developed work standards of the Centre for Foster Care and Adoption and corresponding bylaws | MSWFCD | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Implementation of training for the development of competencies of employees in the Centre for Foster Care and Adoption | One training for 20 employees at the Centre for Foster Care and Adoption was carried out | ISCP | Q3 2025 – Q4 2025 | €3,000.00 | | State budget |
| 1. Establishing a supported living service | The supported living service has been established | MSWFCD, LSGU, service providers | Q1 2025 – Q4 2025 | €100,000.00 | | State budget |
| 1. Implementation of training for the provision of supported living services | One training for 20 participants was carried out | ISCP | Q2 2025 – Q4 2025 | €2,650.00 | | State budget |
| 1. Development of personal assistance service | Established personal assistance service in at least ten LSGU | MSWFCD, service providers | Q1 2025 – Q4 2025 | €450,000.00 | | State budget |
| 1. Development of the day care service | Construction of a day care centre for children and youth with disabilities in the municipality of Bar  Equipping the day care centre for children and youth with disabilities and developmental difficulties in the municipality of Bar | Government of Montenegro, Municipality of Bar  Municipality of Bar | Q1 2025 – Q3 2025  Q2 2025 – Q3 2025 | €825,000.00  €157,000.00 | | State budget  Budget of the Municipality of Bar |
| Established day care service for people with disabilities and adults and the elderly in LSGU: Kolašin, Mojkovac, Petnjica, Plav, Rožaje, Danilovgrad, Spuž, Cetinje | MSWFCD, service providers | Q1 2025 – Q4 2025 | €362,500.00 | | State budget |
| Increased number of users of existing day care services for children and youth with disabilities by at least 10% | MSWFCD, service providers | Q1 2025 – Q4 2025 | €1,400,000.00 | | State budget |
| 1. Licensing of the PI Resource Centre “Dr Peruta Ivanović” in Kotor for the provision of day care services for children and youth with developmental disabilities | JU Resource Centre “Dr Peruta Ivanović” in Kotor is licensed to provide day care services for children and youth with disabilities. | MESI, PI Resource Centre “Peruta Ivanović”, MSWFCD | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Development of the home assistance service | Established home assistance services for children with disabilities and children whose parents are unable to care for them in at least five LSGUs | MSWFCD, service providers, NGO | Q1 2025 – Q4 2025 | €165,500.00 | | State budget |
| Established home assistance services for people with disabilities in at least five LSGUs | MSWFCD, service providers, NGO | Q1 2025 – Q4 2025 | €165,500.00 | | State budget |
| Increased number of users of existing home assistance services by 10% | MSWFCD, service providers, NGO | Q1 2025 – Q4 2025 | €665,500.00 | | State budget |
| 1. Development of services to support users in rural areas | Home assistance services are provided to beneficiaries in rural areas in at least five LSGUs | MSWFCD, service providers | Q1 2025 – Q4 2025 | €40,500.00 | | State budget |
| 1. Development of counselling services[[98]](#footnote-98) | Increasing the number of licensed counselling service providers by five new ones | MSWFCD, service providers | Q1 2025 – Q4 2025 | €58,200.00 | | State budget |
| 1. Development of the family placement – foster care service | Increase in the number of users of the family placement – foster care service by 5% | MSWFCD, CSW, service providers | Q1 2025 – Q4 2025 | €2,170,000.00 | | State budget |
| 1. Development of family placement service | Increase in the number of users of the family placement service by 10% | MSWFCD, CSW, service providers | Q1 2025 – Q4 2025 | €190,000.00 | | State budget |
| 1. Development of an analysis of the service of sign language interpretation and translation services with defined recommendations for the introduction of this service | Analysis of the service of sign language interpretation and translation services and defined recommendations for the introduction of this service are developed | ISCP, MSWFCD, SCP inspection, service providers, NGO | Q1 2025 – Q3 2025 | €4,000.00 | | State budget |
| 1. Prescribing closer conditions for the provision and use, norms and minimum standards of sign language interpretation and translation services in accordance with the recommendations from the Analysis | Prescribed closer conditions for the provision and use, norms and minimum standards of sign language interpretation and translation services into in accordance with the recommendations from the Analysis | ISCP, MSWFCD, SCP inspection, service providers, NGO | Q4 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Prescribing new services in social and child protection | The proposal of the Law on Social and Child Protection has been approved and new services have been prescribed  Detailed conditions on provision, use, norms and minimum standards for new services are prescribed | MSWFCD | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Prescribing intensive family support services | The proposal for an intensive family support service established by the Law on Social and Child Protection  Detailed conditions on provision, use, norms and minimum standards for the service of intensive family support are prescribed. | MSWFCD | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Promotion of services that support community living | Promoted services through the organisation of promotional activities in all LSGUs | MSWFCD, LSGU, service providers, NGO | Q1 2025 – Q4 2025 | €10,000.00 | | State budget |
| 1. Organising an Open Day with the aim of presenting social and child protection services for employees in the social and child protection system | Five services presented | ISCP | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Development of forms for internal evaluation of the quality of services provided for services that support community living | Prepared forms for internal evaluation of the quality of services provided for services that support community living | MSWFCD, ISCP, service providers | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| **Total funds for 2025 for Operational objective 1:** | | | | **€7,538,350.00** | |  |
| **Operational objective 2:** | **Transformation of institutions for accommodating beneficiaries through community-based services in the least restrictive environment** | | | | | |
| **Performance indicators** | **Baseline value (2024)** | | **Mid-term value (2026)** | | **Target value (2028)** | |
| **Performance indicator 2.1.** Decreased number of users of institutional care | Current number of users of residential care services in institutions in Montenegro:   * Children: **92** (45 male, 47 female) * Children without adequate parental care: **77** of which **34** have disabilities * Children with behavioural problems: **15** * Youth: **6** (4 male, 2 female) * Youth with disabilities: **2** * Youth with behavioural problems: **4** * Adults and elderly: **932** (407 male, 525 female) * Persons with disabilities: **114** (52 female, 62 male) | | Decreased number of users of institutional care by:   * Children without adequate parental care by 10% * Children with disabilities by 10% * Children with behavioural problems by 10% * Youth with disabilities by 10% * Youth with behavioural problems by 10% * Adults and elderly by ten beneficiaries * Persons with disabilities by five beneficiaries | | Decreased number of users of institutional care by:   * Children without adequate parental care by 20% * Children with disabilities by 20% * Children with behavioural problems by 20% * Youth with disabilities by 20% * Youth with behavioural problems by 20% * Adults and elderly by 20 beneficiaries * Persons with disabilities by ten beneficiaries | |
| **Performance indicator 2.2:** Share of children in institutional care in the total number of children in institutional and family care/foster care | Total number of children in institutional and family care/foster care: **445**  Number of children in institutional care: **92**  (45 male, 47 female)  Number of children in family care/foster care: **353**  (194 male, 159 female)  The current share of children in institutional care in the total number of children in institutional and family care/foster care: **21%** | | Share of children in institutional care in the total number of children in institutional and family care/foster care reduced by 5% | | Share of children in institutional care in the total number of children in institutional and family care/foster care reduced by 10% | |
| **Performance indicator 2.3**  Rate of children in formal residential care (in residential institutions) and formal family-based care at the end of the year per 100,000 children | Rate of children in formal residential care (in residential institutions): 81[[99]](#footnote-99)  Rate of children in formal family-based care: 248[[100]](#footnote-100) | | Rate of children in formal residential care (in residential institutions): 65  Rate of children in formal family-based care: 250 | | Rate of children in formal residential care (in residential institutions): 55  Rate of children of children in formal family-based care: 265 | |
| **Performance indicator 2.4**: Number of community-based services provided by residential institutions | Current number of community-based services provided by residential institutions: **11** | | Number of community-based services provided by residential institutions increased by at least **70%** | | Number of community-based services provided by residential institutions increased by at least **100%** | |
| **Performance indicator 2.5:** Number of beneficiaries in institutional care assessed as capable of independent living or supported living | Current number of users assessed as capable of independent living or supported living:   * Children: **25** (11 male, 14 female) * Youth: **2** (female) * Adults and elderly: **0** * Adults and elderly persons with disabilities: **10** (6 male, 4 female) | | Increased number of beneficiaries receiving support in preparation for leaving the institution:   * Children: **28** * Youth: **4** * Adults and elderly: **10** * Adults and elderly persons with disabilities: **12** | | Increased number of beneficiaries receiving support in preparation for leaving the institution:   * Children: **30** * Youth: **6** * Adults and elderly: **20** * Adults and elderly persons with disabilities: **15** | |
| **Activities contributing to the implementation of Operational objective 2** | **Result indicator** | **Competent institutions** | **Starting and ending timeframe for the implementation of the activity** | **Planned funds** | | **Funding source** |
| 1. Introduction of a list of indicators to be monitored prior to the decision of the CSW on placing users in residential care facilities | Amendment of the Rulebook on the organisation, norms, standards and methods of work of centres for social work. | MSWFCD, ISCP, SCP inspection, CSW | Q1 2025 – Q2 2025 | No funds are needed | | State budget |
| 1. Development of transformation plans for public institutions Children’s Home “Mladost” Bijela; “Ljubović” Centre; “Komanski Most” Institute; Home for the Elderly “Grabovac” Risan; Home for the Elderly, Podgorica; Home for the Elderly, Nikšić; Home for the Elderly, Bijelo Polje; Home for the Elderly, Pljevlja. | Transformation plans for public institutions Children’s Home “Mladost” Bijela; “Ljubović” Centre; “Komanski Most” Institute; Home for the Elderly “Grabovac” Risan; Home for the Elderly, Podgorica; Home for the Elderly, Nikšić; Home for the Elderly, Bijelo Polje; Home for the Elderly, Pljevlja developed. | MSWFCD, ISCP, PISCP | Q1 2025 – Q2 2025 | €24,000.00 | | State budget |
| 1. Training for employees of institutions providing services supporting community living, focusing on principles of the least restrictive environment and individualised support | Training organised for 20 participants | ISCP | Q2 2025 – Q4 2025 | €2,650.00 | | State budget |
| 1. Defining the maximum duration of placement for a child referred to the “Ljubović” Centre by the CSW decision | The maximum duration of placement for a child referred to the “Ljubović” by CSW prescribed by the Law on Social and Child Protection | MSWFCD, ISCP, SCP inspection, service providers, NGO | Q1 2025 – Q2 2025 | No funds are needed | | State budget |
| 1. Defining the minimum age for placing children in the “Ljubović” Centre | Minimum age for placing children in the “Ljubović” Centre prescribed by the Law on Social and Child Protection. | MSWFCD, ISCP, SCP inspection, service providers, NGO | Q1 2025 – Q2 2025 | No funds are needed | | State budget |
| 1. Prescribing the “gatekeeping” mechanism in the Law on Social and Child Protection for children up to seven years of age | “Gatekeeper” mechanism prescribed in the Law on Social and Child Protection for children up to seven years of age | MSWFCD | Q1 2025 – Q2 2024 | No funds are needed | | State budget |
| 1. Obtaining licenses for providing social and child protection services supporting community living by residential care facilities, such as day care centres, home assistance, supported living, personal assistance, counselling, and drop-in centres. | At least five licenses obtained for providing social and child protection services supporting community living by residential care facilities, such as day care centres, home assistance, supported living, personal assistance, counselling, and drop-in centres, obtained. | MSWFCD, service providers | Q1 2025 – Q4 2025 | €80,000.00 | | State budget |
| **Total funds for 2025 for Operational objective 2:** | | | | **€106.650,00** | |  |
| **Operational objective 3:** | **Empowering users for the deinstitutionalisation process, community inclusion, and preventing institutionalisation** | | | | | |
| **Performance indicators** | **Baseline value (2024)** | | **Mid-term value (2026)** | | **Target value (2028)** | |
| **Performance indicator 3.1. Number of individuals with fully or partially restored legal capacity** | Current number of individuals with full legal incapacity: **948** (**493** male and **455** female); partial legal incapacity: **38** (**24** male and **14** female)  Current number of individuals with restored legal capacity (2022–2023): **3** users with partial capacity restored from previous full incapacity  Current number of ongoing legal capacity assessments (2022-2023): **11** users with full incapacity (7 male and 4 female) and **1** user with partial incapacity (male) | | Reduction in the number of individuals whose legal capacity has been revoked by at least 10  Increase in the number of individuals whose legal capacity has been fully or partially restored by at least 10  Increase in the number of individuals for whom legal capacity reassessment procedures have been reinitiated by at least 25 | | Reduction in the number of individuals whose legal capacity has been revoked by at least 20  Increase in the number of individuals whose legal capacity has been fully or partially restored by at least 20  Increase in the number of individuals for whom legal capacity reassessment procedures have been reinitiated by at least 50 | |
| **Performance indicator 3.2. Increased user participation in the development/revision of individual plans (independently or with support)** | Individual plans currently do not include activities developed with full user participation | | At least 50% of individual plans developed/revised with full user participation | | 100% of individual plans developed/revised with full user participation | |
| **Performance indicator 3.3. Increased number of users in institutional care empowered for independent living or community living** | Users in institutional care are not empowered for independent or supported living.  Number of users receiving decision-making support instead of substitute decision-making and guardianship | | At least 30 users in institutional care empowered for independent or supported living | | At least 40 users in institutional care empowered for independent or supported living | |
| **Activities contributing to the implementation of Operational objective 3** | **Result indicator** | **Competent institutions** | **Starting and ending timeframe for the implementation of the activity** | **Planned funds** | | **Funding source** |
| 1. Creation of training for the development of individual plans with active participation of users (independently or with support) | Created and accredited training for the development of individual plans with active participation of users (independently or with support) | ISCP | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Implementation of training for employees in CSWs and accommodation service providers on the topic of developing individual plans with active participation of users (independently or with support) | Two training sessions conducted for 40 participants | ISCP | Q2 2025 – Q4 2025 | €2,600.00 | | State budget |
| 1. Conducting training for acquiring skills for independent functioning in the community intended for residential care users | At least one training conducted in all residential care facilities for acquiring skills for independent functioning | PI SCP | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Developing a mentorship program to support users for independent living or supported living | Mentorship program developed to support users for independent living or supported living | ISCP | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Providing support to parents to empower them for the return of users from the institution or for remaining in the family | Support provided to parents to empower them for the return of users from the institution or for remaining in the family | CSW | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Involving users and significant others in the process of planning and implementing services in the field of social and child protection | Involvement of users in the process of planning and implementing services in the field of social and child protection with independent and/or supported decision-making | MSWFCD and all other ministries, LSGU | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Initiating procedures for reviewing the legal capacity of persons deprived of legal capacity placed in social protection institutions | Procedures initiated for 50 persons to review their legal capacity | CSW | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Organising a promotional campaign on exercising the right to independent living or supported living | A promotional campaign conducted on exercising the right to independent living or supported living | MSWFCD, MHMR, ISCP, CSW, service providers | Q1 2025 – Q4 2025 | €7,000.00 | | State budget |
| **Total funds for 2025 for Operational objective 3:** | | | | €9,600.00 | |  |
| **Operational objective 4:** | **Ensuring efficient intersectoral cooperation to support deinstitutionalisation and support to community and family-based living** | | | | | |
| **Performance indicators** | **Baseline value (2024)** | | **Mid-term value (2026)** | | **Target value (2028)** | |
| **Performance indicator 4.1.**  Developed integrated services encompassing all necessary services from different sectors | No integrated services in the system | | The manner of provision of integrated services and cooperation between sectors is prescribed by the Law on Social and Child Protection and other laws and bylaws. | | Developed integrated services are provided to users | |
| **Performance indicator 4.2.**  Established social entrepreneurship | Social entrepreneurship is not established | | The Law on Social Entrepreneurship has been adopted | | At least two social enterprises have been registered established | |
| **Activities contributing to the implementation of Operational objective 4** | **Result indicator** | **Competent institutions** | **Starting and ending timeframe for the implementation of the activity** | **Planned funds** | | **Funding source** |
| 1. Development of cooperation between day care centres, kindergartens, schools, and resource centres through the alignment of individual work plans and individual developmental and educational plans for children | All day care centres align individual work plans and individual developmental and educational plans for children with kindergartens, schools, and resource centres. | MESI, MSWFCD | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Formulation of a model for integrated services | A model for the functioning and financing of integrated services formulated by the Law on Social and Child Protection and related legislative acts | MESI, MSWFCD | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Adoption of the Law on Social Entrepreneurship | The Law on Social Entrepreneurship adopted with the aim of supporting employment and community inclusion. | MSWFCD | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Strengthening the capacity of employees in LSGUs dealing with social and child protection issues | One training organised for 25 participants. | UOMM, LSGU, ISCP | Q1 2025 – Q4 2025 | €2,000.00 | | UOMM Budget |
| 1. Initiating the definition of the Proposal of the Law on Sign Language | The process of defining the Proposal of the Law on Sign Language initiated towards the Government of Montenegro and all partner institutions. | MSWFCD | Q1 2025 – Q2 2025 | No funds are needed | | State budget |
| 1. Establishing cooperation with the Ministry of Health to identify people living in isolation | A cooperation protocol signed with the Ministry of Health to identify people living in isolation. | MSWFCD, MH | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Establishing a national focal point network for persons with disabilities at the local level to monitor and implement the Convention on the Rights of Persons with Disabilities | A national focal point network established for persons with disabilities, including representatives of local governments.    The first meeting of the *focal point* network held. | MHMR and all other ministries, UOMM, LSGU | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Establishing extended stay service for children with special educational needs from Primary School “Vuk Karadžić” and Primary School “Oktoih” at the Resource Centre Podgorica | Extended stay established.    At least ten children use the extended stay service. | MESI | Q1 2025 – Q4 2025 | €45,000.00 | | State budget |
| 1. Organising promotional campaigns for the inclusion of youth at risk of institutionalisation into youth services | Two promotional campaigns organised via social media for the inclusion of youth at risk of institutionalisation into youth services. | MSY, MESI | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Analysis of the method for supplementing the health information system with data on early intervention services | The method for supplementing the health information system with data on early intervention services analysed. | MH, Health Insurance Fund, Primary Healthcare Centres | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| 1. Organising public roundtables on the importance of deinstitutionalisation and its prevention | Two public roundtables on the importance of deinstitutionalisation and its prevention organised | MSWFCD, University of Montenegro, Faculty of Political Science | Q1 2025 – Q4 2025 | No funds are needed | | State budget |
| **Total funds for 2025 for Operational objective 4:** | | | | **€47,000.00** | |  |
| **Total funds for 2025:** | | | | **€7,701.600.00** | |  |

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8. [Regional Development Strategy of Montenegro 2023–2027 (www.gov.me)](https://www.gov.me/dokumenta/4b0f63fd-e49d-4f0c-9f09-99426dc8d51b) available at: <https://wapi.gov.me/download-preview/4b0f63fd-e49d-4f0c-9f09-99426dc8d51b?version=1.0> [↑](#footnote-ref-8)
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15. Youth Strategy 2023–2027, available at: <https://www.gov.me/dokumenta/c27c88df-e903-422d-b789-379490c307cf> [↑](#footnote-ref-15)
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38. Law on the Movement of Persons with Disabilities with the Help of Assistance Dogs ("Official Gazette of Montenegro", No. 76/09 and 40/11) [↑](#footnote-ref-38)
39. Family Law ("Official Gazette of the Republic of Montenegro ", No. 01/07 and "Official Gazette of Montenegro", No. 53/16 and 76/20) [↑](#footnote-ref-39)
40. Law on Temporary Child Maintenance ("Official Gazette of Montenegro", No. 80/22 and 123/23) [↑](#footnote-ref-40)
41. Law on Healthcare ("Official Gazette of Montenegro", No. 03/16, 39/16, and 02/17) [↑](#footnote-ref-41)
42. Law on Health Insurance ("Official Gazette of Montenegro", No. 06/16, 02/17, and 22/17) [↑](#footnote-ref-42)
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44. Law on the Prohibition of Discrimination against Persons with Disabilities ("Official Gazette of Montenegro", No. 35/15 and 44/15) [↑](#footnote-ref-44)
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56. Ibid [↑](#footnote-ref-56)
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58. Registry of Licensed Social and Child Protection Service Providers, <https://www.gov.me/dokumenta/0ff6c498-4700-4c13-9406-c5e1dce2207e>, June 3, 2024 [↑](#footnote-ref-58)
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61. Analysis of the Work of Day Care Centres in 2022, Institute for Social and Child Protection, 2022 [↑](#footnote-ref-61)
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