



Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms Montenegro (2009 – 2022)

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ACRONYMS

CFC: Centre for Foster Care

COSEN: Commission for Orientation of Children with Special Needs

CP: Child protection

CRC: UN Convention on the Rights of the Child

CRC Committee: UN Committee on the Rights of the Child

CRPD: UN Convention on the Rights of Persons with Disabilities

CSO: Community service organisations

CSW: Centre for Social Work

CWD: children with disabilities

DAC: Development Assistance Committee

DI: Deinstitutionalisation reforms

ECARO: UNICEF Europe and Central Asia Regional Office

ECD: Early childhood development

ERG: Evaluation Reference Group

EU: European Union

FGD: Focus group discussion

FOS: Family Outreach Service

GDP: Gross domestic product

IPA: Instrument for Pre-Accession Assistance

KAP: Knowledge, Attitudes and Practice

KII: Key informant interview

MoE: Ministry of Education

MoH: Ministry of Health

MoLSW: Ministry of Labour and Social Welfare

NGO: Non-governmental organisation

OECD: The Organisation for Economic Co-operation and Development

SDG: Sustainable Development Goals

SFR Yugoslavia: Socialist Federal Republic of Yugoslavia

TOC: Theory of change

TOR: Terms of reference

UNDP: United Nations Development Programme

USAID: US Agency for International Development

EXECUTIVE SUMMARY

This report presents the main findings, conclusions, and recommendations of an evaluation of the childcare and deinstitutionalisation reforms in Montenegro for the period of 2009-2022. The evaluation was commissioned by the United Nations Children's Fund (UNICEF) Europe and Central Asia Region Office (ECARO), as part of its multi-country evaluation of the impact of national child care reforms across seven countries in Europe and Central Asia and conducted by Coram International.

1. Purpose, Objectives, User

The purpose and object of the evaluation is to provide a rigorous assessment of the results of the childcare and deinstitutionalisation (DI) reforms undertaken by the government of Montenegro and UNICEF, with a particular focus on children with disabilities and children for whom it is often difficult to find a durable family-based placement (referred to as 'hard to place' children). The evaluation's geographical scope covers programming across the entirety of Montenegro.

The objectives of the evaluation as stated in the TOR, are:

- Assess the impact of government child care policies and understand what worked and what did not in the DI of children, in particular children with disabilities and other 'hard to place' children, how and why;
- Determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms;
- Assess the actual and potential contribution of UNICEF's work to national progress (including the outcomes and impacts of programming) in deinstitutionalisation childcare reforms, including children with disabilities and other 'difficult to place children';
- Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems.

The intended audience of the Evaluation include the Government of Montenegro, relevant ministries, particularly the MoLSW, MoE, MoH and MoF as well as municipalities

The child care reforms are intended to contribute to Sustainable Development Goal (SDG) 1, by addressing the financial burdens on families with children with disabilities; SDG 4, by offering quality inclusive education; SDG 5, by promoting gender equality; SDG 10, as it relates to mitigating disparities between individuals with and without disabilities and SDG 16, by fostering inclusive and just societies.

2. Methodology and limitations

The Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, coherence, effectiveness/impact, efficiency and sustainability forms the basis of this evaluation framework. In addition, the evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (2016) and incorporates UNICEF's guiding principles on gender equality, equity, and human rights. The evaluation adopts a theory-based approach to determine whether and how childcare reform initiatives have led to the changes set out in the country's theory of change (ToC). The evaluation employed a mixed-methods approach, drawing from the strengths of both qualitative and quantitative data to improve the validity of results through triangulation. The evaluation draws on a desk review of programming documents, administrative data and secondary sources, as well as qualitative data collection at the national level, and at sub-national level in municipalities of Kotor, Bijelo Pole and Berane, as well as at "Mladost" Children's Home in Bijela, "Komanski Most" and "Ljubovic" Centre for Children and Youth. This included key informant interviews with 39 key stakeholders, programme implementers (Government, NGO, UN and donors), and local service providers and residential institutions, and focus group discussions with 26 rights-holders.

All qualitative data was coded to identify key themes, patterns, and relationships relevant to the research question, and quantitative data was analysed using Excel software. Strict ethical guidelines were followed at all stages of the data collection and analysis.

The Evaluation Reference Group provided oversight at strategic points in the evaluation process. This included undertaking an evaliability assessment of the evaluation questions and matrix, consultations during the inception phase and a validation workshop. The main limitation was the comprehensive scope of childcare and deinstitutionalisation reforms which made it challenging to conduct a nationwide assessment that accurately represented the entire target population. Additionally, the sensitive nature of the subject matter, involving child protection reforms and DI, introduced the possibility of reporting bias, as respondents might be reluctant to share personal information due to concerns about negative repercussions. The constraints of available data and the complex nature of the Child Protection Programme posed difficulties in measuring the impact of UNICEF's programming on childcare reforms.

3. Key Findings

Relevance

Overall, the goals, approaches, and implementation modalities of the reforms were found to be relevant to the programming context. The reforms addressed the entire social and child protection system, including policy development, the creation of new legislation and changes to the institutional framework; the establishment of child protection standards, quality assurance, capacity building for professionals in child protection, deinstitutionalisation, transformation of residential institutions for children, the development of preventive measures and family support and community based services, as well as inclusive education.

The services introduced and piloted throughout the reform took into consideration the perspectives and needs of children (including children with disabilities) with a clear focus on the implementation of alternative family-based care (foster care) and promoted inclusive education in mainstream schools. Community-based services such as day care and resource centres were developed with the intention to provide support to children with disabilities, although issues remain with the quality of services.

Reforms are mostly in line with international Conventions and guidelines, with many reform efforts being driven by European accession requirements. However, it has been noted that further steps need to be taken to ensure compliance with the CRPD.

The reforms were supported by UNICEF through advocacy, vison and leadership, support to government, long-term technical expertise across the reform process, capacity building, and funding, all of which have been highly relevant.

Effectiveness/Impact

Overall, all elements of the reform programme contributed to the desired outcomes. Results, however, were variable: successful for a majority of the elements of the reform, but only partially achieved, incomplete, or unsustainable in the case of other elements.

The passing of the Law on Social and Child Protection in 2013, amendments to the Family Law, and related secondary legislation provided an essential legal and structural framework for the reforms, including the establishment of the Institute for Social and Child Protection. However, the inconsistencies and gaps in the Law on Social and Child Protection have highlighted the need for amendments which are currently drafted but need to be actively pursued in the next phase of the reforms.

The reforms have supported the development of family and community services that are now available in all areas of the country, as well as foster care as an alternative to institutionalisation. Although the number of children placed with non-relative foster care has increased, the number of foster carers is still inadequate,

especially for children with disabilities and hard-to-place children. There has been increased inclusion and support of children with special needs in mainstream schools and, over time, a growth in day care centres for children with disabilities who cannot enrol in mainstream school, though there is a waiting list for places to become available.

The number of children in institutions has been significantly reduced, but children with disabilities remain disproportionately over-represented in residential care.

While the capacity of the social services workforce has been enhanced, recruitment and retention of social workers remains a challenge. Caseloads for social workers remain high, leaving little time for social work input into complex cases concerning children. Reasons for high caseloads include the multiplicity of tasks expected of social workers, including the allocation of benefits and administrative duties as well as chronic understaffing.

Active government commitment and engagement in the early years of the reforms was integral to the success of the reforms national level. However, the recent political changes have resulted in the slowing down and faltering of reforms. The reform programme did not provide for a systematic or uniform measuring, monitoring, or reporting of results, which remains spread across ministries and other government bodies.

Efficiency

In the early years of the reform, from 2010-2018, the programming approach was mostly efficient. The government used both direct financial resources to support the DI reforms and also contributed indirectly through a range of cash allowances. However, limited detailed data on expenditure makes it difficult to ascertain the efficiency of Government resources allocated to the DI reforms.

Challenges to efficiency have included the COVID-19 pandemic; changes in the government make-up; loss of institutional memory; lack of clarity in the Law on Social and Child Protection on allocation of responsibility for funding community-based services as between municipal and central government; inadequate human resources to accomplish the range of reforms in the programme, especially in the centres for social work and complex licensing and accreditation procedures for non-public providers. In terms of financial resources, there is some evidence of insufficient capacity to absorb and spend funds appropriately and failure to secure government funding in a timely manner when donor investments end, leading to a loss of developed community-based services. In particular, the failure of government to secure funding for the continuation of the Family Outreach Service left children and families without adequate support services.

Coherence

The coherence of the reforms has been impeded by the lack of coordination and cooperative working at both the national and sub-national level. At the national level there was no effective inter-sectoral coordination structure amongst the different ministries, mainly the Ministry of Labour and Social Welfare (MoLSW), Ministry of Education (MoE), and Ministry of Health (MoH) for most of the period of the reforms. Although reforms programmes and strategies have been developed by the Ministries, these have not always aligned. There are weak lines of accountability and supervision, and limited human and financial resources and capacity for coordination.

The major challenges to cooperation and coordination at sub-national level are the lack of operational teams, regular meetings between the different actors and the failure of local government to consult adequately with service providers and beneficiaries on local need for services. The government has taken efforts to increase coordination and meaningful participation of a diverse set of stakeholders in reform processes. Key developments include the re-establishment of the Council for Children's Rights in 2021 and the establishment of a business council by UNICEF to improve the coordination of the private sector and UNICEF.

Sustainability

The political changes, the lack of institutional capacity to absorb and spend funds appropriately, insufficient human resourcing for centres of social work, the lack of funding for community-based services among municipalities and the lack of clarity on whether the government or the municipalities are responsible for funding community services is hampering the sustainability of reforms. The EU and UNICEF are key reform partners and will continue to influence the child care reforms implementation, performance and sustainability. More work needs to be done to build relationships, financial and human resources and technical skills at the government level (national and sub-national) in order for child care reforms to be sustainable in the long-term.

4. Lessons Learned

The evaluation generated several lessons learned in the context of childcare and DI reforms.

Behaviour change campaigns: While some awareness raising programmes are likely to have long lasting impact, the impact of campaigns wane with time. Reform programmes that tackle contentious social issues are likely to need repeating a number of times, possibly in different forms.

Foster care: Recruiting and retaining a sufficient cadre of non-relative foster carers and particularly foster carers willing and able to foster children with disabilities, hard-to-place children is frequently a challenge. The State needs to ensure that there is adequate training and support for foster carers. Each foster family needs an allocated social worker and access to local foster care support groups.

Social workers: CSWs need to be able to respond to referrals without overloading social workers, who need the space and time to deal with cases carefully and effectively. An over-heavy case load or a heavy administrative load is likely to lead to crisis management rather than thorough exploration of how the family can be supported to care for their children. Social workers should be recognised as specialists and helped to fulfil their role by ensuring that to the greatest extent possible they are relieved of administration and tasks that do not require their skill and experience.

Legal reform: while passing a Law relating to childcare and deinstitutionalization provides a framework for reform it is crucial to anticipate the likelihood that legal amendments will be needed over time to adapt to the changing needs of the target group, and to address identified gaps and omissions in the original law. Reform efforts should factor in this necessity and provide for reviews of the Law at regular intervals.

5. Recommendations

Recommendation	Duty bearer	Short, medium, or long-term
Complete and implement the Action Plan to accompany the Strategy on the Exercise of Child Rights at least in relation to child care reform and deinstitutionalisation	MoLSW, MoE,	Short-term priority
Increase accountability for reforms: The Council for the Rights of the Child as the national inter-ministerial body should take on responsibility for monitoring implementation of the child care reforms and deinstitutionalisation, with MoLSW and the Institute reporting to the Council on progress made. The existing membership, which includes all the relevant ministries would ensure a strong line of accountability. This may involve a change in terms of reporting, which could, if necessary, be provided for in the forthcoming amendments to the Law.	Council for the Rights of the Child; MoLSW, MoE, Institute for Social and Child Protection, Parliament Committee on Human Rights and Freedoms	Short-term
Monitoring: Prioritise the operational objectives of the Strategy on the Exercise of the Rights of the Child in relation to monitoring and reporting of results, including and link the number of operating systems belonging to different line ministries, public institutions and MONSTAT to enable	MoLSW, MoE, MoH, Council for the Rights of the Child, Institute for Social and Child	Short term to medium term

continuous exchange of data on children.	Protection	
Deinstitutionalisation: In continuing the process of deinstitutionalisation, the age at which children can be placed in residential care should be progressively increased. For the next phase of reforms, children under the age of 7 should not be placed in residential care. Once this has been achieved, the age should rise to 13. This will require the recruitment of more non-relative foster carers, particularly for children with disabilities.	MoLSW and Institute for Social and Child Protection	Short-term to medium-term
Reform of the CSWs: The recommendations of the Analysis of the Work of the Centres for Social Work should be implemented fully by Government. In particular, the role and tasks of social workers in the CSWs should be reviewed as a matter of urgency. Social workers should be relieved of involvement in the provision of benefits and cash transfers or general administration in the CSWs to ensure they have sufficient time to perform their role effectively and efficiently. This may require structural reform of CSW and changes in responsibility and job descriptions. CSWs should also be designated as the sub-national coordination body with amendments to the Social and Child Protection Law giving them statutory power to request cooperation from other sub-national bodies.	MoLSW and Institute for Social and Child Protection	Short term
Provision of services: Improve prevention services to meet the needs of children and families, including through the introduction of new services. Conduct a deep-depth analysis of the operation and regulation of day care centres hours and consider how to increase flexibility in providing services to meet the needs of children with disabilities and their families; Develop home assistance and respite care services linked to the day care centres. Municipalities should determine the need for preventive and response services within their area and plan for their procurement on a 5-year rolling basis to ensure build up of skill, certainty of provision and sustainability.	MoLSW, MoE, MoH and municipalities	Medium term Short term Short-term
Legal reform: Amendments to the Law on Social and Child Protection, should include the removal of placement for under-3s in exceptional cases, and a new provision prohibiting placement of children under the age of 7 unless part of a sibling group; Government should clarify the allocation of financial responsibility between central government and municipalities to ensure sustainability of services; Impose a statutory duty on local government bodies to cooperate with CSW when requested to do so.	MoLSW, MoJ and UNICEF	Short term
Foster care: In order to recruit more foster carers, it is recommended MoLSW commission an expert, external body to assist with recruitment of foster carers and especially foster carers for children with disabilities, and to advise on the necessary training and support services to ensure their retention. Support groups for foster carers should be established and supported in each self-government area to enable foster carers to share problems, give each other support and tips and seek help from their social worker when required.	MoLSW UNICEF Municipalities Association of Parents of Children with Developmental Disabilities	Short-term

1. BACKGROUND

In 2022, UNICEF Europe and Central Asia Region Office (ECARO) engaged Coram International to conduct a formative and summative multi-country evaluation of the impact of national child care reforms across seven countries in Europe and Central Asia with a strong focus on deinstitutionalisation (DI) including, in particular, for children with disabilities and other 'hard to place' children. This report focuses on the childcare and DI reforms in Montenegro for the period of 2009-2022.

The evaluation process started on October 2022, and ended in September 2023, in accordance with the agreed timeline.

1.1 Object of the Evaluation

The object of this evaluation is the national childcare reforms undertaken in Montenegro between 2009 and the end of 2022, especially in relation to children with disabilities (CWD) and other 'hard to place' children, with a focus on deinstitutionalisation (DI). For the purposes of the evaluation:

- 'Childcare reforms' refer to reforms to support families to care for their children, prevention of family separation, and reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection.
- 'Deinstitutionalisation' is defined as "the full process of planning transformation, downsizing and/or closure of residential institutions, while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards."¹ It consists of four elements: (i) the prevention of placing children in residential institutions (RIs), (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.²

The evaluation covers childcare and DI reforms targeting all children (i.e., persons under the age of 18 years), who are **rights holders** and potential **beneficiaries** of the interventions. However, the evaluation pays special attention to the following groups of rights holders and beneficiaries:

- Children with disabilities, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others;³ and
- 'Hard to place' children, namely, children for whom it is often difficult to find a durable family-based placement. In the context of Montenegro, this includes Roma children, older children and children with behavioural difficulties or whose parents suffer from mental health difficulties or substance abuse.

The **primary duty-bearers** regarding these reforms at the national level are the Ministries of Labour and Social Welfare (MoLSW), Education (MoE) and Health (MoH), the Institute for Social and Child Protection, the

¹ Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action. Website. Available: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>, accessed 28 September 2022.

² Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

³ Convention on the Rights of Persons with Disabilities, Article 1.

Ombudsman and Parliament. At sub-national level, the primary duty bearers are local self-governments, centres for social work and residential institutions for children.

Though they are not 'primary duty bearers' (as international child rights obligations fall upon the state), the roles and responsibilities of **non-state actors** (namely, public organisations, international non-governmental organisations (NGOs) and international organisations, particularly UNICEF, in implementing or supporting the implementation of childcare and DI reforms throughout the Montenegro are also examined.

Rights holders and primary duty bearers are set out in Table 1 below together with an explanation of their role. The lack of data on girls and boys who are vulnerable, with disabilities or hard to place means it is not possible to determine the number of right holders or to disaggregate by gender, but potentially it could include all girls and boys under the age of 18.

Table 1: Rights holders and duty bearers and their roles

Rights holders/duty bearers	Role
Rights holders / Beneficiaries <p>Boys and girls under 18 in all geographic locations in the country (both urban and rural) including children at risk of separation from their families; living in residential institutions and children leaving care, especially children with disabilities and hard to place children. Rights holders for this evaluation do not include children in conflict with the law who are remanded into custodial residential care by a court or given a custodial measure post-conviction. Parents/caregivers of children in need of support are also beneficiaries.</p> <p>The number of child beneficiaries reached overall is difficult to determine due to a lack of data. However, children benefitting from services and DI are set out in Sections 8.7 and 8.8 below.</p>	
Key duty bearers/ Stakeholders (for specific roles of duty bearers see Section 3.5) <p>Government institutions (Ministries of Labour and Social Welfare (MoLSW) (key implementing partner); Education (MoE) and Health (MoH); the Institute for Social and Child Protection and at sub-national level, local self-governments, centres for social work and day care centres, schools, health care facilities, licensed NGOs and CSOs and residential institutions for children as well as parents, kinship carers, foster carers and adopters.</p> <p>Ombudsman's Office</p>	<p>These bodies are all duty bearers - implement and monitor laws, policies, programmes and services that promote family and community-based care, prevent institutionalization, and ensure deinstitutionalisation in accordance with international standards.</p> <p>Identify the progress, gaps, and windows for opportunity through effective monitoring of the situation of children and reform implementation.</p>
	<p>Receive complaints of child rights violations by State bodies and conduct monitoring visits to education, health and social welfare bodies, including the Centres for Social Work with respect to the provision of services.</p>

	UNICEF	Partner, UN agency providing technical guidance and support, implementer of EU IPA 1 programme, liaison with government, development partners, CSOs, and beneficiaries; advocacy, leveraging partnership, resources, capacity building, policy design and formulation, etc with government and technical assistance.
Stakeholders/ Secondary users	Civil society organizations	Work together with duty bearers and other partners to advocate for policy changes and reforms that prioritize children's rights, family-based care, and deinstitutionalisation, and the implementation of SCP standards, as well as engage in the design of laws, policies, and services, monitor government performance, etc.
	European Union	The European Union (EU) is the key high-level secondary stakeholder, as the EU agenda and related agreements are a national priority for Montenegro and a key driver of reforms. The EU is also, the main donor of childcare reforms.
	Other donors (UN Agencies, EU/IPA funding, World Bank, USAID) UNICEF Europe and Central Asia Regional Office and UNICEF HQ.	Donor and development partners. Provision of advice and technical skill to UNICEF Country Office

In terms of the implementation status of the object of the evaluation, the childcare and DI reforms, which were implemented nationally in Montenegro from 2009 to the end of 2022 straddle three UNICEF-government country programmes. The first started in 2010, and the most recent ended in 2022. This evaluation therefore covers reforms which have already been implemented. However, given that this is a formative evaluation, it is also necessary to consider the government's *planned* approach to childcare and DI reforms in Montenegro. In consultations undertaken during the evaluability assessment and inception phase, stakeholders confirmed that their planned approach to childcare and DI in future should be a continuation of that taken in the last country programme.

The object of the evaluation covers all government childcare and DI reforms in Montenegro, including those which were implemented by Government directly without support from UNICEF. As such, information regarding the cost or budget of both government and UNICEF-supported childcare and DI reforms is required. However, financial data on the total cost or budget for the object of the evaluation are incomplete, a limitation which was identified during the evaluability assessment. This data gap is largely due to limited child rights- and programme-based budgeting and record-keeping by Government and in the case of earlier interventions, record keeping by UNICEF. A further limitation is that under the UNICEF country programmes, childcare and DI components are subsumed within broader child protection or social protection programming, without any official breakdowns of the amounts allocated towards the childcare and DI components. A summary of the EU and UNICEF budget and costs allocated and spent on country programme components including childcare and DI reforms, based on the data available, is set out in Table 2 below. The EU is the largest provider of financial assistance to the reform programme through the Instrument for Pre-accession Assistance (IPA). The ToR of the evaluation did not include a requirement to undertake a cost analysis.

Table 2: Budgetary table

Country Programme	Programme Component	Budget (USD) unless otherwise stated
2007-2009	No information available	No information available
2010-2011	This programme component aimed to address gaps in the completion and implementation of the child care system reform agenda, and to secure greater investment and action in inclusion and protection of the most vulnerable and marginalized boys and girls, including Roma, refugees, children with disability, children living in poverty, children in conflict with the law, children without parental care, children at risk and child victims of violence, abuse and neglect.	The budget for the country programme was 4,500,000 programme. UNICEF funding amounted to 2,300,000 for child protection and social inclusion. ⁴ There is no data available on the allocation for childcare and DI specifically.
2011 -2014	Project “Child Care System Reform”. The Project was part of the “Social Welfare and Child Care System Reform: Enhancing Social Inclusion” IPA 2010 (component 3).	The total budget of the Project is €1,374,560, of which the EU provided €1,249,600 while UNICEF contributed with complementary funds amounting to €124,960. The project was implemented by UNICEF
2012-2016	The child protection and social inclusion component aimed to accelerate implementation of the agenda on reform of the child care system and to secure greater investment and action in equity, inclusion and protection for the most vulnerable boys and girls. This includes children with disabilities, Roma, refugees, children living in poverty, children in conflict with the law, children without parental care, and victims of violence, abuse and neglect.	11,750,000 for the UNICEF country programme, 6,300,000 for child protection and social inclusion. No data was available for the allocation for childcare and DI specifically. The 2011-2014 EU Programme was extended from 2014: a further sum of 300,000 Euros was committed to the child care reforms, 200,000 from the EU and 100,000 from UNICEF.
2017 -2021 extended to 2022	This programme component aimed to strengthen public systems to protect boys and girls from the impact of poverty, adversity and exclusion and to provide them with more opportunities to live in a supportive family environment and in inclusive communities, free from all forms of violence, abuse and neglect, including in situations of humanitarian crisis. ⁵	11,609,000 for the country programme, 4,414,000 for social and child protection. No data was available for the allocation for childcare and DI specifically. Funds from the budget of the Republic of Montenegro, budgets of local self-governments and sponsorships were to be used in the implementation of this Strategy for the Development of Social and Child Protection 2018 - 2022. The figure dedicated to this Strategy is unknown.

⁴ The details were provided in the 2010-2011 Country Programme Document, E/ICEF/2009/P/L.9

⁵ E/ICEF/2016/P/L.14 para. 32.

2019-2023	Strategy for Exercising the Rights of the Child	It is estimated that the total funds needed for the implementation of the Strategy until the end of 2023 amount to EUR 4,000,000. These funds will be provided from the budget (around 70%) and from donations (around 30%). The estimated funds needed for implementation of the Action Plan 2019-2020 to be taken from regular funds in the Government budget. In addition, UNICEF has committed 52,400 Euros.
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2. CONTEXT

2.1 Introduction

Montenegro, one of the smallest countries in Europe, gained independence in 2006. It has a population of approximately 629,000, the majority of whom (68 per cent) live in urban areas, predominantly in Podgorica, the capital. In mid-2021, there were 133,310 children, making up 21.6 per cent of the population.⁶

In 2009, Montenegro was categorized as a middle-income country in the Western Balkans, a status that it has retained over the years covered in this evaluation, though the COVID-19 pandemic took a heavy toll on its tourism-dependent economy.⁷ The GDP per capita in 2021 was \$9,400 compared to a region average of \$33,000,⁸ rising to \$9885 in 2022.⁹

Poverty remains a major issue in Montenegro, with at least one-third of Montenegro's children at risk of poverty.¹⁰ A comparison of living conditions with the EU reveals a significantly higher risk of poverty and social exclusion in Montenegro than in the majority of EU member states, due mainly to the lower levels of expenditure on children and families.¹¹ Poverty in Montenegro is compounded by high inequality, with the average income of the richest one fifth of Montenegrins 7.4 times higher than that of the poorest one fifth).¹² This ratio is well above the EU average though Bulgaria and Serbia have comparable figures.¹³

Up until 2010, Montenegro had the highest rate of institutionalisation of children per capita in Europe and Central Asia¹⁴ with child protection mainly taking the form of placing children in residential care. Residential or 'institutional' care included Mladost for children without parental care, a special school for children with so-called 'delinquent' behaviour or who were at risk of coming into conflict with the law, Komanski Most, a special

⁶ Eurydice Montenegro, [https://eurydice.eacea.ec.europa.eu/national-education-systems/montenegro/population-demographic-situation-languages-and-religions#:~:text=The%20number%20of%20children%20\(0,inhabitants%2C%20which%20is%20409%2C433%20inhabitants](https://eurydice.eacea.ec.europa.eu/national-education-systems/montenegro/population-demographic-situation-languages-and-religions#:~:text=The%20number%20of%20children%20(0,inhabitants%2C%20which%20is%20409%2C433%20inhabitants).

⁷ European Commission, Montenegro 2021 report, Strasbourg 19.10.21, SWD (2021) Final/2, <https://www.consilium.europa.eu/media/57868/montenegro-2021-report.pdf>.

⁸ USAID, International Data and Economic Analysis, <https://idea.usaid.gov/cd/montenegro?comparisonGroup=region>

⁹ <https://countryeconomy.com/gdp/montenegro> accessed 17 August 2023.

¹⁰ EU Statistics on Income and Living Conditions (2021); [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU_statistics_on_income_and_living_conditions_\(EU-SILC\)_methodology_-_monetary_poverty](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU_statistics_on_income_and_living_conditions_(EU-SILC)_methodology_-_monetary_poverty), accessed 3rd October 2022.

¹¹ Bošković, B. Churchill, H.; Hamzallari, O. Family Policy and Child Well-Being: The Case of Montenegro in the European Perspective. *Int. J. Environ. Res. Public Health* 2021, 18, 9118. <https://doi.org/10.3390/ijerph18179118>.

¹² Eurostat, 2020, <https://ec.europa.eu/eurostat>, accessed 3rd October 2022.

¹³ Ibid.

¹⁴ UNICEF Country Programme Document, E/ICEF/2009/P/L.9, 22 July 2009, para 9.

institution for children and adults with learning disabilities and specialised schools for children with sensory, learning or physical disabilities.¹⁵ Children with disabilities and children from the Roma and Egyptian communities were over-represented in residential care, and were likely to remain in such institutions for their entire childhood.¹⁶

2.2 Political context

Montenegro's government is a parliamentary democracy. One of its main strategic goals is European Union (EU) membership. Montenegro officially applied for membership of the European Union and in 2010 Montenegro was granted EU candidate status.¹⁷ In May 2010 the Stabilisation and Association Agreement between the EU and Montenegro entered into force. The Agreement regulates the relations between the two sides until full membership is attained. In December 2011 the Council launched the accession process and started negotiations with Montenegro on 29th June 2012.

In line with the EU accession Montenegro needs to adopt, apply, and enforce EU laws (EU *acquis*) across 35 thematic chapters. Under the Agreement, Chapters 23 (judiciary and fundamental rights) and Chapter 24 (justice, freedom and security), were opened in December 2013 and are expected to stay open until the end of negotiations.¹⁸ Both of these chapters are relevant to the child care reforms and deinstitutionalisation and to this evaluation. Although Montenegro hopes to become a full member of the EU by 2025, progress towards meeting the conditions for membership, including in relation to the social protection and inclusion sector, have slowed down as a result of COVID-19, a downturn in the economic situation of the country and political polarization and tensions.¹⁹

The political situation in Montenegro has been unstable since the parliamentary elections in late 2020, which resulted in a change of government. The new government suffered a vote of no confidence in February 2022 leading to the formation of a minority government. A further no-confidence vote succeeded, resulting in the fall of the government on 19th August 2022.²⁰ In June 2023 new elections were held but the government had yet to be formed at the time of writing of this evaluation. During this period, there was considerable ministerial change, with the merger of some ministries and, of particular relevance, the combining of the Ministry of Labour and Social Welfare with the Ministry of Finance, a change that was reversed after a short period of time.

2.3 Legal context

Montenegro is a constitutional democracy. The 2007 Constitution (amended in 2013) is the primary legal instrument of the State and all other laws must comply with the fundamental principles contained within it. Montenegro has also ratified the key human rights treaties, including the UN Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, the European Convention on Human Rights and

¹⁵ UNICEF and UNDP Mid-Term Evaluation of the "Social Welfare and Child Care System Reform: Enhancing Social Inclusion" 2013.

¹⁶ European Commission, Montenegro 2021 report, Strasbourg 19.10.21, SWD (2021) Final/2, at page 28, <https://www.consilium.europa.eu/media/57868/montenegro-2021-report.pdf>

¹⁷ Parliament of Montenegro, Montenegro and the European Union. Available: Republic of Serbia Ministry of Foreign Affairs., Political relations between Serbia and the EU. Available: <https://www.mfa.gov.rs/en/foreign-policy/eu-integration/political-relations-between-serbia-and-eu>, accessed 21 August 2023.

¹⁸ <https://www.skupstina.me/en/eu-accession/montenegro-and-the-european-union>.

¹⁹ In July 2022, 33 screened negotiating chapters had been opened and three chapters provisionally closed. See also, European Commission 2022 Report on Montenegro, <https://neighbourhood-enlargement.ec.europa.eu/system/files/2022-10/Montenegro%20Report%202022.pdf> accessed 17 August 2023.

²⁰ Balkan Insight, 20th September 2022, <https://balkaninsight.com/2022/09/20/montenegrin-president-proposes-election-in-absence-of-new-majority/>. See also, Key findings of the 2022 Report on Montenegro, https://www.eeas.europa.eu/delegations/montenegro/key-findings-2022-report-montenegro_en?s=225 accessed 17 August 2023.

Fundamental Freedoms and the European Social Charter.²¹ The contents of these instruments are treated as an integral part of domestic law and have supremacy over national legislation where there is a conflict.

The major domestic legislation on social and child protection is found in two laws. The Family Law 2007 (last amended in 2020), which sets out the rights of the child and the duties of parents, and the Law on Social and Child Protection, adopted in 2013 (last amended in 2021). The latter law confirms the centres for social work (CSW, inherited from SFR Yugoslavia) as the key body for the delivery for social and child protection services, but introduces a new working methodology. The Law also established the Institute for Social and Child Protection and the Inspectorate for Social and Child Protection.

This Law on Social and Child Protection specifies the social services and child protection services to be provided, enables a plurality of service providers and sets out which rights holders are entitled to services and the obligations of duty bearers. Duties are owed to children without parental care, children who have parents who are incapable of caring for their child, children with disabilities, children with behavioural problems, children engaged in substance abuse and to children who are at risk of abuse, neglect, domestic violence, exploitation, trafficking or without an adequate standard of living.²² One of the principles of the Law is '*prevention of institutionalisation and availability of services in the least restrictive environment whenever conditions for it arise in their home or the local community through extra-institutional forms of protection, provided by various service providers, with the aim of improving the quality of life of the beneficiaries and their social inclusion*'.²³ The Law also contains a prohibition on institutions and service providers using violence against a child or exploiting or neglecting the child.

The Law only permits the placement of a child in an institution where family care cannot be provided to the child and prohibits the placement of a child under three years of age in institutional care. However, it does permit such placement where there are particular justified reasons.²⁴ The Law requires that bodies providing social or child protection services under the Law, which may include non-governmental and private bodies, must be licensed to provide services, and training programmes must be accredited. A considerable amount of secondary legislation has been promulgated under the Law on Social and Child Protection, including the Rule Book about the Detailed Conditions for the Provision and Use of Services, Norms and Minimum Standards for Accommodation of Children and Young People in institutions and small groups in the community;²⁵ the Rule Book about the detailed terms for the Provision of Family Accommodation- Foster and Family Accommodation (2018);²⁶ the Rule Book about the Organisation, Norms, Standards and Methods of Work for the Centre for Social Work²⁷ and the Rule Book on Detailed Terms of Supply and Use, Norms and Minimum Standards of Support Services for Life in the Community.²⁸

The Government has issued multiple policy documents relating to child protection and deinstitutionalisation over the period 2009 – 2023. The first National Plan of Action for Children (NPAC) was adopted in 2004 and extended until 2010. It was followed by a second NPAC covering the period 2013-2017. An analysis of the second NPAC was carried out in 2018, which together with other relevant documents. Following the analysis, a new policy: the Strategy for Exercising the Rights of the Child was issued to cover 2019–2023. Other relevant

²¹ Montenegro ratified the revised European Social Charter on 3 March 2010 accepting 66 of its 98 paragraphs. It has not accepted the system of collective complaints.

²² The Law on Social and Child Protection, Article 4.

²³ The Law on Social and Child Protection, Article 7(7).

²⁴ The Law on Social and Child Protection, Article 70.

²⁵ Number 56/549/14, October 6, 2014.

²⁶ Official Gazette, No 18 of 2018.

²⁷ Official Gazette No. 058/13 20.12.2013; 030/15 12.06.2015; 017/16, 11.03.2016; 043/19, 31.07.2019.

²⁸ Number 56-358/15-2, June 2, 2015.

strategies over the period include the strategy for Social and Child Welfare Development in Montenegro 2008-2012; the Strategy for the Development of the Social and Child Protection System 2013-2017; the Strategy for the Development of the Social and Child Protection System 2018-2022; the Roadmap of Reforms 2021; the Strategy for the Prevention and Protection of Children from Violence 2017-2021; the Strategy for Early and Pre-school Education in Montenegro 2016-2020; the Montenegro Inclusive Education Strategy 2014-2018; the Montenegro Inclusive Education Strategy 2019-2025; the Strategy for the Social Inclusion of Roma and Egyptians 2016-2020; the Strategy for the Protection of Persons with Disabilities from Discrimination and the Promotion of Equality 2017-2021 and the Judicial Reform Strategy 2014-2018.

2.4 Linkages with the sustainable development goals

The programme is in line with the SDG targets adjusted to the context of Montenegro. It mainly contributes to the SDGs and targets presented below:

Table 3: Relevant SDGs and its targets and related indicators to the evaluation

Goal 1: No Poverty
Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
Goal 4: Quality Education
Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
Goal 5: Achieve gender equality and empower all women and girls
Target 5.1 End all forms of discrimination against all women and girls everywhere
Goal 10: Reduce inequality within and among countries
Target 10.2 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
Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
Goal 16 Promote just, peaceful and inclusive societies
Target 16.1 Protect children from abuse, exploitation, trafficking and violence
Target: 16.6 Develop effective, accountable and transparent institutions at all levels

2.5 Status and needs of the beneficiaries

The most immediate beneficiaries of the childcare reforms are those at risk of separation or already separated and in institutional care, whether as a result of abandonment, abuse, neglect, violence or exploitation or having a disability. Their needs are for social work support to promote safe and stable upbringing by their parents or family, or where this is not feasible or is not in the best interests of the child, alternative care in a family-based setting. For children with disabilities and hard-to-place children their needs are also for social inclusion, both within the education system and the community.

2.6 Implementing bodies

The reforms have been implemented by the MoLSW with technical support of UNICEF Montenegro and in close collaboration with other Montenegrin and international organisations. The understanding of the evaluation team, the following bodies had roles and responsibilities:

- ⇒ **MoLSW** is the main duty bearer and, at the same time, the key implementing partner and central level beneficiary: leading the decision-making processes concerning the implementation of the reforms; ensuring that all reform activities were in line with national policies and international commitments of

Montenegro; promotion of intersectoral cooperation in the area of child care and participation in the capacity building activities implemented by the reforms.

- ⇒ **MoE and Ministry of Health (MoH)** are both duty bearers and implementing partners: commitment to intersectoral cooperation with the MOLSW in the area of child abandonment prevention, educational inclusion and deinstitutionalisation; promoting and permitting participation of professionals working in the education and health system (e.g. the Commission for Orientation of Children with Special Educational Needs (COCSEN), doctors, nurses, etc.) to take part in the capacity building activities implemented by the Project.
- ⇒ **Institute for Social and Child Protection** is a duty bearer and, once established under the Social and Child Protection Law, became responsible for development of standards for the social work profession, licensing and supervision of social workers and accreditation of training programmes for child protection professionals, and quality assurance of social and child protection services.
- ⇒ **Centres for Social Work (CSW)** were the main duty bearers at local level. The CSW is the key institution in the area of social and child protection at local level, providing assistance child, adult and elderly beneficiaries. In role relating to children includes intial assesments and decision-making on applications, provision of emergency services, assessment of needs and risks, development of individual plans, monitoring social inclusion, safeguarding children with disabilities, as well as other various administrative and support functions such as acting as a guardianship authority and cooperating with relevant authorities.
- ⇒ **Child Care Institution ‘Komanski Most’ (Podgorica)** was an implementer through participation in the development of institutional transformation. The Institution began the process of deinstitutionalisation in November 2008 with assistance of UNICEF. In 2010 there were 15 children.²⁹ In 2014, a Transformation Plan was adopted to facilitate the gradual deinstitutionalization of users. Children ceased to be accommodated after the end of 2014.³⁰
- ⇒ **Child Care institution ‘Mladost’ (Bijela)** – implementer through participation in the development of institutional transformation plans aimed to deinstitutionalise children in the institutions and discouragement of further admissions; active involvement in the development and revision of the individual care plans for resident children with a view to ensuring family reunification, fostering, access to alternative care or better care in the respective institutions; participation in the the development of standards and other regulations and working procedures relevant to their work, in capacity building activities and Every Child Needs a Family campaign.
- ⇒ **Day-care centres:** Duty bearers and implementers in that they played a key role in the prevention of abandonment of children with disability; beneficiaries of the reforms in terms of being supported to improve their performance (in case of the existing ones) and in the case of new day care centres, setting up and functioning.
- ⇒ **Municipalities** are duty bearers and implementing partners: active involvement in the development and promotion of local plans of action and implementation of the Every Child needs a Family campaign; cooperation with the CSW, the day care centres and NGOs to ensure optimal functioning of the services provided by these organisations (including provision of land and financial resources for salaries, utilities, other running costs), in line with new operational rules and procedures introduced by the reforms.
- ⇒ **CSOs**, are implementers through provision of services to beneficiaries and are implementing partners through contribution to the new legal framework; participation in the capacity building activities; active

²⁹ Child Care Institution ‘Komanski Most’. Available at: <https://juzkomanskimost.me/o-nama>.

³⁰ UNICEF, Final Narrative Report, Child Care System Reform (Montenegro) December 2014. P.17.

engagement in the Every Child Needs a Family campaign and advocacy initiatives promoted by the reforms.

- ⇒ **Kinship carers and non-relative foster carers** who provide family-based alternative care to children in the community.
- ⇒ **UNDP**: engagement in development of legislation.

Other stakeholders involved in the implementation of the reforms were the Ministry of Finance (MoF), National IPA Coordinator (NIPAC) and the Union of Municipalities (as members of the Project Steering Committees for the reforms) as well media.

The **UNICEF Country office** has had an ongoing role throughout the evaluation period and has been integral to the child care reforms and DI process: it has engaged in advocacy to ensure political support, raise public awareness and change norms and attitudes; ensured the technical and financial management of the child care reforms and deinstitutionalisation and provided appropriate expert technical expertise and policy advocacy leverage for the attainment of envisaged outcomes, in line with international standards. Based on its inter-sectoral partnership with key national stakeholders, UNICEF facilitated the dialogue on how legislation, policies, practices and training programmes for professionals could best meet the needs of vulnerable children and families.

The role of the **EU** was to encourage reform in accordance with the Accession Agreement and to provide the funds for the implementation of the Project, as well for another two components of the Social Inclusion Project (inclusive education and social welfare reform) which, are closely connected to the reforms under evaluation. It was in charge of guiding and monitoring the implementation of the Project in close cooperation with UNICEF and the MoLSW.

2.7 Evaluation purpose and users

(i) Purpose of the evaluation: The purpose of the evaluation is to provide a rigorous assessment of Montenegro's and UNICEF's results to date (outcome and impact level) with respect to child care and DI reforms supporting children with disabilities and other highly marginalized and vulnerable groups of children. The evaluation is intended to provide an objective assessment of the strengths and weaknesses in the approach taken by Montenegro as well as insights on how to address possible system level bottlenecks. The evaluative focus is on the contribution of multi-faceted interventions and policies to the observed outcomes and impacts. The evaluation is formative and forward looking, and is intended to be an important learning opportunity, both for UNICEF and its partners, especially the government of Montenegro in deriving lessons from the experience and existing evidence that can bring attention to the policies and good practices and inform UNICEF DI childcare programming. The evaluation aims to:

- ⇒ Explore the extent to which national DI child care reforms succeeded or not in addressing bottlenecks and why;
- ⇒ Better understand the added value and comparative advantage of UNICEF within the country context in order to sharpen UNICEF's approach in supporting national governments' DI reforms;
- ⇒ Generate findings for learning and advocacy purposes;
- ⇒ Strengthen the accountability of UNICEF by evaluating UNICEF's contribution to the results (outcome and impact), if any; and
- ⇒ Learn about how UNICEF's change strategies are operating in Montenegro, while considering current circumstances.

(ii) Use and primary users: The Government of Montenegro, relevant ministries, municipalities, UNICEF Montenegro and UNICEF ECARO, implementing partners and donors constitute the primary audience. The evaluation will allow the Government and UNICEF to identify the progress, gaps, and windows of opportunity for further reform to partners to ensure that human rights recommendations are fulfilled in accordance with

international standards. The findings and lessons of the evaluation are expected to be relevant across all UNICEF COs teams that work on child care reform and social service reforms, as well as government and non-governmental stakeholders from education, health and social protection responsible for inclusive reforms in their respective sectors.

2.8 Objectives and scope of the evaluation

The objectives of the evaluation were first developed by UNICEF ECARO and were the subject of an evaluability assessment with key stakeholders in Montenegro. The objectives in the TOR apply to all countries involved in the evaluation and no changes were made to those objectives.

Objective 1: To assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children and, in particular in the case of children with disabilities and other 'difficult to place' children, how and why;

- ⇒ To determine the extent to which actual results for children were achieved, to what extent, if any, how? And why?
- ⇒ Are there children who were not reached by DI, who are they and what are the factors that contributed for that?
- ⇒ To verify original assumptions and investigate what factors (or combination of factors) are necessary and / or sufficient for the DI reforms to produce results in certain contexts
- ⇒ To generate synthesis of lessons to learn from successful and unsuccessful cases
- ⇒ To identify and explain unintended changes and consequences, both positive and negative, for different groups (parents/ caregivers, children, professionals, other sectors and systems)
- ⇒ To obtain insights about how DI changed the behaviour, attitudes and perceptions of stakeholders

Objective 2. To determine the effectiveness, impact, coherence, relevance and efficiency of national child care reforms.

Objective 3. To assess the actual and potential contribution of UNICEF's work to the national progress (outcome and impact) in deinstitutionalisation childcare reforms for children in residential care, including for children with disabilities and other 'difficult to place children';

- ⇒ To determine the extent to which UNICEF has met its objectives;
- ⇒ To determine the impact and effectiveness of UNICEF contribution as well as the extent to which it has incorporated gender, human rights-based and equity-focused approaches;
- ⇒ To assess UNICEF's added value and comparative advantage in Serbia (in comparison to other stakeholders); and
- ⇒ To explore the trigger effect, if any, of UN guidelines on alternative care for children, EU guidelines and policies, Council of Europe strategies and recommendations, the CRC and CRPD on the national DI reforms.

Objective 4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

2.9 Scope of the evaluation

The thematic scope of the evaluation is broad and is correlated with the object of the evaluation (see section 1.1 above). In addressing the four objectives in the TOR set out above, the evaluation covers national and sub-national childcare reform initiatives across Montenegro between 2009 and the end of 2022. In line with the TOR, the evaluation has a particular focus on deinstitutionalization, including prevention and gatekeeping, provision for children with disabilities and other 'hard-to-place' children; planning for change; executing transformation;

including redirecting resources from institutional care to extended family and community-based services; overall implementation frameworks and monitoring.

As stated in the ToR, given the resources available for this evaluation, the object of the evaluation does not include programming in the following sectors:

- Education sector: development of inclusive education as a key, linked component to a national or sub-national deinstitutionalisation agenda;
- Health sector: early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialized services and additional family support services, rather than a rehabilitative, institutional approach to family support.
- Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion.
- Child justice: the prevention of children in conflict with the law (suspected, accused or convicted of a criminal offence) from being placed in detention (including as a sentence) or their reintegration after release.

Instead, the evaluation aimed to identify any barriers or bottlenecks in the child protection system to children accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on children with disability.

The geographic scope of the evaluation is the entire country of Montenegro. The evaluation covers the childcare reforms implemented across the country at both national and subnational levels from 2009 until the end of 2022. It addresses the perspectives of a range of programme beneficiaries, including children, adolescents, and their families as well as key actors in the child protection sector.

3. THEORY OF CHANGE

The logic behind Montenegro's approach to child care reform was first described in a ToC in 2014 within the national IPA-funded programme towards strengthening social and child protection. The impact in the 2014 TOC was that '*children and vulnerable families have access to and benefitted from a comprehensive, inclusive, and sustainable child protection system*'. The outcomes included:

- ⇒ The Child Protection System has a policy and legal framework harmonized with international standards and the Institute for Social Welfare is established to standardize and ensure quality child care services;
- ⇒ Capacities of organizations and individuals working in the child protection system are enhanced;
- ⇒ Availability and access to alternative family and community-based services for vulnerable children, children without parental care and children with disabilities increases;
- ⇒ Behaviour changes towards social inclusion are enabled – with a focus on vulnerable children.

The TOC included numerous outputs and set out the causal relationship between outputs and outcome clearly. Outputs included a new Law on Social and Child Protection; secondary legislation to implement the Law, including standards, licensing of professionals, service monitoring etc; terms of reference for the Institute for Social Welfare; establishment of indicators for a new child protection database; comprehensive and evidence-based local plans of action for children and a protocol on inter-sectoral cooperation to prevent institutionalisation of children and the development of services. All outputs led to the expected outcome: the

child protection system has a policy and legal framework harmonised with international standards; the Institute for Social Welfare (later named the Institute for Child Protection) is established to ensure quality child care services and a protocol on inter-sectoral cooperation agreed and issued.

The TOC was updated in 2016 under the programme component on Social and Child Protection to reflect the achievement of most of the outcomes in the 2011 -2016 Child Care Reform Programme. The outcome in the 2016 TOC was that '*by 2021, all boys, girls and their caregivers have access to quality, equitable, inclusive and mutually reinforcing systems of health, social and child protection.*' The causal links are weaker than in the previous TOC. The TOC does not contain a specific output relating to deinstitutionalisation, although one of the assumptions of the TOC was that there would be continuing political commitment to deinstitutionalization. Further, there was no output relating specifically to children with disabilities, and no specific output on increasing access to inclusive education for children with disabilities or specific community-based services for children with disabilities.

The TOC was reconstructed during the evaluability assessment in 2021. The stakeholders validated and repeated the impact contained in the 2016 TOC and largely retained the 2016 outputs with two new additions: (i) enhanced inclusive education for effective inclusion of children with disabilities in the educational system and (ii) increased services for care leavers for ensuring ongoing support in the community. The outputs have also been expanded in relation to community services, which continue to be seen as a critical pathway to reform. These now include inclusive community-based support services for children and families, including day care and ECD services for children with disabilities and the development of professional specialised foster care, as well as raised awareness about fostering, especially for children with disabilities. There is a clear causal link between the outputs and the outcomes. The assumptions, appear to be that if the services in the community (day care, ECD, family support) are available, families will feel supported and able to provide adequate care for their children and this will reduce or eliminate the need for children to be placed in formal care. Furthermore, ECD services will ensure early identification and support for development for children at risk or with disabilities. Additionally, the alternative care services, such as foster care will ensure quality of life in a family environment. The core assumption is that if the quality services are available in the community, then the prevention of separation will be ensured.

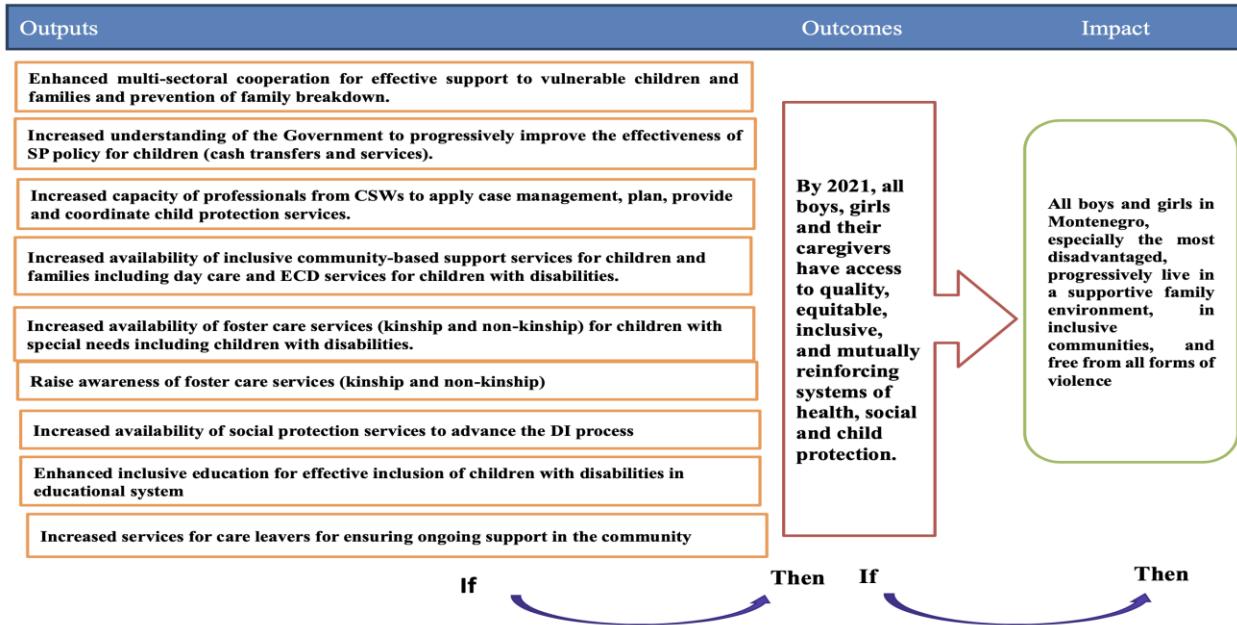
The risks are not well articulated in the TOR. They include lack of capacity on the part of Centres for Social Work, a lack of multi-sectoral cooperation and inclusive education. There were however, and remain, a number of further risks, especially a risk of lack of political support to the ongoing reforms, an unstable government unable to give adequate attention to the reforms or inadequate fiscal space post-COVID-19 to progress the reforms and, more importantly, the need to ensure the human resources are in place to implement the reforms. In addition, there is a risk within the TOC that insufficient attention will be paid to children with disabilities and that there will be inadequate multisectoral cooperation especially in relation to inclusive education. Although these risks were not articulated in the reconstructed TOC, they are considered in this evaluation.

Figure 1 below provides a visualisation of the reconstruction of the theory of change agreed during the evaluability workshop held in 2021. The TOC corresponds to the key elements in the child ecology to support family and community-based living but could include a stronger articulation of the need for legislation and social policy which supports targeted integration, prevention, and deinstitutionalization of persons with disabilities, as well as raising awareness of communities to accept people with disabilities and recognise their rights. It should be noted that the overall validity of the reconstructed TOC was not a question for the evaluation.³¹ Given the

³¹ There was no requirement to determine the validity of the reconstructed TOC in the TOR nor was the question included by stakeholders during the evaluability assessment.

broad outcome it would, in any event be challenging to determine whether the outcome and impact had been met in its entirety, but to the extent that the outputs relating to child protection are concerned, the contribution of the reforms is evaluated throughout this report

Figure 1: Reconstructed Theory of Change



4. EVALUATION DESIGN AND METHODOLOGY

4.1 Overall methodological approach

The methodology is framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely relevance, effectiveness, efficiency, sustainability, and coherence. The evaluation methodology has been developed according to the UNEG Norms and Standards for Evaluation (2016) and also incorporates UNICEF's guiding principles on gender equality, equity, and human rights, which will guide the evaluation process. Our **approach is equity and rights-based**, addresses child rights and is rooted in the UN Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Convention on the Rights of People with Disabilities (CRPD), the UN Disability Inclusion Strategy (as appropriate) and other key international standards. In order to ensure no child is left behind, the evaluation paid special attention to vulnerable or 'at risk' groups of children (many of whom are likely to be regarded as 'hard to place'), particularly children with disabilities, girls and children from ethnic minorities to ensure their particular needs were identified, represented and addressed through our data collection and sampling techniques, analysis and recommendations.

A **theory-based evaluation approach** was applied to determine whether and how childcare reform initiatives have led to the changes set out in the country's theory of change (ToC), and why this may (or may not be) the case. This approach allowed the team to analyse the mechanisms, assumptions, risks, and contextual changes that either facilitated or impeded progress. Recognizing the intricate and multifaceted nature of the reforms, which involved various stakeholders and sectors such as education, healthcare, and social protection, the decision to employ a theory-based approach was deemed appropriate. The evaluation applied a **mixed-methods**

approach to data collection and analysis, incorporating both quantitative and qualitative methods and drawing on the strengths of both to gather data that is rich and explanatory, as well as accurate and measurable. It takes a **consultative and participatory approach** with UNICEF, stakeholders and beneficiaries in order to ensure that the findings are context-appropriate and high-quality and that stakeholders have overall ownership of the process and outputs. In undertaking the evaluation, a **gender-responsiveness methodology** was employed throughout the methods and tools and data analysis techniques.

Evaluation questions

An evaluation design workshop was held for key national stakeholders who were provided with a list of questions relating to the research questions set out in the TOR and, following the OECD-DAC criteria, were asked to rate their level of interest in the answers to these questions. The purpose of this process was to engage stakeholders from the beginning of the evaluation, to have a better understanding of their perspectives and increase the ownership of the evaluation outcomes

Following the evaluability workshop and consultation with UNICEF country offices, UNICEF ECARO and the Evaluation Reference Group, some amendments were made to the questions chosen by stakeholders, some questions deleted and some added. The amendments were made and, in particular, extra questions added and applied to all countries, to enable a comparison to be made across the seven countries of the evaluation, to fulfil the overall objectives of the evaluation, and to allow for better comparison with the earlier evaluation conducted in 2013. The original questions chosen by stakeholders at the evaluability workshop and the amendments made to the questions post the evaluability workshop can be found in Annex H. The questions for each country varied, but only to a limited extent.

Table 4: Evaluation questions and sub-questions for Montenegro

Key Evaluation Questions	Sub- questions
Relevance	
1. To what extent have the childcare reforms been relevant to the deinstitutionalisation of children in residential care?	1.1 To what extent have reforms to childcare policy and the legal framework been relevant to the deinstitutionalisation of children in residential care? 1.2 To what extent have services introduced under the childcare reforms been relevant to the deinstitutionalisation of children in residential care?
2. To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities?	2.1 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child? 2.2 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Guidelines for the Alternative Care of Children? 2.3 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the relevant EU Guidelines? 2.4 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of Persons with Disabilities?

3. To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CRPD on the national DI reforms acted as a trigger for national reform?	3.1 To what extent have the UN guidelines on alternative care for children acted as a trigger for reform? 3.2 To what extent have, EU guidelines and policies acted as a trigger for reform? 3.3 To what extent has the CRC acted as a trigger for reform? 3.4 To what extent has the CRPD acted as a trigger for reform?
4. How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children?	4.1 How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities? 4.2 How relevant have the childcare and deinstitutionalisation reforms been to the needs of hard to place children?
5. How relevant has UNICEF's input been to national childcare and deinstitutionalisation reforms?	
Effectiveness/Impact	
6. How did the DI reforms (and other external factors) contribute to the desired outcomes?	6.1 Which elements of the DI reform generated the desired outcome(s)? 6.2 How much of the observed outcome(s) can be attributed to the DI reforms? 6.3 What was the impact of other external factors on childcare and deinstitutionalisation reforms?
7. Under what circumstances, and why did the DI reforms generate the desired outcome(s)?	7.1 Under what circumstances did these deinstitutionalisation reforms generate the desired outcomes? 7.2 Why did the childcare and deinstitutionalisation reforms generated the desired outcomes? 7.3 What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders?
8. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms?	8.1 Has sufficient attention been given to measuring, monitoring and reporting results? 8.2 Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality? 8.3 How effectively has evidence been used to inform changes and adjustments to the DI reforms?
9. Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms?	
10. What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels?	10.1 What are the necessary and/or sufficient factors that enable the DI reforms to provide results the national level? 10.2 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at the sub-national level?
11. Have all groups of children targeted by the DI reforms actually been reached (i.e., has anyone been excluded)?	11.1 To what extent have disabled children targeted by the DI reforms actually been reached? 11.2 To what extent have hard to place children targeted by the DI reforms actually been reached? 11.3 Have any groups of children not benefited from the childcare and deinstitutionalisation programme?
12. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain?	12.1 What has been the impact of DI reforms on the number and profile of children in alternative care? 12.2 What has been the impact of the new services on the use of institutionalisation? 12.3 What challenges remain?
13. What was the impact of DI reforms on	13.1 What was the impact of DI reforms on strengthening the social

strengthening the social service workforce, in particular the social work profession?	service workforce? 13.2 What was the impact of DI reforms on strengthening the social work profession?
14. What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms?	
Efficiency	
15. How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts?	15.1 How has the Government used its human resources to support DI reforms? 15.2 How has the Government used its technical resources to support DI reforms? 15.3 How has the Government used its financial resources to support DI reforms? 15.4 To what extent has this allocation of resources been effective in supporting DI reform efforts
16. Retrospectively: What resources (national, EU, other donors) were available to carry out DI?	16.1 What have been the transition costs, covered by whom and for how long? 16.2 How, what and how much of the resources have been ringfenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors?
Coherence	
17. Who were the key influencers / who needed to be influenced to achieve the needed changes which led to DI reform?	17.1 Who were the key influencers needed to achieve the needed changes which led to DI reform? 17.2 Who needed to be influenced to achieve the needed changes which led to DI reform?
18. To what extent did various Government (e.g., social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors?	18.1 What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions?
Sustainability	
19. Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability?	
20. What is UNICEF's role in the sustainability of the DI reforms?	

4.2 Evaluation Matrix

Based on the evaluation questions an evaluation matrix was developed (Annex H) which contains the evaluation questions and sub-questions, and sets out corresponding key indicators, data collection methods, and means of verification. The evaluation matrix informed the development of the methodology for the evaluation and guided the analysis.

Specifically, the evaluation matrix contains:

- The research questions and sub-questions the evaluation will attempt to answer (across the evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability)
- Qualitative and quantitative indicators which emerge from / relate to the evaluation questions;
- Data sources for answering research questions and measuring indicators; and
- Any limitations in data or the ability of researchers to analyse it.

4.3 Data sources and data collection methods

A range of qualitative and quantitative methods were used to collect data to answer the evaluation questions. A total of 37 KIIs were conducted, involving 39 participants (29 female, 10 male). Additionally, two group interviews were held with 8 participants (7 female, 1 male). The participants included professionals, practitioners, and staff members from both national and sub-national levels, as well as local service providers. Four focus groups were organised with 25 children (11 girls, 14 boys) living in institutions and small group homes (with a particular focus on children with disabilities and other hard to place children). In addition, one in-depth interview was held with a child.

Desk review

The evaluation team reviewed a large number of documents provided by UNICEF and obtained from desk-based research. These documents included situation analysis reports; evaluations; country programme documents; programme strategy notes; annual management plans; programmatic reviews; progress reports; mid-year and end-year reviews and annual reports; third party monitoring reports from Government, the UN and NGOs; research studies; and relevant press reports. The desk review also included a review of key government documents (laws and policies, strategies and action plans) and key sectoral and thematic action plans relating to child care and deinstitutionalisation reforms and academic articles. The list of consulted documents is contained in Annex K.

Key informant interviews (KIIs)

KIIs were conducted to obtain detailed and specific information from experts or key informants who have in-depth knowledge and experience related to childcare reforms and deinstitutionalisation. Interviews were guided by a standardised set of questions but allowed for a response-directed interaction. KIIs were conducted at both national and sub-national level. The evaluation also involved focus group interviews where it was felt that this would increase the comfort of respondents and enrich the interaction. The list of participants and their organisation is contained in Annex I.

Individual interviews with children and adolescence

Although the TOR did not envisage the engagement of children or other vulnerable / hard to place groups, it was agreed that children and adolescents should participate directly in the evaluation. The purpose of these interviews was to learn about these children's experiences and the outcomes of their cases from multiple perspectives. As with key informant interviews, these interviews and focus group discussions (FGDs) were guided by a standardised set of questions to capture information about the different stages of the child protection response and the child's experiences, while also allowing for the researcher to probe for more detail on aspects of particular interest.

Focus- group discussions with key stakeholders, parents/caregivers, and service providers

FGDs were held with UNICEF staff, civil society, service providers and staff workers in residential institutions to gather perspectives on different aspects of the care reform process, to understand how reforms have translated into changes in the provision of services on the ground, and to identify the enabling factors and barriers which have shaped these changes. This enabled the evaluation to assess the nature of services provided, their quality and appropriateness and the capacity of service providers to address child protection issues in line with best practice. FGDs were also held with parents/caregivers to understand how reforms have impacted them and their children.

The FGD tool Incorporated an interactive element involving participatory systems mapping. During this exercise, workers were prompted to identify individuals or entities that, based on their understanding, played a role in generating the distinct inputs, outputs, outcomes, and impacts, as articulated in the Theory of Change (ToC).

4.4 Sampling

4.4.1 Selection of research locations

Data collection was carried out at the national level, with national level stakeholders, and at sub-national level in Kotor, Bijelo Pole and Berane. The research locations were selected in consultation with the UNICEF CO and the Evaluation Reference Group, which included the capital city as well as locations in which there was a high prevalence of service providers. Kotor was chosen as a municipality with a resource centre (with boarding) for children with hearing impairments, near to where the only residential institution for children without parental care (Mladost, Bijela) is located. Kotor and Berane were also chosen because they had relevant NGO stakeholders and a Cente for social work (covering areas with Roma settlement). Bijelo Polje, in the north was identified as it has the first day care centre for children with disabilities, and the only small group home for children with disabilities. In addition, the CSW on the municipality is proactive, with a high caseload of relevant cases.

4.4.2 Selection of respondents

The sampling strategy, which was primarily purposive and non-random, was to ensure that the views and opinions of a wide range of duty bearers, rights holders and stakeholders with particular knowledge, expertise and accurate information in relation to the childcare and deinstitutionalisation reforms (and the indicators in the evaluation framework) were heard and fed into the evaluation. Purposive sampling prioritises diversity so that respondents of diverse backgrounds and with diverse perspectives are included.

The criteria for inclusion was that the person was a key stakeholders at either national or sub-national level including relevant government agencies, UN agencies and national NGO partners.

The sampling for focus group discussions with local service providers and staff in residential institutions was purposive as well, to include the perspectives of NGOs, local service providers and residential institutions. The sampling strategy for interviewing care-users (children, adolescence, and adults) aimed to ensure representation across different disabilities and gender. The identification of the sample relied on organizations that were involved in key informant interviews (KII) and focus group discussions (FGDs), utilizing a snowball sampling method (i.e., those who took part in KII and FGDs were asked to identify children / parents of children receiving their services, who in turn were interviewed). Instructions provided to service providers ensured that care-users were selected to ensure diversity and representation in terms of type of disability, gender, age and ethnicity. The use of multiple stakeholders through which to identify care-users ensured representation of different types of services accessed.

4.5 Analysis Methods

Qualitative data analysis

All qualitative interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilization of an innovative tool such as MAXQDA was to enhance the efficiency and accuracy of data collection and management, contributing to more robust and insightful results.

A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to "what had worked, for whom, under which circumstances, how, and why?" This analytical approach played a pivotal role in addressing research inquiries about the underlying mechanisms connecting childcare and deinstitutionalization reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between deinstitutionalization reforms and their effects. Expanding on this methodology, the exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilized to gain insights into the key stakeholders within deinstitutionalization reforms and to discern the varying contributions of different actors, including entities like

UNICEF. Additionally, these tools helped shed light on the intricate interactions among different agents involved in the process.

Quantitative data analysis

Administrative data was analysed using Excel software. Preliminary quantitative data analysis involved cleaning and checking the data to understand the extent and randomness of missing data, which was found to be minimal. Initial analysis produced descriptive statistics on the composition of the sample and the overall results, disaggregated by factors of interest including intervention or comparison area.

Data triangulation

Primary and secondary data were triangulated to identify any inconsistencies in information, ensure the accuracy of findings, analysis and interpretation and enabled evaluators to overcome any biases or weaknesses associated with a particular method. Considering the varying array of stakeholders situated at different 'levels' within the system—comprising children, parents/caregivers, frontline workers, NGOs, government stakeholders, and decision-makers—data triangulation effectively encompassed the viewpoints and insights of a diverse assortment of stakeholders. This approach facilitated a comprehensive portrayal of DI reforms, spanning inputs, outputs, outcomes, and impact across the entire system.

4.6 Limitations

Table 5: Limitations and mitigation measures

Limitations and Constraints of the Evaluation	Mitigation strategies
Sampling bias - The complex nature of childcare and deinstitutionalization (DI) reforms presented a challenge in conducting a nationwide evaluation that represents the entire target population.	The sampling plan was crafted through a series of consultations during the inception phase and a dedicated workshop involving the Evaluation Reference Group (ERG). The ERG workshop played a pivotal role in determining the participants and research locations, benefiting from the valuable insights and suggestions of the participants who possess expert knowledge in the field. Their involvement ensured that the chosen locations align with a well-rounded representation, enhancing the credibility and comprehensiveness of the research outcomes.
Reporting bias - Given the sensitive nature of the evaluation subject matter (which deals with child protection reforms and de-institutionalization of children), it is likely that the evidence gathered is affected by reporting bias. Respondents may be reluctant or unwilling to share sensitive and personal information about traumatic and deeply personal events in their lives (children and adults). Further, respondents maybe resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF, or other partners/stakeholders.	To mitigate against reporting bias, evaluators took care to carefully explain to all respondents that the evaluation was learning oriented, Evaluators also emphasized that anonymity would be protected, and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively, and interactions will be flexible and participatory, to allow for the most authentic, spontaneous and participant-led exchange.
Limited data - The limitations of existing data and the diffusive nature of the Child Protection Programme have presented a challenge in	The evaluators' triangulated data from several sources when analysing differences between intervention and comparison districts, in order to better link any differences identified to

measuring the contribution of the childcare reforms to changes in outcomes	elements of UNICEF's programme.
Availability of disaggregated data - quantitative data disaggregated by gender and vulnerable groups was limited. This lack of disaggregated data hindered the research team's ability to fully assess the impact of reforms and UNICEF's programming.	The reliance on qualitative data collected from stakeholders assumed greater significance. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions.

4.7 Validation and oversight

The ERG provided oversight at strategic points in the evaluation process. This included undertaking an evaluability assessment of the evaluation questions and matrix, as well as consultations during the inception phase and a dedicated Zoom workshop on 31st January 2023. The inception report was shared with the ERG and feedback elicited from and incorporated into this Evaluation report.

4.8 Ethical Considerations

All research was carried out in full accordance with the UNEG Ethical Guidelines and Coram International's own Ethical Protocol (Annex E) and Ethical Guidelines for Field Research (Annex C) as well as UNICEF's Ethical Standards in Research, Evaluation Data Collection and Analysis.

Independence, impartiality, and integrity: The absence of conflict of interest was checked prior to the start of the evaluation. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

Credibility, completeness and accountability: The evaluation ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions are explicitly justified and substantiated, and the recommendations are based on findings and not bias.

Consent, confidentiality, and respect of rights: Rights-holders and Stakeholders consulted were informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluation was conducted with respect for the participants' right to provide information in confidence through an information and consent form, where possible and where this was appropriate and not intimidating for young people. Researchers explained to participants in clear, age-appropriate language that participants were not required to participate and that they were able to stop participating at any time without negative consequences. All information was used and represented only to the extent agreed to by its contributor.

Data collection with children: Individual interviews were conducted with children (12–18 years) who were connected to the child protection reform system following a do-no-harm approach. During these interviews, the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2015) involving children was followed. The children were asked to participate on a voluntary basis and their participation was strictly confidential. Where possible, parental consent was obtained for all children aged under 13 years. For children aged over 13, the decision on whether consent from parents / carers is needed was made on a case-by-case basis, depending on the nature and context of the research and the age and capacity of participants. Special care was taken to ensure that especially vulnerable children gave informed consent.

The evaluation underwent an ethical review processes conducted by the HML Institutional Review Board (IRB) which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools (attached at Annex D).

FINDINGS

5. RELEVANCE

The relevance of the reform programme was assessed using available data, facts and statistics for the years 2009 - 2022 as well as relevant laws, ratified international instruments, strategies, policies, and action plans. Interviews with key stakeholders were also used to triangulate findings.

As noted above, deinstitutionalisation consists of four elements: (i) the prevention of placing children in residential institutions (RIs), (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.³² The Evaluation addressed (i), (ii) and (iii) but not (iv).

Summary of findings: relevance

- ⇒ Strategies and action plans developed and implemented during the evaluation period were highly relevant to the child care and DI reforms;
- ⇒ UNICEF's two behaviour change campaigns were particularly relevant leading to an increase in children with disabilities included in mainstream education and an increase in the number of non-kinship foster care applications.
- ⇒ The introduction of the Family Outreach Programme which ran from 2016-2021 was shown to be particularly relevant in providing support to families and preventing institutionalisation.

5.1 To what extent have the childcare reforms in Montenegro been relevant to the deinstitutionalisation of children in residential care (Qu. 1)?

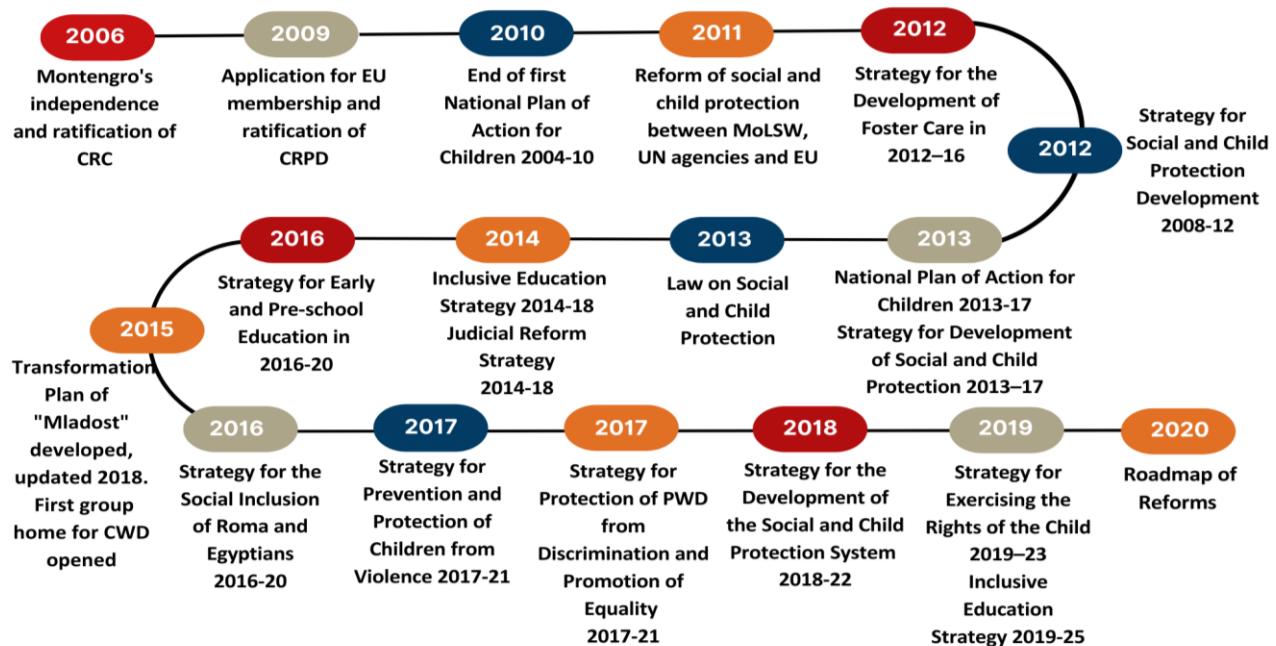
Montenegro has published a number of highly relevant strategies and action plans, though these on occasions overlap. The strategies and action plans have been consistent in the approach to change away from the use of institutions to address issues of child protection, to a system that supports families; the development of inclusive education and community-based services, especially for children with disabilities; and, where alternative care is required, promotion of family-based kinship, foster care and, to a limited extent, adoption services. The placement of children in institutions is only to be used as a last resort and not for those under the age of 3.³³

Although reforms started in 2001, major reform of the child care system started with the Social and Child Protection Strategy 2008-2012, which formed the basis for an EU funded 'Social Welfare and Child Care System Reform: Enhancing Social Inclusion,' a multi-sectoral intervention undertaken between 2011 – 2014 and then extended until March 2016. This was a system-wide reform including not only child care reform but also, the restructuring of family cash transfers and benefits and the decentralising of services.

Figure 2: Timeline of national action plans and strategies

³² Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

³³ Law on Social and Child Protection 2013. It should be noted, however, that there are exceptions.



The overall objective of the EU funded reform programme was to enhance access to comprehensive, inclusive and sustainable family and community-based services as an alternative to institutionalisation of vulnerable children. In order to achieve this, the well planned reform addressed the entire social and child protection system, including policy development; the development of a new law (the Law on Social and Child Protection and amendment of the Family Law) and accompanying secondary legislation; changes to the institutional framework, including the establishment of the Institute for Social and Child Protection; development of service standards, quality assurance and monitoring mechanisms; the introduction of accreditation of training and the licencing of social and child protection professionals (by the Institute); capacity building of professionals in the social and child protection system; deinstitutionalisation and the transformation of residential institutions for children (including the closure of Komanski Most's Children's Pavilion), as well as the development of prevention mechanisms, family support and community-based services for children.³⁴ The programme was highly relevant to deinstitutionalisation in that its constituent parts were designed to meet the needs of likely child beneficiaries. There were no 'gaps' in the objectives of the proposed reforms and all children were addressed with no child left behind.

As part of the reforms, the Government also undertook measures to increase the inclusion and support of children with disabilities in mainstream schools³⁵ and began the provision of day care services to children with the most severe disabilities. The latter was achieved through the development of day care centres. In tandem and building on the Strategy for Welfare and Child Protection Development, the Strategy for the Development of Foster Care in Montenegro 2012-2016 was developed.

These reforms were supported by two important UNICEF behaviour change campaigns. The first, "It's About Ability" (2010-2013) was a highly relevant campaign addressing the negative and discriminatory attitudes displayed towards persons with disability. Its relevance was shown by the big increase in the number of children

³⁴ Child Care System Reform Final Narrative Report 2014.

³⁵ Implementation of project component "Services of inclusive education", was conducted by the Ministry of Education, in March 2013. It was funded under a different component of the EU IPA I. 'Services of Inclusive Education'.

included in mainstream education: from 654 children in 2010 to 1371 children in July 2014, a 110 per cent increase.

The second campaign “Every Child Needs a Family” in 2013-2014, was also highly relevant. At the start of the campaign, 58 per cent of the public believed placing a child in institutional care was a good solution for a child,³⁶ a figure that dropped to 20 per cent by the end of the campaign.³⁷ In addition, the campaign led to a 40 per cent increase in non-kinship foster families compared to the period before the campaign.³⁸

The 2011 – 2014 Child Care System Reform programme was extended³⁹ until March 2016, with further funding from the EU in order to consolidate and ensure the sustainability of the reforms and, in particular, to strengthen the capacities of the system to implement the reform.⁴⁰ During the period of the extension, secondary legislation mostly in the form of Rulebooks was prepared to enable implementation of the Law on Social and Child Protection (2013); the Institute for Child Protection was established and started to function and the CSWs were strengthened, with more centres opened. Importantly, community services were further developed, including the provision of foster care, the opening of two further day care centres, a small group home for children with disabilities, piloting of the family outreach worker and ongoing preparations for setting up new services in “Mladost” as part of the transformation of the institution.⁴¹ All of these activities were regarded as positive changes, with a strong causal link to DI and highly relevant to establishing a child protection system that met international standards and used institutionalization as a last resort.⁴² The activities were all aimed at supporting children to stay with their families or, if this was not possible, to ensure placement in appropriate family-based, alternative care.

During the course of the 2011 -2016 reform programme, one of the most successful programmes, the family outreach service (FOS) was developed and started to function in 2016 continuing in various forms until 2021. The FOS was intended to provide intensive support to families with children at risk of abandonment, neglect or abuse, thus preventing separation of the child from the family and possible institutionalisation. Again, this was a highly relevant service in preventing institutionalisation.⁴³

In addition, the Social Card/Social Welfare Information System was developed and introduced, serving as the first national child protection database, with a view to providing reliable data on the situation and needs of children and improving the the monitoring capacity of the CSW.

Following an analysis of Implementation of the Strategy for Development of Social and Child Protection System in Montenegro for the period 2013-2017 (and the results of the EU funded programme) a new Strategy was adopted for 2018-2022. Its main tasks were to identify gaps that had been identified during earlier phases of the reform. The outputs of the reconstructed TOC in 2021 only partially align with the priorities identified.

³⁶ UNICEF Montenegro, Every Child Needs a Family campaign [https://www.unicef.org/montenegro/en/every-child-needs-family-implemented-2013-2014#:~:text=Every%20child%20needs%20a%20family,in%202013%2D2014\)%20%7C%20UNICEF](https://www.unicef.org/montenegro/en/every-child-needs-family-implemented-2013-2014#:~:text=Every%20child%20needs%20a%20family,in%202013%2D2014)%20%7C%20UNICEF), accessed 22 August 2023.

³⁷ <https://www.unicef.org/montenegro/en/stories/every-child-needs-family-campaign-results-positive-change-children-without-parental-care>, accessed August 22, 2023.

³⁸ <https://www.unicef.org/montenegro/en/stories/every-child-needs-family-campaign-results-positive-change-children-without-parental-care>, accessed August 22, 2023.

³⁹ IPA/2014/340-247, 7 August 2014 – 6 March 2016.

⁴⁰ The EU contributed 200,000 Euros and UNICEF, 100,000 Euros.

⁴¹ Final Narrative Report, Continuation of Child Care Services Reform 2014-2016.

⁴² UNICEF, Regional Knowledge and Leadership Agenda for Children in the CEE/CIS Region, 2015.

⁴³ UNICEF provided support to extend previously piloted Family Outreach Worker teams that were expected to be resourced by government in the second half of 2016. The Ministry committed to find the resources to fund the service in 2017 but it is not clear that it did so. Family outreach worker services provided to more than 170 children in over 70 families in 2016-2017, with no recorded incidents of family breakdown (UNICEF Annual Report 2017).

- (i) to improve the normative framework in social and child protection, including amendments to the Law on Social and Child Protection, improving the functioning of the CSWs and standards of services and to improve material allowances for families in need.
- (ii) to improve the quality of social and child protection services, including improving conditions for licensing service providers, accreditation of training programmes; strengthening the application of the Code of Ethics and improving the training and supervision of child care and child protection professionals.
- (iii) improvements to services for social and child protection and the continuation of DI through identifying the needs of users to improve local planning; continuing the development and establishment of services at local level; supporting families; transforming Mladost residential home and improvement of non-family accommodation, especially for children with disabilities.

The 2018-2022 Strategy constituted a further step towards reform and DI and was particularly relevant in that it addressed the concerns and recommendations made by the CRC Committee in its concluding observations to Montenegro's 2nd and 3rd periodic report in 2018.⁴⁴ In 2019, in addition to the Strategy for Development of Social and Child Protection System in Montenegro 2018-2022, the Government published its Strategy for Exercising Children's Rights 2019-2023, which is due to be adopted shortly, and developed a Roadmap for the transition from Institutional towards Family and Community Care (unpublished and partially absorbed into the 2019-2023 Strategy). The Strategy for Exercising Children's Rights is wider in its remit and covers all aspects of child rights. It is aligned with Montenegro's Programme of Accession to the European Union 2019-2020⁴⁵ and, as with the Strategy for Development of Social and Child Protection System in Montenegro 2018-2022, it is highly relevant. It too, addresses the recommendations contained in the concluding observations of the CRC Committee and is largely aligned with the TOC 2021. The operational objectives of the Strategy for Exercising Children's Rights include the provision of an effective alternative care system for children without parental care and improved access and quality of social and health protection and education for all children.

All these reforms have been highly relevant to DI. The various reforms have also covered (to varying extents) the seven essential components of a child protection system set out in UNICEF's Child Protection Systems Strengthening Framework: legal and policy framework, governance; a continuum of services; minimum standards and oversight mechanisms; human, financial and infrastructure resources, mechanisms for child participation and community engagement and data collection and monitoring systems.

5.2 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities (Qu. 2)?

A common view amongst stakeholders was that Montenegro has progressively aligned its legislation and policies with the CRC, CRPD and other international standards over the time period of this evaluation.⁴⁶ The CRC Committee in its concluding observations to Montenegro's second and third period report in 2018, noted "with appreciation" the legislative, institutional and policy measures adopted to implement the CRC, including the revision of the Family Law and the reforms of the social welfare and child protection system. However, The CRC Committee also raised its concerns relating to the failure of Montenegro to implement fully the Guidelines for Alternative Care and made recommendations to bring Montenegrin policy and law into full compliance.

⁴⁴ CRC/C/MNE/CO/2-3, 22 June 2018.

⁴⁵ Montenegro's Programme of Accession to the European Union 2019-2020, available at: <http://www.kei.gov.me/biblioteka/dokument> (in Montenegrin).

⁴⁶ See UNICEF, Analysis of the Cross Sectoral System Support for Children with Disabilities, 2019, p.10; KII with Ombudsman, Podgorica.

There has been less success in aligning reforms with the CRPD. Montenegro has not produced a specific strategy for the protection of children with disabilities, although children with disabilities are included within strategies relating to education, social and child protection and in terms of non-discrimination.

The Analysis of Cross-Sector System Support for Children with Disabilities in 2019⁴⁷ found that '*there are no major gaps in terms of the vision and strategic aspects in disability-related policies and in the key sectors that impact the life of children with disabilities. Policies are oriented towards inclusion and participation, they value the inherent dignity of every person and self-determination, and they respect the evolving capacities of the child and his/her identity. They propose measures that are person-centred, that lead to their empowerment and independence, and that are responsive to children's needs. They focus on accessibility as a guiding principle.*'

However, the CRPD Committee noted in its concluding observations to Montenegro's initial report in 2017 that discrimination and social exclusion of children with disabilities remained prevalent⁴⁸ and that there was still room for improvement in the respect and protection of the human rights of children with disabilities.⁴⁹ The EU 2021 Report on Montenegro,⁵⁰ was stronger in its criticism, with the EU Commission "*deplored the lack of alignment of national legislation with the CRPD: and calling for effective implementation of strategies to tackle gaps in upholding the rights of persons with disabilities.*" The report stressed the need for a DI strategy. It is possible that these gaps will be addressed in the DI Strategy currently being drafted by the Government and due to be published at the end of 2023.

Despite this finding by the EU, stakeholder, both governmental and non-governmental, indicated that there had been improvements over the period of the evaluation, especially in terms of access to education by children with disabilities,⁵¹ and financial and material benefits, as well as more community-based services.⁵² At the same time, it was noted that "*despite the clear progress in this area, there are still a large number of challenges in our country when it comes to vulnerable groups, which is why there need to be even greater and stronger efforts at reform*".⁵³

5.3 To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CRPD on the national DI reforms acted as a trigger for national reform (Qu.3)?

Montenegro's application to become a member state of the European Union has been the major trigger for child care reform. In signing a Stabilisation and Association Agreement with the EU in 2010, Montenegro took on an obligation to adopt, apply and enforce all EU legislation, including the EU Charter of Fundamental Rights, which enshrines the rights of the child.⁵⁴ Article 24 provides that '*children shall have the right to such protection and care as is necessary for their well-being.*'

The EU accession process and the funding that has brought with it, has undoubtedly been a key facilitating factor in the implementation of reform. The Social and Child Care Reform has been integrated as one of the priority actions for Montenegro in the development and implementation of Chapter 23 (fundamental rights)

⁴⁷ UNICEF 2019.

⁴⁸ See CRPD Committee concluding observations to Montenegro's Initial Report.

⁴⁹ Report Analysis of cross-sector system support for children with disabilities in Montenegro (2019). See also KII with Basic Court in Podgorica.

⁵⁰ European Resolution of 23 June 2022 on the 2021 Commission Report on Montenegro (2021/2247 (INI)).

⁵¹ See for instance, NGO OAZA and Ministry of Education.

⁵² Public Institution Centre, Ljubovic.

⁵³ Public Institute, Komanski Most.

⁵⁴ EU Charter of Fundamental Rights, 2012/C 326/02. Article 24 provides that children shall have the right to such protection and care as is necessary for their well-being.

within the accession process.⁵⁵ As a result there has been a high level of alignment of the policy and legal framework with respective UN and EU international instruments (the Law on Social and Child Protection (2013); the Strategy for the Development of the Social and Child Protection System (2013-2017) and (2018-2022) and the Strategy on Development of Fostering (2012-2016).

5.4 How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities and hard-to-place children (Qu.4)?

The need to deinstitutionalise children with disabilities and to provide a range of community-based services and inclusive education in order to prevent institutionalisation has been recognised in the reform programmes, especially in light of the over-representation of children with disabilities in residential institutions. In order to prevent and reduce institutionalisation of children with disabilities, the reform programme has taken a highly relevant, multi-pronged approach, including increases in social allowances to families with children with disabilities, the development of family support services, increased inclusion and support of children with disabilities into mainstream schools and, over time, the establishment of day care centres for children with disabilities who cannot enrol in mainstream schools, or who need additional support with education, from one in 2009 to 13 in 2023, spread geographically equitably across the country. The reforms also resulted in increased capacity of staff in the day care centres to work with children with disabilities.

"We offer different services: daily care of children, constant supervision and care, regular medication therapy, free transportation as well as all other services, rehabilitation - kinesitherapy, preparation for inclusive education, social activation of children and preparation for professional training and, of course, socialization." - Day care centres, Tisa, Bijelo

For a period of time, from 2016 – 2021, a FOS, funded by Government, (and in 2021 by UNICEF) provided support to children from Roma communities and children with disabilities as well as children who had been the subject of abuse or neglect, children placed in foster families and children aged 0-3. This was a particularly relevant programme in that it supported 316 families and 869 children during its period of operation for up to 12 months, with only 15 children (1.8 per cent) supported by the FOS removed from their families.⁵⁶ The cessation of the Service has been a major gap in the provision of community-based services.

Although a process of inclusion of children with disabilities has been ongoing throughout the evaluation period, the CRC Committee raised concerns about the failure to protect the rights of children with disabilities in its concluding observations in 2018 and recommended the adoption and implementation of a coherent strategy and action on inclusive and quality education in the mainstream education system and revision of the system of assessment of children with disabilities for school enrolment and improved access.

The Inclusive Education Strategy (2019-2025),⁵⁷ a highly relevant strategy attempts to address the CRC recommendations and has as its goal the provision of access and quality inclusive education at all levels for children with special educational needs. The theoretical framework of the Inclusive Education Strategy outlines the aspects of an education system as recommended in General Comment No 4 (2016) on CRPD Article 24, the right to inclusive education.

In addition to mainstream schooling there are three resource centres, one for children with hearing and speech impairments (Kotor), one for children with intellectual disabilities and autism (Podgorica) and one for children with physical and sight impairments (Podgorica), which support children with disabilities in inclusive education.

⁵⁵ Child Care System Reform Final Narrative Report 2014.

⁵⁶ UNICEF: Analysis of Implementation of the Strategy for the Prevention and Protection of Children against Violence 2017-2021.

⁵⁷ Ministry of Education and UNICEF.

Further, resource centre satellite units have been established in seven mainstream schools. A number of programmes to promote inclusive education and support teachers and children have been implemented over the evaluation period,⁵⁸ training manuals produced⁵⁹ and training provided.⁶⁰ These are all highly relevant in supporting children in inclusive education.

The reforms resulted in a 64 per cent decrease in the number of children in large-scale residential institutions between 2010 and 2022.⁶¹ Data on Mladost, Bijela, show that since 2015, 186 children have been admitted, 13 of whom were children with disabilities and 21 of whom were under 3 years of age (despite the prohibition in the Law on Social and Child Protection on admitting children under the age of 3, exceptional placements are permitted).⁶²

Further deinstitutionalization took place at Komanski Most, originally an institution for children and adults with disabilities. As part of the child care reform programme between 2011 and 2014, children were progressively deinstitutionalized under a transformation plan. The 'Children's Pavilion' at Komanski Most closed in 2014. Accommodation for children with disabilities (including new admissions) continues to be provided in a small group home at Bijela Polje which was opened in 2015.

Hard-to-place children in residential institutions come largely from the Roma and Egyptian minority communities, who have faced and continue to face economic, political, cultural, and educational marginalisation.⁶³ It is not possible to determine how many children in residential care come from these minority communities as MOLSW data does not record ethnicity. The Government's Strategy for Social Inclusion of Roma and Egyptians in Montenegro 2016 – 2020 and the Roma Inclusion Strategy 2020-2025 both address the need for inclusion of Roma and Egyptian children in education,⁶⁴ including Roma and Egyptian children with disabilities, but neither addresses child protection nor deinstitutionalisation. As a result, the Strategies are of limited relevance.

The provision of community based services for children with disabilities, especially day-care centres; an increase in inclusion of children with disabilities in mainstream schools; the establishment of the resource centres, the closing of Komanski Most's Children's Pavilion and the transformation plan for Mladost, have all been relevant to the deinstitutionalisation of children with disabilities in that they meet the needs of child beneficiaries with disabilities and their families, and have contributed to deinstitutionalisation. However, as addressed in effectiveness, the relevance of the reforms has been limited by challenges in implementation.

5.5 How relevant has UNICEF's input been to national childcare and deinstitutionalisation reforms? (Qu.5)

"UNICEF played a huge role in reforms in this area, as it was the initiator and controller of all reforms. A reliable and honest partner." - Judge, Basic Court Podgorica

UNICEF has been actively engaged in all aspects of the child care reform programme and deinstitutionalisation. It has provided advocacy, vision, leadership, support to government, long-term technical expertise and support across the reform process, awareness raising campaigns, capacity building (both for government and NGO / CSO stakeholders and funding, all of which have been highly relevant. In addition, it has fostered horizontal and vertical cooperation including building of public-private partnerships and civil sector strengthening.

⁵⁸ E.g., Regional support for Inclusive Education and the Democratic School Culture.

⁵⁹ E.g., Working with Children with Autism, Guide for Working with Students with Intellectual Disabilities.

⁶⁰ Montenegro Inclusive Education Strategy 2019 -2025.

⁶¹ Data obtained from UNICEF Montenegro, 2023.

⁶² Admissions to Mladost, Bijela, 2015-2022. Document obtained from UNICEF Montenegro.

⁶³ Ministry of Human and Minority Rights; the Strategy for Social Inclusion of Roma and Egyptians in Montenegro 2016-2020.

⁶⁴ In 2019 the government committed to raising the primary education enrolment and completion rate of Roma and Egyptian children to 90 per cent.

“We were always supported by UNICEF and their role was important.” - NGO OAZA

UNICEF’s comprehensive analysis of the child care system in 2009 underpinned the development of the master plan for the transformation and identification of capacity development requirements and gaps for the creation of a continuum of services. In addition, its KAP survey on children with disabilities and awareness raising campaign ‘It’s About Ability’ was supported at the highest political level and was key in changing public attitudes towards disability, to the transformation of Komanski Most and the development of day-care centres for children with disabilities. These activities have all been highly relevant, but most importantly, in terms of relevance UNICEF’s input led to a clear understanding and ownership in Government of the need for reform. Its awareness raising campaign “Every Child Needs a Family” in 2013-2014 was also highly relevant and effective in informing the public about the consequences of residential care on children.

UNICEF has continued to advocate for the most vulnerable and marginalized children. Its advocacy for access to quality inclusive education services contributed to the number of children with disabilities rising, reaching 19 per cent in 2019.⁶⁵ It worked with the Institute for Social and Child Protection to accredit new programmes and supported all Institute staff to receive training of supervision, significantly increasing their capacity to oversee the quality of social services workforce.⁶⁶

UNICEF has undertaken evaluations of the child care reforms, especially the days care centres for children with disabilities, the Foster Care Strategy (2012 – 2016)⁶⁷ and residential care, all of which have been relevant in that they enabled successor strategies to recalibrate its programme of reforms. The Analysis of the Work of the Centres for Social Work in Montenegro (2019) and the Analysis of Cross Sector Support for Children with Disabilities (2019), were highly relevant as they provided empirical evidence and the experience of users and stakeholders in the child care system to inform further programmes ensuring that they meet the needs of child beneficiaries.

Overall, the reforms have been highly relevant to child care and DI and to meeting the needs of rights holders – vulnerable children and children with disabilities, and also to parents and families (duty bearers and rights holders).

6. EFFECTIVENESS

Summary of findings on effectiveness

- ⇒ The child care and DI reforms have contributed significantly to the outcome in the 2021 reconstructed ToC: *‘by 2021 all boys, girls and their caregivers have access to quality, equitable, inclusive and mutually reinforcing systems of health, social and child protection.’*
- ⇒ The two UNICEF awareness raising programmes, It’s About Ability and Every Child Needs a Family were highly effective but there is a need for the messages to be repeated as the impact of the Every Child Needs a Family campaign has waned over time.
- ⇒ Data on the impact of the child care reform is partial and some, though available, is not widely shared. There is little evidence that data is used in a systematic manner to inform changes or adjustments to the programme, or to hold duty bearers to account.
- ⇒ There is still insufficient funding at local level to ensure adequate provision of services to meet the needs of vulnerable children and children with disabilities.

⁶⁵ UNICEF CO Annual Report p.3.

⁶⁶ Ibid.

⁶⁷ UNICEF: Analysis of Implementation of the Strategy for the Development of Foster Care in Montenegro 2012-2016.

- ⇒ There has been a major increase in the number of children with disabilities who have been included in mainstream schooling, but there is no data on the proportion of children with disabilities who are out of education.
- ⇒ The deinstitutionalisation reforms have been successful and have significantly reduced the number of children in residential care, but children with disabilities remain disproportionately over-represented in residential care.
- ⇒ Although there has been an increase in the number of foster carers over the course of the child care reform programme, there are still an inadequate number of non-relative foster carers available for children in need of alternative care, and particularly for children with disabilities. The reasons for this are explored in the Fostering System Review and include lack of support from the centres for social work, payments being too low for fostering and concerns on the part of foster carers that they will lose their social insurance if they cannot.
- ⇒ Training has been delivered to social workers at the centres for social work and capacity improved but caseloads for social workers remain high, leaving little time for social work input into complex cases concerning children. Reasons for high caseloads include the multiplicity of tasks expected of social workers, including the allocation of benefits and administrative duties.
- ⇒ COVID-19, when taken together with political instability, has had a major and negative impact on the pace of the childcare reforms.

6.1 How did the DI reforms (and other external factors) contribute to the desired outcomes (Qu. 6)?

6.1.1 Which elements of the DI reform generated the desired outcome(s)? How much of the observed outcome(s) can be attributed to the DI reforms (Qu.6.1 and 6.2)?

The desired outcomes of the DI reforms have changed over the time period of the evaluation. In the original TOC in 2014, there were four major outcomes, the first of which was '*the child protection system has a policy and legal framework harmonized with international standards and the Institute for Social Welfare established to standardise and ensure quality child care services.*' This outcome was achieved during the first reform period: 2011-2016. Under the Social Welfare and Child Care System Reform the Law on Social and Child Protection was drafted and passed by Parliament in 2013. As part of the Law, the Institute for Social and Child Protection (rather than the Institute for Social Welfare) was established.⁶⁸ The duties of the Institute are set out in Article 121 of the Social and Child Protection Law and include research; setting standards for child protection services; licensing of professional workers in the field of social and child protection; the accreditation of training programmes and monitoring and supervising professional work and services.

The Law on Social and Child Protection, the secondary legislation necessary to implement the Law and the establishment of the Institute for Social and Child Protection can be clearly attributed to the reforms and enabled the desired outcomes to be achieved. In particular, the Law addresses DI and provides that no child under the age of 3 shall be placed in an institution (albeit with some exceptions), provides for fostering and family placement, a range of social and child protection community-based services, including day care centres and financial allowances for families. It is highly unlikely that the new law would have been drafted and passed by Parliament without the reform programme, which provided both advocacy and the necessary technical expertise to work with government to draft the Law and secondary legislation.

⁶⁸ Law on Social and Child Protection, Article 88.

The second outcome of the 2014 TOC, was '*capacities of organisations and individuals working in child protection are enhanced.*' As part of the initial reforms between 2011 – 2016, there was a reform of the organisation and work of the CSWs. Under Article 113 of the Law on Social and Child Protection, social work centres were given statutory duties to:

- 1) Conduct assessment of the current situation, needs, strengths and risks of beneficiaries and other persons important for beneficiaries; assess eligibility of the guardian, foster and adoptive parents; create and monitor individual service plans;
- 2) Decide in the first instance on the applications for the exercise of social and child protection rights;
- 3) Undertake measures, initiate judicial and other proceedings and take part in them;
- 4) Keep records and take care of keeping records of beneficiaries.

The work of individuals working within the CSWs has been enhanced by the training and supervision offered by the Institute for the Social and Child Protection. This reform also generated the desired outcome though there are shortcomings within the CSWs, addressed below in **Section 7.8**. It is also attributable to the reforms.

The third outcome was '*Availability and access to alternative family and community-based services for vulnerable children, children without parental care and children with disabilities increased*'. The provision of services developed, including 17 day-care centres and 3 resource centres for children with disabilities and the development of foster care and social work skills are all directly referable to the reforms.⁶⁹ The most effective community service, the FOS, which ran from 2016-2021 and to which the Government has committed itself, was not accessible in all areas of the country and ceased to operate in 2021, when no further funding was available.⁷⁰

Outcome 4 provided '*awareness raising and behaviour change on family and community- based services for vulnerable children conducted*'. As noted in 'relevance' two awareness raising campaigns were undertaken by UNICEF: 'It's About Ability' and 'Every Child Needs a Family' both of which were developed under the reform programme and both of which were successful in changing attitudes towards children with disabilities and to changing the view of the public that institutionalisation was a beneficial measure for children.⁷¹

All of the above outcomes can be attributed to the reforms and generated the desired outcomes.

In 2016 and in the reconstructed TOC, the outcomes for the continued reform of child care services changed. While there were four outcomes in 2014, this was reduced to one outcome in the 2016 TOC, which was repeated in the reconstructed TOC in 2021: '*by 2021, all boys, girls and their caregivers have access to quality, equitable, inclusive and mutually reinforcing systems of health, social and child protection.*' Actions to achieve this outcome within the reform programme from 2016, included the expansion of day care services for children with disabilities; the development of FOSs, completion of the Operational Plan for the Transformation of the Children's Home (Mladost) in Bijela; an increase in the number of children with disabilities included in mainstream education; increase in the activities of the resource centres; an increase in the enrolment rate of Roma children;⁷² improvements in the licensing procedures for professionals workers and service providers and accreditation of training.⁷³ These activities were implemented and again are all attributable to the reform programme. The extent to which outputs achieved the intended outcome is addressed later in this evaluation.

⁶⁹ See section 7.8.2 and 7.9 of the Report.

⁷⁰ See section 8.1.4 of the Report.

⁷¹ UNICEF 22nd October 2022.

⁷² See section 7.7.2 of the Report.

⁷³ Strategy for the development of the Social and Child Protection System for the Period from 2018-2022

6.1.2 What was the impact of other external factors on childcare and deinstitutionalisation reforms (Qu.6.3)?

A number of external factors impacted on the reform programme. Montenegro's application to join the EU and the signing of the **Stabilisation and Association Agreement** with the EU in 2010, which requires States to comply with all European laws including those relating to the rights of children, had a clear impact on the development of the Law on Social and Child Protection. Further, the recommendations in CRC Committee's concluding observations to Montenegro's 2nd and 3rd periodic report in 2018 and the desire of the Government to address those recommendations had an impact on the later part of the reform process.⁷⁴

6.2 Under what circumstances, and why did the DI reforms generate the desired outcome(s) and why (Qu.7)?

The timing of the reforms, political commitment, inter-sectoral cooperation, stakeholder buy-in, public awareness and the availability of funding were all circumstances which helped generate the desired outcomes. Montenegro gained independence just 5 years before the start of the major reform programme in 2011, ratifying international instruments, including the CRC and applying to become a member state of the EU. All of these actions generated a need for change to meet the obligations placed on the State as a result. At the start of the reforms there was also a clear political commitment and buy-in from stakeholders.⁷⁵ Before the reforms began and during the process of reform, there was continued wide-spread consultation with both government and non-government stakeholders and constant evaluation of the progress of reforms and refining of the next steps. This helped significantly in generating the desired outcomes.⁷⁶ Further, following the public awareness campaigns 'It's About Ability' and 'Every Child Needs a Family' there was greater public knowledge and interest in the reforms. Additionally, and importantly, the residential institutions cooperated in the transformation of their residential care institutions and deinstitutionalisation of their children.⁷⁷

As the reforms progressed, the introduction of a legal and governance framework to prevent institutionalisation, provision for community-based support services in the Social and Child Protection Law, the development of community based services, better trained staff in the centres of social work, more inclusion of children with special needs in mainstream school and financial allowances for foster carers all contributed to the desired outcomes.⁷⁸ At the same time, the desired outcomes have only been partially achieved, especially in relation to the inclusion of children with disabilities and children from ethnic minority communities (and their deinstitutionalisation)⁷⁹ and in terms of delivery of support services for children, especially children with disabilities (for instance, intensive services in early childhood)⁸⁰ and community-based alternative care services.

6.2.1 What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders (Qu. 7.3)?

The major measurable changes arose from the two public awareness campaigns conducted by UNICEF as part of the reforms. The first, "It's About Ability" (2010-2013) addressed negative and discriminatory attitudes towards persons with disability. It resulted in an increase in the number of children with disabilities included in mainstream education: from 654 children in 2010 to 1371 children in July 2014, a 110 per cent increase.

⁷⁴ Other external factors, such as COVID-19 are addressed later in this section.

⁷⁵ KII with previous UNICEF Montenegro Country Representative.

⁷⁶ KII with previous UNICEF Montenegro Country Representative.

⁷⁷ See for instance, <https://en.vijesti.me/news/society/636672/Children%27s-Home-Mladost-plans-to-develop-a-foster-care-center>; KII with Director of Mladost and Komanski Most.

⁷⁸ KII with High Court judge, KII with Director of Centre fFobjector Social Work, Kotor.

⁷⁹ See Figures 3, 4, 7 and 8 of this Report.

⁸⁰ KII MoLSW representative for children in institutional care and families.

The 'Every Child Needs a Family' campaign also had a significant impact in changing views on fostering.⁸¹ While the awareness raising campaigns were successful, their impact appears to have waned over time. One key informant noted in relation to the Every Child Needs a Family Campaign that:

"In this period, we had a significant increase in the number of foster families in Podgorica and throughout Montenegro. After the cessation of the active campaign supported by UNICEF, the number decreased... In the last 10 years, we had an upward route. At one point, it was as if all eyes were focused on deinstitutionalization, on the reformation of the House in Bijela, on increasing the number of guardians... and then suddenly everyone stopped talking about it. Children's home Bijela is invisible on the map." Professor at Montenegro University

The Government also appears to be aware of the need for the reforms to continue to work on changing behaviour and attitudes. The Department of Health noted that:

"During the development of the strategy, the Working Group identified the need for continued intensive communication and branding of individual institutions and services The names themselves are sometimes demotivating, for example, the name of the institution - Centre for Autism, Developmental Disabilities and Child Psychiatry seems repulsive and a disincentive for parents and guardians to use all the opportunities and services that the Centre can provide or leads to parents reaching out for help too late. For this reason, in the new strategy we proposed a new branding of the system as a whole, and its individual elements (e.g., renaming the Centre for autism as the Centre for Early Development) . It is necessary, as well as to undertake intensive communication with parents and guardians, adjusted in relation to the channel and form of communication that will empower them in partnership with the system, to provide support to the child." - Ministry of Health

6.3 Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms (Qu.8)?

6.3.1 Has sufficient attention been given to measuring, monitoring and reporting results (Qu.8.1)?

The reform programme did not contain specific indicators, nor did it provide for a systematic or uniform measuring, monitoring or reporting of results.⁸² Instead, responsibility for monitoring and reporting results under the reform programme was and remains spread across ministries and other government bodies. The Institute for Social and Child Protection, for instance, monitors the provision of social work and child protection services, though not on a systematic basis.⁸³ However, it is the MoLSW who gather data on children in the child care system.

MOLSW collects data on the number of children in residential care but the data is not disaggregated by age, gender, or disability. The disaggregated data is only provided for children in the residential institution "Mladost". There is also data on the number of children placed with relative and non-relative foster carers. The number of children with disabilities included in mainstream education and attending day care centres is available and so too, is the number of Roma and Egyptian children enrolled in schools.

The Analysis of Cross-Sector System Support for Children with Disabilities in Montenegro (2019) notes that the practice of measuring, monitoring and reporting results is fragmented and inconsistent and that even where data is collected, there is reluctance on the part of government bodies to share it. Overall, the Analysis found a general lack of relevant statistics and quality data on disability. It found that '*there has been a manifold increase*'

⁸¹ UNICEF Key Informant Interview, 22 October 2022.

⁸² The Evaluation of the Implementation of the Social and Child Protection Strategy 2018-2020 also noted the lack of outcome indicators in the Strategy, with the focus instead being on measures and activities rather than data.

⁸³ Centre for Social Work, Berane, Andrijevica and Petnjica.

in the number of children with disabilities attending mainstream schools but due to lack of data, it is not clear how many children with disabilities remain out of school.

Insufficient monitoring was noted in an Evaluation of the Child Rights Monitoring System,⁸⁴ which found that data collected across all Government bodies on child rights was primarily quantitative and did not provide sufficiently disaggregated data (by gender, age, ethnicity, rural/urban location, disability or other status) to enable identification of the gaps or inequities across the country. Where data was collected, it did not appear to be analysed or shared between stakeholders on a systematic basis.

The only service with baseline data and continuing data showing the achievements, impact and outcome of services was the FOS which ran from 2016-2021.

Stakeholders were clear that measuring, monitoring and reporting were not adequate and left them with too little information to determine the success of the reform programme.

“Whenever we establish a service, it is marked as a success but it is not coupled with a qualitative assessment of the quality of the service, so we have a discrepancy between what is proclaimed as having been achieved and the actual quality of the services.” - Ombudsman

“There is a wealth of data through the Social Welfare Information System (SWIS) managed by ministry. We are not authorities at the same level as the ministry so we cannot access this data.” - CSW

“Speaking of challenges, there is a lack of uniformity of information with different levels of disaggregation of data and it is not that comparable. For any meaningful work there needs to be some preparatory work done to understand the data. Even terminology – we don’t all use and have the same terminology.” - Institute of Social and Child Protection

It is noticeable that the UNICEF CP 2012-2016 had only two indicators relevant to the DI reforms: the number of Roma children and children with disabilities accessing pre-school and primary education (target 30 per cent increase) and the ratio of children in institutional as against family or community-based care (25 per cent decrease). There is no indication in end report for the CP as to whether these targets were met.

The UNICEF CP 2016-2020 contains three relevant indicators: DI decrease, number of new children admitted to residential care and number of children using family and community-based services. Targets were set and monitored.

6.3.2 Has sufficient attention been given to measuring, monitoring and reporting results? (Qu.8.2)?

There is very little emphasis in the programme, or in the evaluations and analyses, on gender equality, though some data, particularly in relation to education, residential care and alternative care is disaggregated by gender. Evidence from the Fostering System Review in 2021 indicates that there is a predominance of girls over boys in foster care (56 per cent as against 44 per cent). The same predominance exists in residential care: 59 girls and 52 boys in 2021. Data on children with disabilities in education is disaggregated by gender from 2014 onwards,⁸⁵ but there is no available data disaggregated by gender available on the inclusion of hard-to-place children.⁸⁶ A key recommendation of a 2018 Evaluation⁸⁷ on Child Rights Monitoring was the strengthening of child rights

⁸⁴ Coram International, Programme-Informing Evaluation of the Child Rights Monitoring System in Montenegro 2014-2017 and Planned Approach to CRM under the Country Programme 2017-2021 (2018).

⁸⁵ UNICEF TransMonee.

⁸⁶ Montenegro Ministry of Human and Minority Rights, Inclusive education in the Strategy for Social Inclusion of Roma and Egyptians in Montenegro (2016-2020) does not contain gender disaggregated data for the school years 2011/12 - 2015/16.

⁸⁷ Programme-Informing Evaluation of the Child Rights Monitoring System in Montenegro and Planned Approach to Child Rights Monitoring (CRM) under the 2017–2021 Country Programme.

monitoring to include harmonised data collection, including disaggregation by gender for key indicators. This recommendation has yet to be fully implemented.

6.4 How effectively has evidence been used to inform changes and adjustments to the DI reforms (Qu.8.3)?

Overall, there is little evidence that data is used in a systematic manner to inform changes or adjustments to the programme, or to hold duty bearers to account. Neither is there any indication of how the failure to meet some of the set targets has been used in devising the new CP or government strategies.

6.5 Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms (Qu. 9)?

The evaluation did not find any evidence of unforeseen consequences as a result of the child care and deinstitutionalisation reforms, but there were unforeseen circumstances which had consequences on the reform programme, including COVID-19, political 'tensions and mistrust', between political actors, and to changes of government over the last two years.⁸⁸ These resulted in what some key informants referred to as a stagnation in the reform programme over the last 2 ½ years.

*"Political change has a strong negative impact. We have stagnation on reform of the social and child welfare sector because of the changing of ministries, transformation from one to another, and so administrative procedures taking too much time and when we have a system finally in place another party replaces the ministry, and the process starts all over again. People are waiting for their rights and benefits and support until they finish the reorganisation process..... it has a very negative effect on the whole system."*⁸⁹

The cessation of the Family Outreach Service was unexpected and had a negative effect on children and families receiving the service, as support ceased and nothing was put in its place.

6.6 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels (Qu.10)?

6.6.1 National level (Qu.10.1)

Active government commitment and engagement in the early years of the reforms was vital and necessary to achieve results at national level. The Law on Social and Child Protection, the DI and transformation of the residential institutions, the restructuring of the CSWs, the inclusion of children with disabilities in mainstream schools and the establishment of the Institute for Social and Child Protection, day-care centres and the resource centres for children with disabilities were all highly dependent upon cross-ministerial and cross-sectoral support.

The necessity for active and continuing political commitment is shown by the slow down and faltering of reforms in the face of political change with the need to introduce and engage new ministers and officials in the reforms.

"I need to say this: I see Montenegro has been a real champion in DI. We achieved so much in such little time. We were on an upward trend and progressing very well, but over last two years due to political change and COVID we not only slowed down, we regressed. We saw restructuring of the government. Previously we were Ministry of Labour and Social Welfare, then we were part of the Ministry of Finance and Social Welfare and then we didn't receive lots of support, leading to many professionals in centres of social work leaving." - MOLSW representative.

Financial support and technical expertise provided by the EU and UNICEF were also factors that enabled the reform programme to achieve results and were both necessary for the reforms.

⁸⁸ European Commission, Montenegro 2021 Report, Brussels, 19 October 2021, SWD (2021) 293 final/2; European Commission, Montenegro 2022 Report, Brussels, 12 October 2022 SWD (2022) 335 final.

⁸⁹ NGO interview.

The Ministry of Labour and Social Welfare were needed, but the UN agencies have done more, and without them and EU support, the process would never have started or reached this point. - Member of Parliament

6.6.2 Sub-national level (Qu.10.2)

The major factors at sub-national level necessary to achieve results included available and adequately resourced community-based services, developed alternative care services, including foster care and a well-functioning CSW with clear legal duties and a skilled and trained staff able to fulfil them.⁹⁰

Although the legal framework and implementation structures are in place, the report on the Mapping of Social and Child Protection Services in Montenegro⁹¹ and The European Commission Montenegro 2021 Report⁹² found that social and child protection services provided at local level are still inadequate and that municipalities are short of funds, The availability of community services is insufficient to meet demand from children in need of services to prevent institutionalisation and ensure inclusion. In order for the reforms to succeed, more human and financial resources are needed for the staffing of the CSWs, and a further development of community-based services and family-based care for children with disabilities.

Part of the reason for insufficiency is a lack of clarity in relation to the provision and financing of social and child protection services.⁹³ Article 3 of the Law on Social and Child Protection provides that both the State (i.e., central government) and local self-government are to provide social and local government services as provided by the Law. Article 154 deals with funding of the services. Para. 1 provides very clearly that funding for the *basic financial support and services for social and child protection* shall be provided from the State budget. Article 154 para. 2 then states that funding for the *performance* of social and child protection activities is to come from the state budget *and* the municipal budget, as well as from service providers and other sources. The funds are to be used to finance '*social and child protection services for which there is a need in the municipality*'.⁹⁴ However, Article 154 para. 4 then gives the municipality discretion as to the the provision of services: making their provision dependent upon the financial capacity of the municipality:

Funds for financial support in the social and child protection stipulated in this Law can [may] be provided from the municipal budget, as well as for social and child protection services such as: help at home, day care, people's kitchen, relaxation and recreation of children, housing with support, accommodation in a reception unit -a shelter, housing for socially vulnerable persons, in accordance with the law, and other services in accordance with its financial capacity.

To deal with the situation where the municipality chooses not to provide certain social and child protection services, Article 154 para. 5 then provides that '*If municipalities cannot provide funds for services referred to in paragraph 4, the State shall take part in their funding in accordance with Article 156(1)* (i.e., funding of the social and child protection services for which there is a need in the municipality). The very broad discretion given to municipalities, has let to an inequity of provision geographically. The lack of agreement as to the minimum package of services to be offered and funded by each municipality means that some municipalities may contribute little financially and only the most basic of services are provided, while others may offer a wider range of services. The failure of the Law to set out clearly the duty on the State and each municipality to provide certain services and the extent to which they are obliged to contribute financially has resulted in gaps in services, detrimental to the needs of children, and to the effectiveness of the reforms themselves.

⁹⁰ Law on Social and Child Protection, Articles 62 and 71.

⁹¹ Montenegro Institute for Social and Child Protection. Podgorica, 2019.

⁹² SWD (2021) 293 final/2, Strasbourg, 10.10.21.

⁹³ UNICEF KII interview.

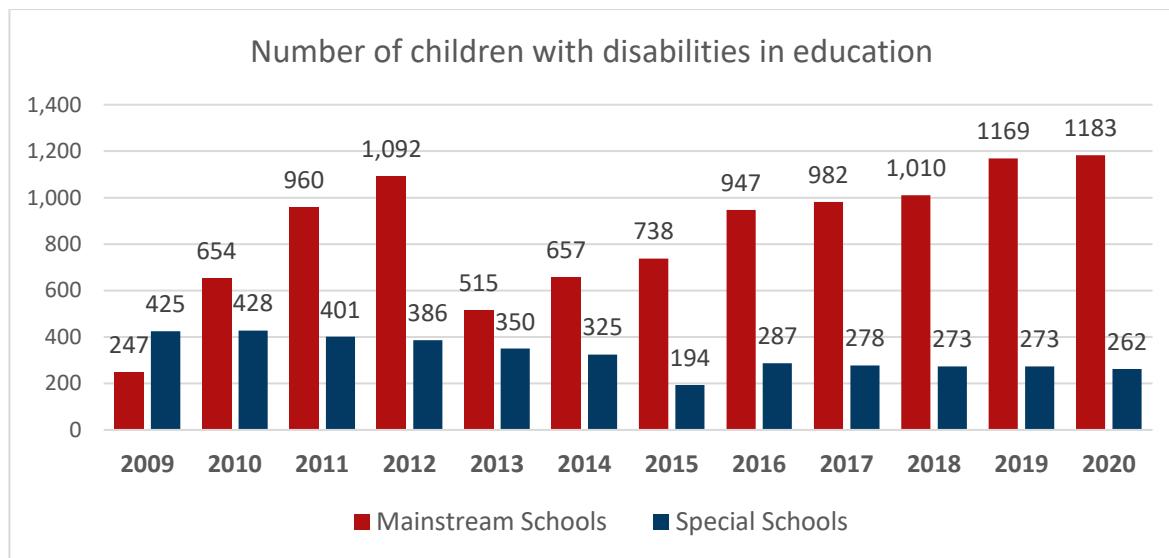
⁹⁴ Law on Social and Child Protection, Article 156(1).

6.7 Have all groups of children targeted by the DI reforms actually been reached (i.e., has anyone been excluded) (Qu.11)?

6.7.1 To what extent have children with disabilities targeted by the DI reforms actually been reached (Qu.11.1)?

The number of children with disabilities included in mainstream schooling has increased as can be seen from Figure 3.

Figure 3: Children with disabilities enrolled in mainstream education and special schools



Source: TransMonee 2020

It is not possible to determine the extent to which children with disabilities have been reached as there are no data for the number of children with disabilities who do not attend school. Although more children with disabilities now attend mainstream educational institutions, challenges remain. These include physical access to schools, a lack of customized textbooks and a lack of professionals with specific expert knowledge who can adequately respond to the needs of children with disabilities still need be addressed.⁹⁵

For children with disabilities who are not able to enrol in mainstream education, there is an option of attending one of the 17 day-care centres across the country with equitable geographical distribution.⁹⁶ However, once again, it is not possible to determine the percentage of the target group actually reached. Evidence from key informants indicates that there are long waiting lists for children to be accepted into a day care centre. This appears to be largely due to the lack of transition planning for children enrolled at the centres once they reach 18, who continue to occupy the available places in the centres. Apart from day care centres there is limited support for families with disabilities. State-funded home assistance provision is not available,⁹⁷ and respite care, though a service envisioned by the Law, has not been developed.

Children with disabilities are also supported by three Resource Centres, run by the Ministry of Education. These have transformed from large scale boarding institutions for children with disabilities to three specialist schools with support and provision for children with hearing and language impairments (Kotor), children with sight

⁹⁵ Strategy on the Exercise of Child Rights 2019.

⁹⁶ Key Informant Interview, Ministry of Labour and Social Welfare, 25 October 2022.

⁹⁷ Group Interview, UNDP, 24 October 2022.

impairments and children with autism (both in Podgorica). The majority of children with hearing impairments in Montenegro are now educated in mainstream schools. Many of these children have had cochlear implants to address their hearing impairment, and are then, for the most part, educated in mainstream schools, with support from specialised teachers. Kotor was supporting 36 children in approximately 27 schools across Montenegro in late 2022.⁹⁸ Due to the small number of children with hearing impairments out of mainstream school, the Resource Centre in Kotor has diversified the supports it offers to provide an afterschool support group, early intervention services for children with hearing impairments and specialist residential speech therapy for children and their parents who have recently had surgery to fit a cochlear implant.

6.7.2 To what extent have hard-to-place children targeted by the DI reforms been reached (Qu. 11.2)?

The main challenges for Roma and Egyptian children include stigmatization, poverty, lack of documentation, limited integration in the education system, lack of data on children in care, lack of records of children engaged in begging, and child marriage.⁹⁹ Additionally, there are a lack of services and institutions providing accommodation and care for children who are either engaged in begging or at risk of exploitation, which is particularly significant for Roma children. There is only one day care center "Defendologija," established in 2017 and deals with children facing behavioural issues, particularly those at risk of engaging in begging.¹⁰⁰

In terms of improving the situation, the most significant achievement has been the programme for scholarships and educational assistance for all secondary school and university students of Roma and Egyptian origin, which has been in place since 2008, and aims to improve their social inclusion in education.¹⁰¹

During the evaluation period there has been an increase in the number of Roma and Egyptian children in the education system. While in 2017 only 12 percent of Roma and Egyptian children were attending pre-school education, in 2020 the attendance increased to 16 percent (but not the 30 per cent envisaged by the UNICEF CP 2012-2016).¹⁰² Similarly, the percentage of children in primary and secondary education has also slightly increased as shown in the figure 4 below. The percentage of dropouts of Roma and Egyptian children is highest after primary education at 11 percent, resulting in the low number of children enrolled in secondary education.¹⁰³ The low percentage can be attributed to a lack of financial resources, language barriers, stigmatization, lack of awareness among the communities on the importance of education, as well as child marriage and child labour.

Figure 4: Inclusion of Roma and Egyptian children in primary and secondary school 2012-2021

⁹⁸ Ibid.

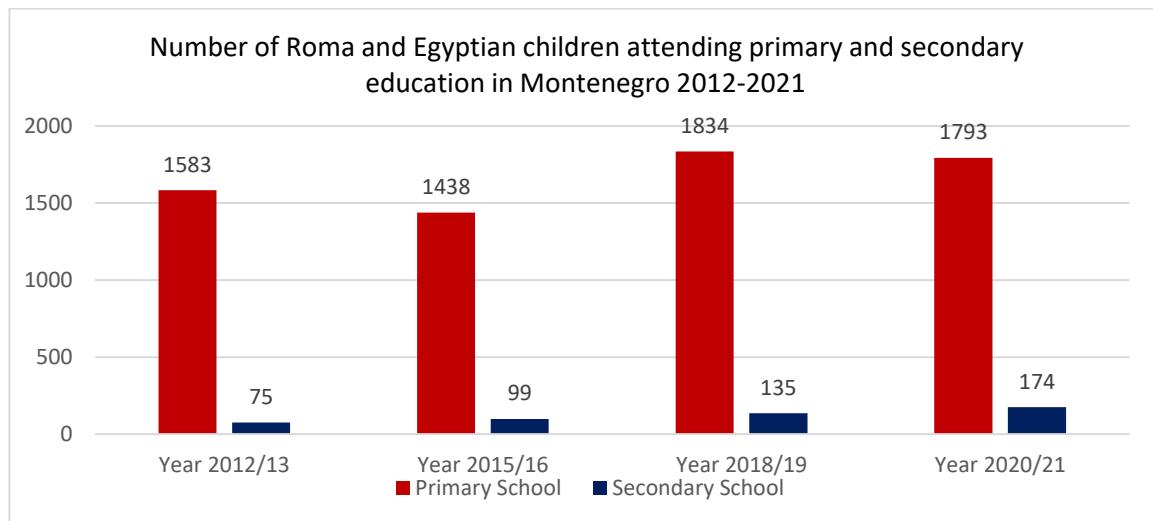
⁹⁹ Ministry of Justice, Human and Minority Rights, Strategy for Social Inclusion of Roma and Egyptians 2021-2025.

¹⁰⁰ Ibid.

¹⁰¹ Strategy for Social Inclusion of Roma and Egyptians 2016-2020.

¹⁰² Ministry of Justice, Human and Minority Rights, Strategy for Social Inclusion of Roma and Egyptians 2021-2025.

¹⁰³ Ibid.



Source: *Strategy for Social Inclusion of Roma and Egyptians in Montenegro 2016 – 2020 and Strategy for Social Inclusion of Roma and Egyptians 2021-2025*

6.7.3 Have any groups of children not benefitted from the childcare and DI programme (Qu.11.3)?

While the reforms have been wide-ranging and have benefitted children in institutions and children with disabilities, there are some children identified by the Strategy on the Exercise of Child Rights, who have not clearly benefitted from the reforms. These are children who continue to live in the most unfavourable conditions (extreme poverty, children who are victims of neglect and/or violence in large families with unemployed parents, etc.), and who remain at high risk of separation from their families. The Analysis of the Work of Centres for Social Work in 2018, attributes the omission of this group of children from the reforms as being due to the insufficient number of professional social workers; the inability of CSWs to recognize and take prevention action to meet the needs of children; the absence of social workers in the community, the lack of family visits by social workers, the lack of intersectoral cooperation between different institutions and organizations in the community, and the inability of service providers to identify families in need support.¹⁰⁴

6.8 What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain (Qu.12)?

The impact of the child care reform has been a reduction in the use of institutional care for children in need of an alternative care placement and an increase in the use of family-based care. There are currently just two residential children's homes in Montenegro: Mladost residential home in Bijela and a small group home for children with disabilities in Bijelo Polje. Children are also housed in an institution in Ljubovic, a specialised residential care institution for children with 'behavioural problems' or who have been in conflict with the law. Additionally, a small number of children continue to reside in 'resource centres' for children with disabilities. Six Montenegrin children reside in institutions in Serbia, and a further two children reside in institutions in Bosnia and Herzegovina.¹⁰⁵

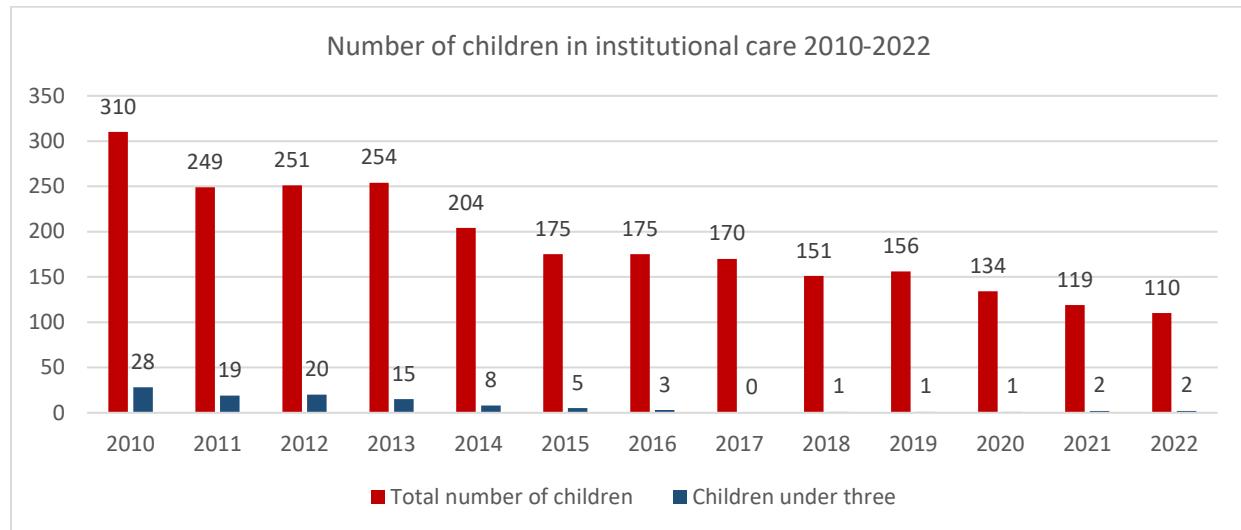
As can be seen from Figure 5 below, there has been a downward trend in the use of institutions for children in need of alternative care. In 2010, there were a total of 310 children residing in institutions, 28 of whom were

¹⁰⁴ UNICEF, Analysis of the Work of Centres for Social Work in Montenegro, 2019.

¹⁰⁵ Group Interview, UNICEF, 24 October 2022.

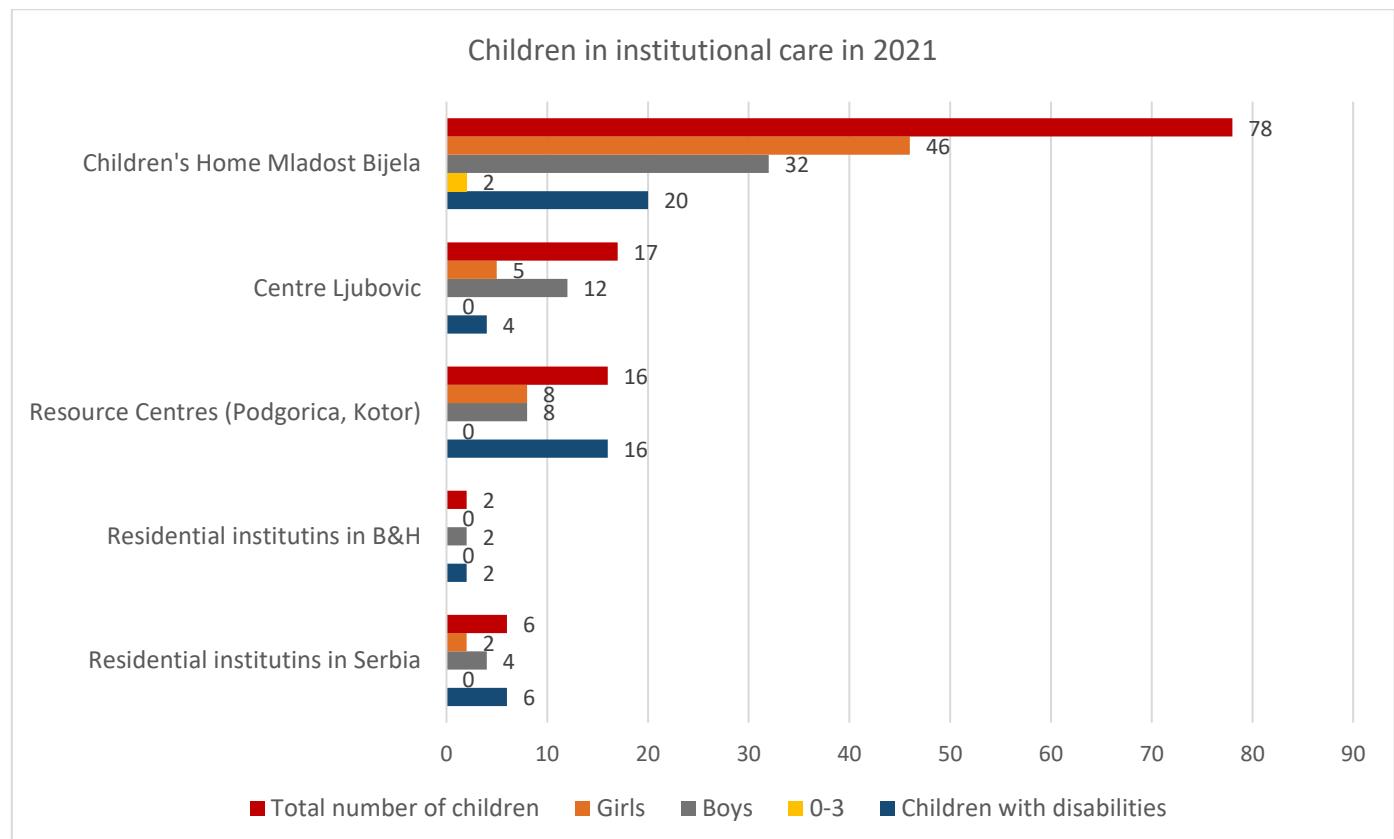
children under three. The overall figure reduced to 170 in 2017, with no children under the age of three, while in 2022 the number stood at 110 children with 2 children under the age of three. Given the small number of children under three, it should be feasible to remove this age cohort from residential care.

Figure 5: Snapshot of children in formal residential care at the end of the year (2010-2022)



Source: Data from the MoLSW provided by UNICEF Montenegro

Figure 6: Children in institutional care (2021), disaggregated by institution, gender, disability, and under-3s

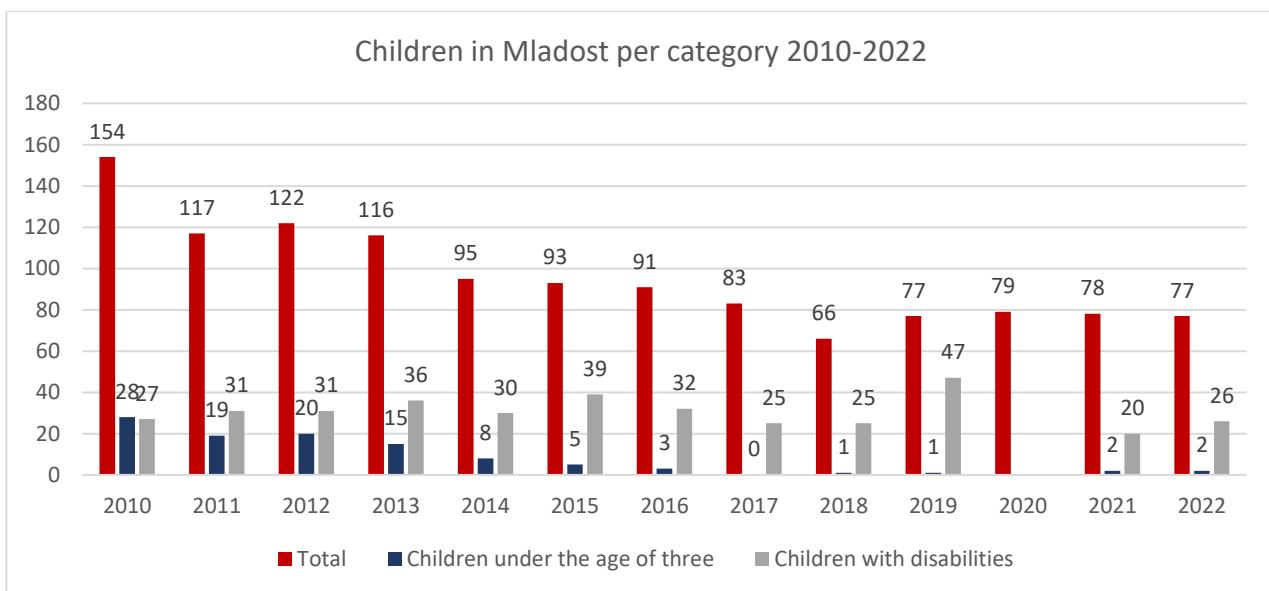


Source: Data from the MoLSW provided by UNICEF Montenegro

More girls than boys are accommodated in Mladost but the opposite is true for Ljubovic. The gender difference in Ljubovic is to be expected: "Ljubovic" Centre for Children and Youth is mandated to offer specialized assistance to children under non-institutional criminal sanctions of the court, and boys are more likely to engage in offending behaviour than girls, the world round. However, an increasing number of vulnerable children are being accommodated there, such as those who have been victims of violence and exploitation children not deemed criminally liable due to their age, those at risk of engaging in criminal activities, and children on the streets.¹⁰⁶ There is no obvious reason for the significant gender imbalance in Mladost.

Figure 7 below shows that the overall number of children in Mladost reduced from 154 in 2010 to 77 in 2022. However, the number of children with disabilities fluctuated, starting at 27 in 2010, increasing to 47 in 2019, and then slightly decreasing to 26 in 2022. Additionally, the count of children under three years old decreased from 28 in 2010 to two children in 2022.

Figure 7: Number of children in Mladost 2010-2022



Source: Data from the MoLSW provided by UNICEF Montenegro

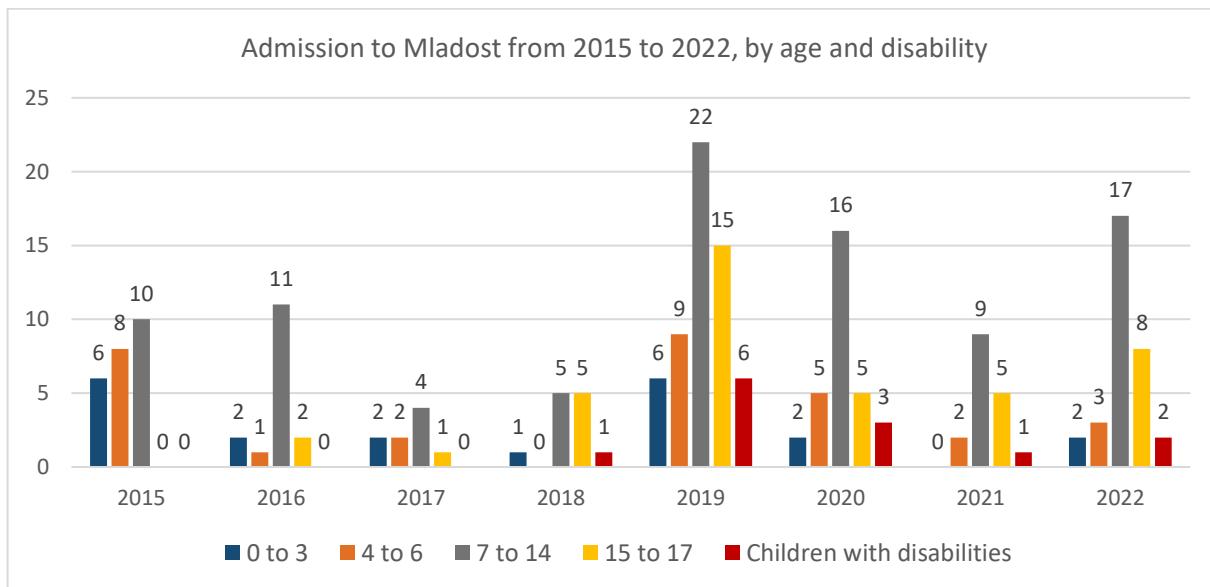
Figure 8 below shows that since 2015, 186 children have been admitted, reaching a peak in 2019, although there is no known factor or reason for the peak. The data shows that a greater number of teenagers are admitted to Mladost as compared to younger children. Among the overall admissions over the years, 21 were under 3 years of age, and 13 were children with disabilities.¹⁰⁷ In contrast, the number of children leaving Mladost from 2015 to 2022 is lower at 112, out of these, only 5 were children with disabilities. This lower discharge rate for children with disabilities might be attributed to the lack of community-based services to meet the needs of these

¹⁰⁶ UNICEF Montenegro, "Ljubovic centre must organize its work in accordance with international human rights standards", 20 September 2023. Available at: <https://www.unicef.org/montenegro/en/stories/ljubovic-centre-must-organize-its-work-according-to-international-human-rights-standards>

¹⁰⁷ Admissions to Mladost, Bijela, 2015-2022. Document obtained from UNICEF Montenegro.

children.¹⁰⁸ Of children who left Mladost between 2015 and 2022, 50 children were successfully reintegrated with their biological families, 27 were placed in foster care, 17 were transferred to another institution, and 6 were adopted.

Figure 8: Admission rate to Mladost from 2015 to 2022



Source: Data from the MoLSW provided by UNICEF Montenegro

There are three Resource Centres run by the Ministry of Education: Resource Center for hearing and speech in Kotor, Resource Center for children and people with intellectual disabilities and autism in Podgorica, and Resource Center for children and youth with physical and visual impairment. The Resource Centers have a limited number of residential 'boarding' places for children who either do not have parental care or whose families live too far away for the children to attend the school on a daily basis. Some of the children who board return home to their parents during weekends and/ or during holidays. The placement of the children is decided by the Education Commissions who assess and determine which children are likely to benefit from the support offered at the Resource Centres. As can be seen from Figure 6 above in 2021 there were 16 resident children in Resource Centres.

In Kotor, the Resource Centre for children with hearing and speech impairments, in 2022 there were 11 resident children (most of whom return to their families at the weekend) compared to 38 children in 2016.¹⁰⁹ Due to the small number of hearing-impaired children who require a residential placement, the Resource Centre also admits children with learning disabilities. Five children without hearing impairment from Mladost residential home also reside at the Resource Centre in Kotor from Monday to Friday during term time. One of the roles of Kotor is to help children with hearing impairments who have undergone a cochlear implant with rehabilitation, and especially speech. However, the majority of families whose children have received cochlear implants choose instead to seek specialist support in Serbia, with the cost of this intensive residential therapy paid for by the Montenegrin Ministry of Health.¹¹⁰ This is seen as a contentious issue: as one that interrupts the work that is

¹⁰⁸ Ibid.

¹⁰⁹ Key Informant Interview, Resource Centre for Children with hearing impairments, Kotor, 26 October 2022.

¹¹⁰ Interview, Kotor.

done with children with hearing impairments in Kotor and one that absorbs money that might otherwise be used to improve facilities and services in Montenegro.

"Montenegro is spending from 600 thousand to a million Euros on trips to Belgrade annually [for children to receive specialist support with speech therapy]. If they invest the money in institutions like this, that number will be less than that. They have more professionals and specialists; we do not have any. They work six days a week to provide intensive care for the children.... Their support [in Serbia] is more intensive. But children here [at the Resource Centre in Kotor] receive support too." - Kotor Resource Center

Clearly it would be beneficial to develop a specialist centre for children with hearing and speech impairment but given the small number of children suffering from such disabilities, it may mean the development of such specialist services is not cost effective. This is an issue that could be reviewed by the Council for the Care of Persons with Disabilities, though the EU Commission Montenegro Report 2021 notes that this body has not met since it was established in June 2020.

6.8.1 What has been the impact of the new services on the use of institutionalization (Qu.12.2)?

The reforms have supported the development of foster care (both kinship foster care and non-relative foster care) as an alternative to institutionalisation. The Strategy for the Development of Fostering 2012-2016 ¹¹¹ sought to *develop fostering as a form of child protection that will ensure adequate conditions for meeting fully the needs of children and young people and for an optimum development of their potential.* Foster care was provided for in the Law on Social and Child Protection and a Rulebook on Foster Care was adopted in 2014. Emphasis was put on the development of non-relative foster care. As can be seen from Figure 10, the number of children placed with non-relative foster care has increased, while the numbers of children placed with kinship foster carers has remained relatively stable.

One of the remaining challenges is the ability to recruit new non-relative foster carers and especially specialist foster carers willing to foster children with disabilities, ¹¹² resulting in a disproportionate number of children with disabilities being placed in residential institutions rather than foster care. In Mladost, for example, of the children living there in October 2022, approximately 30 per cent were said by the Director to be children with disabilities, ¹¹³ a figure out of proportion to the number of children with disabilities in Montenegro.

While the number of non-relative foster carers has increased, all CSWs interviewed commented on the insufficient number of foster carers. In Herceg Novi municipality, for instance, the Centre for Social Work reported having only one licensed non-kinship foster care family in their municipality. ¹¹⁴

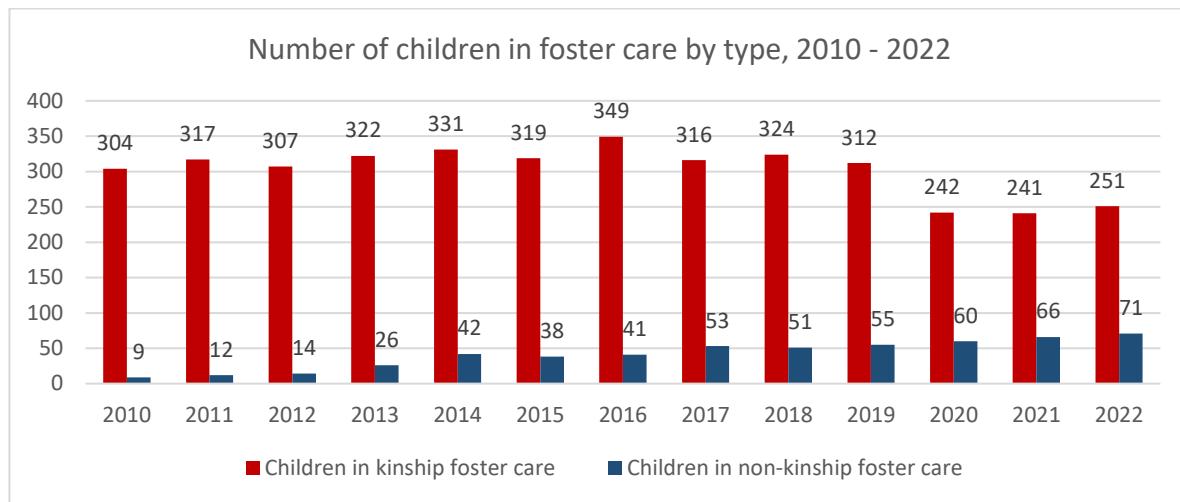
Figure 9: Number of children in foster care by type 2010 – 2020

¹¹¹ Report of the Beneficiary assessment Child Care System Reform 2010-2015. The results achieved during the 2012-2016 Strategy included: development of the national strategy for foster care development; improvement of the legal framework through the adoption of the new Law on Social and Child Protection, and then the Rulebook that will regulate foster care in more detail; development of the program for training of professionals, thus foster parents as well; recruitment of new non-kin foster families; proposal for improvement of foster care entitlements; public awareness raising about foster care.

¹¹² UNICEF, Government of Montenegro and Pluri Consult., Analysis of the cross-sector system support for children with disabilities in Montenegro, November 2019, p 5. Available: www.unicef.org/montenegro/media/15301/file/MNE-media-%20800.publication.pdf, accessed 16 November 2022.

¹¹³ Key Informant Interview, Mladost Residential Home, 27 October 2022.

¹¹⁴ Group Interview, Centre for Social Work, Herceg Novi, 27 October 2022.



Source: Data from the MoLSW provided by UNICEF Montenegro

There are a number of barriers to extending the provision of foster care, most of which are clearly set out in the Fostering System Review.¹¹⁵ Those related by interviewees mostly concerned payments, which are viewed as too low and insufficient to cover the costs of the child and give them a decent quality of life, leaving the foster carer to bear the costs. Further the levels of payment do not take into account the particular needs of children.

Foster care of children with disabilities who require intensive and additional support has yet to be developed in any meaningful manner. In 2020 and 2021, MoLSW recorded four children being placed with relatives, with none in 2018 or 2019 (earlier figures are not available). By 2022, this had dropped to just one placement of a 15–17-year-old. The first recorded non-relative foster carer was in 2021 of one child between the ages of 15 and 17 and one child in 2022, between the ages of 7 and 14.¹¹⁶ While an enhanced payment is made to these foster carers, this does not appear to be a sufficient incentive.

A further challenge relates to concerns about social insurance payments. Foster parents wish to be treated as 'professionals' with 'employee status' to enable them to continue to receive social insurance payments. These payments contribute to foster carer's pension and other social benefits. It is not clear whether foster carers envisage that they will potentially have to give up work if they act as a foster carer, and therefore lose their existing social insurance payments, or that the view of foster care is that it is essentially a job rather than a vocation / community task, for which they are minimally rewarded.

"In the coastal area we don't have many foster carers. There is only 1 non-kinship foster carer, maybe. The coastal region has high living costs and more job opportunities – even the lowest paid jobs bring in more than you can have as a foster carer because of tourism. Also being a foster carer isn't seen as a profession in Montenegro, you don't get tax relief etc. It is seen as a voluntary thing so it is not done much.....Since 2014, UNICEF has been supporting the efforts and the campaigns, we have open door days, and we use every opportunity. We also promote care during a yearly festival here in Kotor by having a boat with a message 'become a foster carer'. People do come, they ask about it, but in the end, they are hesitant to become foster carers." - Kotor Centre for Social Work

¹¹⁵ Junction, Fostering System Review 2020.

¹¹⁶ Data provided by MoLSW to UNICEF.

An additional challenge and one that has become the subject of media comment, relates to the breakdown of foster placements and the abuse of children in foster care. This was raised in the Review of Foster Care in 2020, which questioned whether sufficient training and support was being provided to foster carers

The Review of Foster Care recommends the development of an integrated model for foster care to address the present challenges. The model would require a new body to be created: the Centre for Foster Care (CFC), which would be responsible for foster parent recruitment, training and assessment and continuous professional support for foster parents, while the CSWs would continue to be responsible for placement support. The first CFC is planned to be at Mladost in Bijela as part of their 2020-2024 Transformation Plan, although there are concerns about the capacity of Mladost, with a decades long tradition of institutional care being able to support such a demanding process as the recruitment and support of foster parents. Geographical location is also an issue, as there is a need for regional CFCs: one in the central region, one in the north and one in the south. The establishment of these new bodies has not taken place at the time of writing and the model still needs to develop and be reflected within a regulatory framework. The model, if proceeded would divide the roles and responsibilities as follows:

Table 6: Division of roles and responsibilities¹¹⁷

Centre for Foster Care	Common activities which require cooperation	Centre for Social Work
Comprehensive and ongoing foster care training Professional foster care development opportunities Foster parents as equal partners in the care team Regular case management support and supervision (thorough home visits / remote contact Annual foster parent reviews Foster parent support group participation	Active involvement by foster parents in case planning and management Facilitate relationship between foster parent and birth family; Specialist support and advice from professionals (e.g., psychologist, speech therapist etc)	Comprehensive needs assessment of the child and family Case management planning Appropriate child/foster parent matching Regular planned respite care (provided by specifically recruited foster parents) Intensive case management of the child and biological family Foster care placement as well as continuous monitoring, safeguarding, evaluating, permanency planning, revision, support for aging out.

While this integrated model reflects best practice, and should be aspired to in Montenegro, it is highly unlikely that Montenegro could implement this ambitious model at the present time due to a lack of financial and human resources. It is also not clear that establishing a new body rather than establishing a foster care services unit within the already existing CSWs would be more effective or efficient. Until such time as a decision is made on how to provide the services ascribe to the Centres for Foster Care in the table, it may be more effective to commission NGOs to undertake the tasks.

¹¹⁷ Junction: Report for review of the existing foster care system and accelerate strengthening / expansion of foster care, 2020.

6.9 What was the impact of DI reforms on strengthening the social service workforce, in particular the social work profession (Qu.13)?

There are currently 13 CSWs in the country, based in regional units, with a number of branch units. An Analysis of the Work of Centres for Social Work in 2018 indicates that Montenegro has invested significant effort and resources to improve the work of the CSWs and to provide users with services of appropriate quality. Between 2011 and 2018, the number of professional workers in the CSWs increased by 53%, new centres were established, training requirement and licensing procedures introduced through the Social and Child Protection Law and secondary legisaltion and new work methods implemented, including case management and supervision.¹¹⁸

Despite the increase in the number of social workers, demand for services has continued to outstrip the ability of social workers to provide support. Responsibility for case management of child protection cases, falls on a relatively small percentage of staff in the Centres, with just an estimated 17.3 per cent of employees at the Centres conducting case management.¹¹⁹ For those with responsibility for case management, high case-loads, limited financial resources and significant administrative burdens place strain on their ability to function effectively and has limited the impact of the reforms on strengthening the social work professions.

Social workers interviewed for this evaluation noted that:

"Each one of us is handling about 100 cases, and out of that 100, maybe 50 or so could be considered at risk. Even situations such as divorce, we consider it to be a case of a child at risk of family separation. Overall, for the centre there are 5 case managers, and we have approximately 100 cases each, which amounts to 500. Out of these, 100 are being looked at further, and out of these, around 10 are at high risk." - Focus group interview, Herceg Novi

"Instead of preventive activities our professional work is mainly based on responding to requests from authorities and institutions that inform us that a problem exists". Centre for Social Work, Berane

The overload of case work on social workers diminishes the time they can spend on complex cases where children and families are at risk of separation or the child in need of protection. The potential result is such children may receive inadequate levels of service and protection due to the dilution of social worker functions and that social workers suffer from stress and burnout and leave the profession. There appear to be a number of reasons for the overload. The first relates to the Law of Social and Child Protection. Article 4 of the Law defines the circumstances of children who are to be reported and referred to the CSW very widely, meaning that social workers are dealing not only with children at risk of separation or harm, but also those who are in need of social protection (but not child protection) or are the subject of disputes between parents in relation to custody, access and maintenance.

A second reason for social workers being overwhelmed appears to relate to the multiplicity of tasks they are expected to perform, including the provision of services for the elderly and those in urgent need, and the allocation of benefits and cash transfers. Interviewees commented on the high level of administrative duties to which they were assigned.¹²⁰ Administration of a range of cash payments is seen as a further drain on the already limited capacity of the social services workforce to respond to the most serious child protection / potential separation cases. There is a pressing need to disentangle social protection services from child protection services.

¹¹⁸ Analysis of the work of centers for social work in Montenegro, UNICEF, 2018. <https://www.unicef.org/montenegro/media/9551/file/MNE-media-MNEpublication506.pdf> (downloaded on 15.11.2021).

¹¹⁹ Ibid. p 47.

¹²⁰ Key Informant Interview, Centre for Social Work, Kotor, 26 October 2022.

"There is a mismatch: a limited staff and immense caseload - the duties surpass the capacity and skills available so staff are limited in what they can do, very limited in their support [...]we have seen an increase in a number of obligations assigned to the centres social workers ... they need to be relieved of the administrative tasks so they can deal with everyday problems and provide their professional knowledge and skills." - The Protector of Human Rights and Freedoms of Montenegro

There appears to be a particular issue relating to case recording, and particularly to the need to enter case management information both into the digital and paper-based Social Welfare Information System (SWIS), which social workers regard as duplicative and time consuming.¹²¹ It is not clear whether the purpose of the SWIS is to ensure a full, digital case file on which all case documents (minutes of meetings, attendances, all case reports etc) are uploaded and relied upon for case management or the purpose is primarily that of a monitoring tool to enable planners to understand load, determine trends, staffing and funding needs.

6.10 What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms (Qu. 14)?

The impact of COVID-19 together with the changes of government has led to a slowdown or stagnation in the pace of the reforms. This in turn has had a detrimental impact on children particularly children with disabilities and other vulnerable children who have had a reduced access to social and child protection services, as well as health and education services.¹²²

"It is indisputable that the period of the COVID-19 pandemic affected the provision of services in the field of social and child protection and, therefore, the benefit that our users should have received during that period. It is necessary to point out that there was no work stoppage in the social and child protection system, but the overall health situation in the country, the decline and stagnation of economic development, and the instability that threatened the lives of all citizens, the present fear of something unknown and foreign, which added to the burden our citizens and all those who are in the chain of service provision". - CSW for Berane, Andrijevica and Petnjica

"It affected individual work with children, but it generally contributed to the decline and stagnation of all children who work under special educational programs." - Educational Commission Bijelo Polje

7. EFFICIENCY

Summary of findings:

- ⇒ Despite the increase in the number of social workers appointed to the social work centres, the human resources available are not sufficient to accomplish all the duties contained in the Law on Social and Child Protection and accompanying secondary legislation.
- ⇒ The licensing system for non-public providers remains too complex and burdensome and is an obstacle to the provision of community services.
- ⇒ There is a lack of long-term financing for service providers, who are frequently financed on a short-term 'project' basis leading to a build-up and then loss of skill and experience;
- ⇒ The Law on Child and Social Protection is not clear on which body has the duty to fund community-based social and child protection services as between municipal authorities and central government.
- ⇒ Not all bodies can spend the money allocated to them due to lack of management capacity .

¹²¹ Group Interview, Centre for Social Work, Herceg Novi, 27 October 2022.

¹²² UN Montenegro, Rapid Social Impact Assessment of the Covid Pandemic, 2021 at p.44, The government has used both direct financial resources to support the DI reforms and has also contributed indirectly through cash transfers

- ⇒ Allocation of resources has been effective, but only to a limited extent. One of the major challenges has been the failure of government to commit to continuation of successful pilot projects in a timely manner, leading to loss of function.
- ⇒ Day care centres are successful but do not provide services for sufficient periods of time to enable parents of children with disabilities to work.
- ⇒ There is no legislation providing for a minimum level of services to be provided at local level.

7.1 How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts (Qu 15)

7.1.1 How has the Government used its human resources to support DI reforms (Qu. 15.1)?

The Government has increased the number of social workers, special assistants in schools and ‘repurposed’ some of the staff at residential care institutions to support the reforms. The capacity of CSWs, for instance, has increased during the evaluation period, with numbers of employees increasing by 53.4 per cent between 2011 and 2018.¹²³

The Institute for Social and Child Protection has issued 653 licences for work in the field of social and child protection to 583 professional workers. Out of the 583, 248 were employed in one of the CSWs in Montenegro at the time of submitting the application for a licence. 179 licences were issued for performing basic professional work in the CSWs, and 27 for specialised professional work.¹²⁴ Despite the increase in staff, the human resources available are not sufficient to accomplish all the duties contained in the Law on Social and Child Protection, the Family Law and accompanying secondary legislation and as noted above, social workers report being overwhelmed by the number of cases allocated to them, reducing efficiency.

“The task is for the centre for social work to visit children with disabilities once a month, but it is impossible due to resources, ...laws and ordinances are passed and obligations are imposed that cannot be implemented with limited resources”. - Centre for Social Work, Podgorica

7.1.2 How has the Government used its technical resources to support DI reforms (Qu. 15.2)?

Further obstacles to the provision of community services appears to be the complex licensing system for non-public providers.¹²⁵ The procedures to be followed in applying for a licence are set out in the Rulebook on detailed conditions for issuing, renewing, suspending and revoking a licence for the performance of social and child protection activities. These procedures contained in the Rulebook have been described as too complex and burdensome on already stretched NGO service providers.

“Yes. If they want a license, need to go through very strict procedure through the ministry not just the professionals, but even the space. They ask, do you have a clock on the wall? They are that strict! We started the process in 2017. All professionals working in social policy system needed to pass the professional exam..... That is one requirement for licensing, a drop-in centre needs to have licensed professionals. Then we are talking about space, the way you work, your protocols... it costs too much and, as an NGO, you need to find the money for that. Then the license lasts only one or two years and no one will guarantee that you will get funding again.” - NGO

¹²³ UNICEF., Analysis of the Work of Centres for Social Work in Montenegro, Podgorica, 2019. p 41. Available: www.unicef.org/montenegro/en/reports/analysis-work-centres-social-work-montenegro, accessed 15 November 2022.

¹²⁴ All the professional workers of the CSWs who received a licence to perform specialised professional work, also applied for and received a licence to perform basic professional work Institute for Social and Child Protection data on professional workers in the social and child protection system at the end of 2021.

¹²⁵ The Law on Social and Child Protection provides that services can be provided by non-public bodies if they meet the conditions of performance of the activities and obtain a licence.

While the Strategy on the Exercise of the Rights of the Child notes that '*[t]he system set up to licence service providers and to accredit programmes is not functional enough*' it does not put forward recommended reforms. The result, as noted in the Mapping of Social Protection and Child Protection Services in 2019, is that unlicensed providers continue to operate, raising potential safeguarding concerns.

7.1.3 How has the Government used its financial resources to support DI reforms (Qu. 15.3)?

We face a major challenge - the efficiency of directing financial resources. - Judge of the High Court

Government has used both direct financial resources to support the DI reforms and has also contributed indirectly through cash transfers to support children under the age of 6 and persons with disabilities.¹²⁶ Cash transfers are also available to those living in poverty, but these have remained at a low level.¹²⁷

The provisions relating to funding of social and child protection community services are set out in the Law on Social and Child Protection, Chapter XIV.¹²⁸ However, the provisions in Article 154 of the Law relating to the financial obligations of central and municipal governments lack clarity, as discussed in section 8.6.2. Further, funding from government for community services run by non-public providers are often short term, leading to uncertainty amongst providers as to whether they will be able to continue providing the service.

Concern was also expressed by interviewees as to the efficiency of spending: "*We spend much more on providing financial support to families, but we do not analyse what we get for that money, what are the effects of spending those funds*" - Member of Parliament.

Responsibility for financing residential institutions is, however, clearly defined as falling on central government, with additional services provided by some municipalities and relying on cost-sharing.¹²⁹ The residential care institutions and the day-care centres reported adequate funding though in the case of Ljubovic the funding appears to offer a disincentive to deinstitutionalisation.

"We finance ourselves in the following ways: we get 350 EUR per user - which covers transportation, food, clothes, and shoes, everything is financed that way. Until half a year ago, it was around EUR 220 per user. The salaries of the employees are the only ones obtained from the budget, and all other costs are covered by us from the stated amount per child..... So, we can't talk about DI when there is no budget for the regular costs of maintaining the space, electricity and ... everything else. It turns out that it is better for us to have more users, because our budget is bigger - but realistically, our costs are the same. If we had 5 or 25, the costs of heating, electricity, etc are the same" - Ljubovic residential institution.

Detailed data on expenditure on different aspects of the reform programme by municipalities and MoLSW was not available for this evaluation,¹³⁰ and cost analysis did not form part of this evaluation. However, it was noted in 2019, that there no dedicated funds for the development and financing of social and child protection services,

¹²⁶ World Bank, EU and UNICEF, Social Protection Situational Analysis, 2022. The personal disability allowance, a similar, significantly more generous allowance only for those deemed severely disabled by a medical commission, and the allowance for their parents or guardians, each account for the equivalent of about 0.1 percent of GDP in 2019.

¹²⁷ World Bank, EU and UNICEF, Social Protection Situational Analysis, 2022, p.12.

¹²⁸ For further details see The Rule on the Amount of Funds for Development, that is the Financing of Social Services and Child Protection Services and Criteria for their Distribution, based on Article 156 of the Law on Social and Child Protection, 2015.

¹²⁹ World Bank, EU and UNICEF, Social Protection Situational Analysis, 2022.

¹³⁰ It is noted in the Strategy for the Exercise of Children's Rights that the Public Finance Management Programme 2016-2020 includes the development, amongst other things, of a detailed work plan 2018-2019 with an action plan and guidelines/manual for the implementation of the programme's budget (www.gov.me.ResourceManager). This means that a uniform presentation of data on special allocations for children, by programmes and projects related to them, can be expected during the implementation of the Strategy for Exercising the Rights of the Child 2019-2023. This was not available for the evaluation.

which significantly limited their development.¹³¹ This is a clear inefficiency, leading to uncertainty in service provision with consequent impact on child beneficiaries of the services.

7.1.4 To what extent has this allocation of resources been effective in supporting DI reform efforts (Qu. 15.4)

“The strategies and legislation are in a good place, but from the start the big challenges were implementation, in that the plans were not costed. Usually, funds would be provided from the donor funds which means the expected strategies were not directly linked with the government or implementation body” – Ombudsman.

The allocation of resources has been effective but to a limited extent. One of the major challenges to efficient community services has been the failure by government to commit to continuation of successful pilot projects either at all, or in a timely manner, leading to discontinuation of the service and with it, support to children and families. One example of this is the FOS piloted in 2016 by UNICEF, which provided intensive support to families with children at risk of abandonment, neglect or abuse. In 2019 the Ministry of Labour and Social Welfare Activity report noted that *“65 families with 184 children, 23 (13%) under the age of 3, benefitted from the service, and no child was removed from their family while in the programme.”*¹³² Following the cessation of UNICEF’s funding, the service was funded by an NGO.¹³³ The Government committed to funding this service in all municipalities in Montenegro in its Strategy for the Protection of Children from and Prevention of Violence (2017–2021). However, to date no funding has materialised and the service has not functioned since 2021.¹³⁴

A further challenge to efficient and effective use of resources relates to the organisation of services. For instance, day care centres are widely viewed as having been a highly successful reform and support children with disabilities living in the community (and particularly children who are not accessing a mainstream education).¹³⁵ While these services are successful, they are seen as *‘an auxiliary and support service’*¹³⁶ (i.e., part time), rather than a full day service, which means that parents and families are left providing high levels of care themselves. The part-time nature of the day care services and the lack of development of respite services for families of children with disabilities, places a significant strain on the family, and in many cases, causes poverty, as at least one parent has to be available to care for the child rather than working.

UNICEF has noted that there is currently no legislation providing for a minimum level of services to be provided at the local level and due to the high administrative burden and high fixed costs associated with social service provision, municipalities often resort to providing families with one-off monetary support rather than funding ongoing services.¹³⁷ This is a short-term solution and unlikely to be effective and thus not an efficient use of resources.

¹³¹ Analysis of the Work of Centres for Social Work, 2019 p.32.

¹³² UNICEF, An Overview of Early Childhood Development Services in Montenegro: Summary Report, Podgorica, 2021, p 33. Available: www.unicef.org/montenegro/media/21941/file/An%20overview%20of%20early%20childhood%20development%20services%20in%20Montenegro%20Summary%20Report.pdf, accessed 15 November 2022.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ Key Informant Interview, National Association of Parents of Children and Youth with Disabilities in Montenegro (NARDOS), 28 October 2022.

¹³⁶ Ibid.

¹³⁷ UNICEF International Institutional Consultancy to Conduct an Assessment of the Social Protection System in Montenegro, 2021.

7.2 Retrospectively: What resources (national, EU, other donors) were available to carry out DI (Qu.16)? What have been the transition costs, covered by whom and for how long (Qu. 16.1)? How, what and how much of the resources have been ringfenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors (Qu. 16.2)?

The resources available for the programme are set out in Section 2. Comprehensive data on transition costs are not available for the reasons specified in Section 2. It is also not possible to provide an answer on ringfencing and allocation / transfer of costs saved from closing institutional care to community-based care, as the data is not specific enough and involves sums of money held by and spent by a number of different governmental and non-governmental bodies.

8. COHERENCE

Summary of findings:

- ⇒ The child care reforms have been highly coherent
- ⇒ At national level there is currently no effective inter-sectoral coordination structure amongst the different ministries. There are weak lines of accountability and supervision, and limited human and financial resources and capacity for coordination. The Council for Children's Rights could assist the MoLSW by monitoring coordination but would need a clear remit to do so.
- ⇒ The major challenges to cooperation and coordination at local level appear to be lack of operational teams, regular meetings between the different actors and the failure of local government to consult adequately with service providers and beneficiaries on local need for services.

8.1 Who were the key influencers / who needed to achieve the needed changes which led to DI reform (Qu.17)?

At the start of the reforms, the key influencers in the process of DI reform were UNICEF, UNDP, the EU and to a lesser extent, the UN Committee on the Rights of the Child. Those who needed to be influenced were primarily the members of Parliament (whose influence and ownership were needed to pass the Law on Social and Child Protection and secondary legislation), members of the government including MoLSW MoE and MoH, municipalities, NGO service providers, the residential institutions and the public.

8.2 To what extent did various Government (e.g., social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors (Qu. 18)?

Alignment of aims and strategies

At national level, the MoLSW is responsible for coordinating the reforms. MoLSW, MoE and MoH have been very active in developing strategies and programmes relating to the DI reforms, but there is not always alignment between the strategies of the different actors. The Analysis of Cross Sector System Support for Children with Disabilities notes that:

"There are a high number of strategic documents and they are too fragmented between various target groups. This makes the follow-up process and the coordination of monitoring processes very difficult...Some of the major problems include cross-sectoral cooperation..."

A move towards enhancing coherence in strategies relating to children can be seen in the Strategy for the Inclusion of Roma and Egyptians 2021-2025 which provides for an inter-institutional working group to monitor the implementation of the Strategy, which is expected to meet at least four times a year. However, the EU¹³⁸ commented in 2021 that sector strategies still need to be more coherent, and that there needs to be less emphasis on a project approach and greater emphasis on sectoral or thematic approaches.

Coordination of the various Government (e.g., social services, health and education) and non-government actors

"I was lucky enough in my professional career to work with the central and local governance ... and have insight into these different systems....What was appalling and surprising was the lack of cooperation between the state, the local levels, and various sectors and agencies. As you may imagine, I have spoken with a number of researchers and a number of authors working with various consultancies and many are surprised to know parallel systems exist across different levels and places without cooperating with one another" - Ombudsman

Coordination of the reform programme sits with the MoLSW. The Strategy for the Exercise of the Rights of the Child anticipates that the changes in the organization of the MoLSW and the formation of the Department for Children and Youth within the Directorate will result in better coordination. In addition, one of the goals of the Strategy is the enhancement of inter-departmental and inter-sector coordination. In order to achieve this, the Strategy has set out a number of operational objectives, including:

- ⇒ The number of operating systems belonging to different line ministries, public institutions and MONSTAT that are linked and continuously exchange data on children.
- ⇒ The level to which a functional, centralized and comprehensive system for collection of data on children is developed.
- ⇒ The establishment of a Secretariat for the Council of the Rights of the Child.
- ⇒ Allocation of funds for the work of the Council.

The Council for Children's Rights was re-established by a governmental Decision on the Council for Children's Rights (Official Gazette 34/21) in 2021. This body was originally established in 2009, as an inter-sectoral coordination body to monitor the implementation of the CRC. The Council is chaired by the Prime Minister. While its role is to protect all children's rights, rather than coordinating the childcare reforms,¹³⁹ proposed 'Measures' provide for strengthening the social and child protection sector for effective coordination of the protection of children from violence. The Measures have three important components for childcare reform: first, they require the MoLSW to develop proposals for Strategies for the Prevention and Protection of Children from Violence 2024-2028. Second, '*improve the implementation coordination mechanism for the Strategy*' and third, ensure timely financing of priority measures contained in the Strategy. While the new Strategy is likely to cover a wider range of children than those who are the subject of the childcare reforms, nevertheless there is a clear overlap with the childcare reforms. The proposed coordination body for the Strategy could also play an important role in improving coordination of the childcare reforms.

In a further move to improve coordination, a business council of UNICEF was established in June 2021 to improve the coordination of the private sector and UNICEF.

At sub-national level, many stakeholders were unhappy with the level of coordination between different bodies.

"There are no local teams. We do not have good cooperation with the local self-government. We should participate together in the creation of policy. The municipality develops its services, but they do not include

¹³⁸ In Annex 1 to the Commission Implementing Decision on the financing of the annual action plan in favour of Montenegro for 2012.

¹³⁹ In July 2021 the Council for Child Rights set up a working group for early child development and for children with disabilities. There is no information on the outcome of these working groups.

us... We used to have multidisciplinary teams and their work was very important. But suddenly, it was decided to stop their work and start a new system, that is more demanding and less productive... Coordination methods are not clearly defined, and cooperation is traditionally poor." Focus group interviews with CSWs.

Part of the problem relating to coordination stems from the legal framework. Although the Law on Social and Child Protection designates the CSW as the body responsible for coordination of all the local community actors in the provision of services the Law '*does not provide a systematic mechanism of coordination, nor the responsibilities of representatives of other systems to respond to the invitations of Centres for Social Work, which means the involvement of other actors remains at the level of their willingness*'.¹⁴⁰

9. SUSTAINABILITY

Summary of findings:

The EU and UNICEF have had, and continue to have, a major influence on the reforms, contributing to sustainability.

9.1 Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability (Qu. 19)?

The EU is a key reform partner and has influenced and will continue to influence the child care reforms implementation, performance and sustainability. The EU under IPA I and IPA II were by far the largest funders of the child care reform. The IPA III programme is under preparation. Areas of work have been planned but detailed actions and other documents are yet to be developed and finalised. The level of funding for Montenegro under IPA III is not clear at the time of writing nor what, if any, of the funds will relate to the child care reforms.

Provided that the Government maintains its desire to become a member of the EU, and continues the accession process, it is likely that the reforms will be sustained and further reform can be anticipated. It is also important to note that those working in the child protection system have also 'bought-in' to the reforms, and in particular, the undesirability of using institutional care for children.¹⁴¹ The change in attitude amongst those working in the child protection system inevitably influences the sustainability of the reforms.

Regardless of the level of funding, some of the reforms must already be regarded as sustainable. These include the legal changes contained in the Law on Social and Child Protection, the closure of large residential institutions¹⁴² and inclusive education for children with disabilities.¹⁴³ The most vulnerable element of the reforms in terms of sustainability are community-based services, including the day care centres and other family support services. These are vulnerable in times of economic downturn, changes of government with changes in levels of agreed funding and a lack of clarity as to responsibility for funding between national and sub-national government.

9.2 What is UNICEF's role in the sustainability of the DI reforms (Qu.20)?

UNICEF has played a highly important role in ensuring sustainability of the reforms through its continuing assistance with respect to policy, legal and practice reform. Its role has been multi-pronged but is underpinned by its good working relationship with the Government, non-governmental bodies and donors, and its effective and highly relevant technical assistance and support across all areas of the reforms. UNICEF can continue to add

¹⁴⁰ UNICEF, Analysis of the Work of the Centres for Social Work in Montenegro 2019, p.39.

¹⁴¹ UN Guidelines for the Alternative Care of Children

¹⁴² See Section 6.8.1 of this report.

¹⁴³ See Section 7.7 of this report.

value recognising that the reform process is now in a complex phase, where progress needs to be sustained and efforts to prevent family separation and end placement of children in large scale residential institutions need to be reinforced.

10. CONCLUSIONS

Montenegro has invested heavily in child care reform and deinstitutionalisation over the period 2009 – 2022. The programme was ambitious and involved a comprehensive reform, with multiple components. The reforms have brought about a dynamic transformation of the child care system and has been of real value to its beneficiaries. The significant successes include deinstitutionalising children from residential care, developing community-based services, including day care centres for children with disabilities, and doubling the number of children with disabilities included in education. It has also built up the capacity of the social services workforce, introduced standards for social work professionals and service providers.

The outputs of the reconstructed TOC were valid and reflect the reforms. The outcome, while relevant and to be aspired to, was not fully achieved. Much progress was made, however, and there was a clear impact on children, especially the most disadvantaged.

Despite the outcome not being fully achieved, the reforms over the period of evaluation have resulted in a paradigm shift from institutional to family and community-based care, though the context in which the various programmes have operated has presented a number of challenges, including the COVID-19 pandemic and political instability. There is still a need for further reform in order to ensure an effective and efficient child protection system which fully protects children. The CSWs are not able, at this point in the reforms, to offer an adequate range of quality services to vulnerable children and families, due to understaffing, organisation and their wide functions. Further, community services are under-developed and, in many instances, reliant on uncertain funding. In addition, there remains a lack of good quality family-based alternative care services to meet the needs of vulnerable children.

While greater attention has been paid to the needs of children with disabilities, there is still a lack of information on the extent to which their needs are being addressed: in particular the extent to which children with disabilities are included in education (as opposed to children with special education needs) and their ability to access day care services if they are not receiving education. In terms of accessing education, more detailed data is required to determine the extent to which children with functional difficulties are being included in education, and the numbers who are not. Evidence indicates that day care centres are heavily over-subscribed and that children are placed on a waiting list. There are various reasons for this, but one is undoubtedly the lack of placements for young adults, who remain at the day care centres after the age of 18, leaving no space for new child entries. There is a need to develop separate adult and child day care centres, not only to ease the waiting lists, but also to ensure that children are adequately safeguarded and their individual needs met. There is also a need to develop a wider range of services, such as home help services and respite care and to undertake better monitoring of day care centres, particularly the quality of service provided.

With regard to ethnic minority and other hard to place children, there is poor enrolment in secondary school, an issue that requires further investigation to determine the steps that could be taken to encourage a greater level of enrolment.

10.1 Relevance

Overall, the objectives, pre-conditions, pathways, change strategies/approaches and implementation modalities of the reforms were found to be relevant to the programming context. The reform was also found to be largely relevant to the priorities and needs of stakeholders and beneficiaries.

A major aspect of the child care reform programme's relevance was its comprehensive approach as contained in the three TOCs. The programme addressed the 'building blocks' of a child protection system, including policy

development; the development of a new law (the Law on Social and Child Protection and the Family Law) and accompanying secondary legislation; changes to the institutional framework (including some decentralisation of services); development of child protection standards, quality assurance and monitoring mechanisms, capacity building of professionals in the child protection system, deinstitutionalisation and the transformation of residential institutions for children as well as the development of prevention mechanisms, family support and community-based services for children and inclusion of children with disabilities in mainstream education.¹⁴⁴ The programme was highly relevant in that its constituent parts were designed to meet the needs of likely child beneficiaries and to produce a rights-compliant child protection system which uses deinstitutionalisation as a last resort. UNICEF added considerable value by supporting Government to take a holistic approach relevant to the Montenegrin context. The government have indicated their intention to continue focusing on enhancing the comprehensive reforms going forward.

10.2 Effectiveness

The child care reforms have made a significant contribution and has been effective, as demonstrated by the results achieved between 2009-2022, especially in terms of developing a legal framework; public awareness raising; deinstitutionalising children; the inclusion of children with disabilities in mainstream education; the development of community-based services, including the day care centres and resource centres, and in developing the capacity of the centres for social work. Some but not all the outputs contained in the TOC have been achieved, but challenges remain.

The Law of Social and Child Protection passed in 2013 requires a number of amendments. Implementation of the Law and the reform process has highlighted gaps and inconsistencies in the Law. The process of amendment is currently taking place but needs to be pursued actively in the next phase of the reforms. In particular, the Law needs to redefine and narrow the categories of children who must be reported to the CSWs to enable them to focus on children in need of protection.

Although the capacity of the CSWs have been enhanced, recruitment and retention of social workers continues to present a challenge. At present, social workers manage very heavy work-loads which impedes the effectiveness of their work with children. This is largely due to the generic nature of their work, covering adults as well as children, managing benefits and cash transfers and administrative duties. To ensure that social workers can provide effective services to vulnerable children and children with disabilities they need to be relieved of some of their tasks, and be allowed to specialise, particularly in providing social work with children. Job descriptions, responsibilities and working practices may need to change to enable social workers to take a more pro-active approach. A more focused role and a lesser case load may also encourage recruitment and retention.

Community services have been developed over the course of the reform and are now available in all areas of the country. Day care centres for children with disabilities are regarded as an effective part of the child care reforms but with limitations. The quality of service offered and the extent to which it meets the child's individual needs is not monitored and the centres are only open for limited hours and have long waiting lists. Improving the quality of services and increasing the hours offered by day-care centres would benefit children, permit more parents to work, improve income, reduce caring responsibilities and help parents keep children with disabilities in the family. Respite care is particularly important for families of children with disabilities and is envisaged under the Law on Social and Child Protection. It should be provided as part of the development of services for children with disabilities. Resource centres could possibly be suitable places to offer short periods of respite care, perhaps one weekend a month.

¹⁴⁴ Child Care System Reform Final Narrative Report 2014.

The number of non-relative foster carers has increased over the period of reforms, particularly following the Every Child Needs a Family campaign, but the numbers coming forward as foster carers has decreased since the end of the campaign. Ensuring that there is adequate provision of non-relative foster care is essential if further deinstitutionalisation is to take place. Services such as social work and health worker support, respite care and greater financial payments for the provision of care (and not just the costs of the child), which recognises the nature of the task foster carers are taking on and their specialism and experience are all likely to be needed. This was recognised in a Foster Care Review undertaken in 2020, which called for a new, integrated model for foster care and the creation of a Centre for Foster Care (CFC), which would be responsible for foster parent recruitment, training and assessment and continuous professional support for foster parents. An integrated model reflects best practice, and should be aspired to in Montenegro, but this may take some time. In the meantime, UNICEF and the Government should seek external technical assistance in developing further, innovative, recruitment campaigns for foster carers, and to advise further on training and retention of foster carers.

A number of other key challenges to the effectiveness of the reforms, which need to be addressed by Government are set out in the Strategy for the Exercise of Children's Rights. These include the need to reduce institutionalisation still further; the provision of better support services for families living in unfavourable conditions, especially the reintroduction of the FOS; improved monitoring of children in alternative care settings; addressing the functioning for the system to licence and the accreditation of service providers as well as improving the scope and quality of support to biological families to prevent separation. In addition, the Government needs to finalise the DI Strategy and develop an Action Plan.

The UNICEF CP 2023-2027 recognises these challenges and continues to support the Government to address them.

10.3 Efficiency

The reform programming approach has been relatively efficient over the period of the evaluation up until the COVID-19 pandemic and the change of government, since when the efficiency in progressing the reforms slowed down.

There are a number of causal factors which have caused inefficiencies in the delivery of the reforms. These include insufficient human resources to accomplish the range of reforms in the programme, especially understaffing in the centres for social work, complex licensing and accreditation procedures for non-public providers. In terms of financial resources, there is some evidence of insufficient capacity to absorb and spend funds appropriately and on the part of the government, to provide funding in a timely manner, leading to loss of successful pilot projects and discontinuance of services for children. A lack of clarity on responsibility for funding community-based services as between municipal and central government is also a cause of inefficiency, with most municipalities unable to fund the range of community-based services that they are obliged to provide under the Social and Child Protection Law. These inefficiencies could be addressed by a greater investment in financial management at both central and sub-national level, and reform of the working practices of the CSWs.

10.4 Coherence

The childcare reforms involve multi-disciplinary stakeholders both at central and sub-national level and requires effective collaboration and coordination across the social welfare sectors, health and education. The coherence of the child care reform programme has been impeded by a lack of cooperation, particularly at sub-national level, and lack of a strong coordination and monitoring mechanism at national level.

A number of strategies, evaluations and EU documents from 2009 right up until the present time refer to the relatively weak coordination mechanisms across the ministries¹⁴⁵ and between municipalities and service providers at sub-national level. Service providers, both governmental and non-governmental commented on the lack of cooperation and consultation from municipal authorities, a view corroborated by the Strategy on Exercise of Child Rights which recorded the lack of cooperation between government and civil society as a key challenge.¹⁴⁶ A lack of regular meetings and consultations between different bodies at both central government and sub-national levels has affected coordination. In addition, coherence of the programme is exacerbated by the lack of data exchange relating to the reforms between the different ministries and stakeholders. Both coherence and coordination need to be strengthened to ensure coherence. The duty to coordinate the child care reforms lies with the MoLSW, while the relatively new Council on Child Rights located in the Prime Ministers Office has the remit of protecting the rights of the child. The Strategy on the Exercise of Child Rights 2019-2023 envisages the new Council taking an active role in coordination at national level but, as the present time, this has not happened.

At sub-national level, coordination remains poor. CSWs need to be given a clear role to coordinate child protection and child care within the municipality.

10.5 Sustainability

The impact of the EU accession process and UNICEF's input have been highly influential in the reforms, many of which have now reached the point of sustainability. These include the legal framework, the institutional framework, the provision of foster care, day care centres and inclusive education for children with disabilities. Other aspects of the reform, and especially community services developed under the reforms, have not shown themselves to be sustainable as yet.

Underlying UNICEF's influence has been the good relationship with Government, the Government's ownership of reforms and the buy-in of the majority of stakeholders to the reforms. A key challenge for UNICEF will be to continue high-level advocacy with Government to ensure that the reforms continue to move forward, do not stagnate and are fully funded. UNICEF will also need to continue working with MoLSW, providing technical assistance and support to reinforce gatekeeping mechanisms, to expand family support services and develop diverse foster care options for children without parental care. Reforms of this nature require a long-term commitment and are likely to require that UNICEF continue to prioritise childcare reform and deinstitutionalisation in their next country programme post-2027.

11. LESSONS LEARNED

The findings of this evaluation indicate that Montenegro has taken significant steps toward achieving comprehensive child care reforms, with a focus on deinstitutionalisation, particularly of children with disabilities and hard to place children.

Behaviour change campaigns

While some awareness raising / behaviour change campaigns are likely to have long lasting impact, the impact of most commonly wanes with time. Reform programmes that tackle contentious social issues need to repeat their behaviour change campaigns, possibly a number of times and in different forms, in order to change social attitudes.

Foster care

¹⁴⁵ See for instance, the Strategy for Social and Child Welfare Development in Montenegro 2008 -2012. Fostering System Review 2020.

¹⁴⁶ Strategy on the Exercise of Children's Rights 2019-2023, p.38

Recruiting and retaining a sufficient cadre of non-relative foster carers and particularly foster carers willing and able to foster children with disabilities and hard-to-place children is frequently a challenge. The State needs to ensure that there is adequate training and support for foster carers before children are placed with them and while the child remains with them, especially when the stability of the placement is at risk and when children have complex needs. Each foster family needs an allocated social worker and access to local support groups for families where experiences can be shared with other foster parents and advice provided by social workers.

Social workers

As professionals and community members have an increased understanding of child protection this is likely to lead to a commensurate increase both in the number of referrals being received and the complexity of the referrals. The body responsible needs to be able to respond to the increased referrals without overloading the social services workforce. In particular, social workers need the space and time to deal with cases carefully and effectively. An over-heavy case load or a heavy administrative load is likely to lead to crisis management rather than thorough exploration of how the family can be supported to care for their children. Social workers should be recognised as specialists and helped to fulfil their role by ensuring that to the greatest extent possible they are relieved of administration and tasks that do not require their skill and experience. The need for administrative support should be anticipated when planning for the workforce.

Legal reform

Passing a Law relating to childcare reforms and deinstitutionalisation provides a framework for reform. It is common however for laws to need amendments over time to reflect new realities as well as gaps and omissions in the original law. Recognising that amending a law can be slow and time consuming, an ongoing reform programme needs to build in the likelihood that amendments will be needed and the mechanism by which that can be achieved.

12. RECOMMENDATIONS

The recommendations below were developed as a result of the field research, from discussions with key informants and beneficiaries and through consultation with UNICEF and the ERG.

Short-term is defined as up to one year, medium-term as one to three years, and long-term over three years.

Recommendation	Duty bearer	Short, medium or long-term
Complete and implement the Action Plan to accompany the Strategy on the Exercise of Child Rights at least in relation to childcare reform and deinstitutionalisation.	MoLSW, MoE,	Short-term priority
Increase accountability for reforms: The Council for the Rights of the Child as the national inter-ministerial body should take on responsibility for monitoring implementation of the childcare reforms and DI, with MoLSW and the Institute reporting to the Council on progress made. The existing membership, which includes all the relevant ministries should ensure a strong line of accountability. This may involve a change in terms of reporting, which could, if necessary, be provided for in the forthcoming amendments to the Law.	Council for the Rights of the Child; MoLSW, MoE, Institute for Social and Child Protection, Parliament Committee on Human Rights and Freedoms	Short-term
Monitoring: Prioritise the operational objectives of the Strategy on the Exercise of the Rights of the Child in relation to monitoring and reporting of results and, in	MoLSW, MoE, MoH, Council for the Rights of the Child, Institute	Short term to medium term

particular, link the number of operating systems belonging to different line ministries, public institutions and MONSTAT to enable continuous exchange of data on children.	for Social and Child Protection	
Deinstitutionalisation: The Government has committed to further DI. It is recommended that in continuing DI, the age at which children can be placed in residential care is progressively increased. For the next phase of reforms (ie the next 5 years), children under the age of 7 should not be placed in residential care. Once this has been achieved, the age should rise to 13. This will require the recruitment of more non-relative foster carers, particularly for children with disabilities.	MoLSW and Institute for Social and Child Protection	Medium - Long-term
Reform of the CSWs: <ul style="list-style-type: none">• The recommendations of the Analysis of the Work of the Centres for Social Work should be implemented fully by Government.• Government should undertake a review of the role and tasks of social workers in the CSWs as a matter of urgency.• Social workers should be relieved of involvement in the provision of benefits and cash transfers or general administration in CSWs. This may require structural reform of CSW and changes in responsibility and job descriptions.	MoLSW and Institute for Social and Child Protection	Short term – medium term
Provision of services: <ul style="list-style-type: none">• Review the use of day care services to assess:<ul style="list-style-type: none">⇒ The length of waiting lists faced by children with disabilities;⇒ The extent to which children with disabilities at day care centres could be supported in schools;⇒ The costs of expanding the hours of operation• Plan for and develop home assistance and respite care services linked to the day care centres for children with disabilities.• Municipalities should plan the funding of community-based family support services on a 5-year rolling basis both to ensure build up of skill, certainty of provision and sustainability.	MoLSW, MoE, MoH and municipalities	Medium term
Legal reform: <ul style="list-style-type: none">• Amendments to the Law on Social and Child Protection, should include: removal of placement for under-3s in exceptional cases, and a new provision prohibiting placement of children under the age of 7 unless part of a sibling group;• Clarity on the allocation of financial responsibility between central government and municipalities to ensure sustainability of services• Imposition of a statutory duty on local government bodies to cooperate with CSW when requested to do so.	MoLSW, MoJ and UNICEF	Short term
Alternative care: <ul style="list-style-type: none">• In order to recruit more foster carers, it is recommended MoLSW commission an expert, external body to assist with recruitment of foster carers and especially foster carers for children with disabilities, and to advise on the necessary training and support services to ensure the retention of such foster carers.• Support groups for foster carers should be established and supported in each self-government area to enable foster carers to share problems, give each other support and tips and seek help from their social worker when required.	MoLSW UNICEF Municipalities	Short term – medium term

• More attention should be given to social work and financial support to kinship carers		
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