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Long-term care for older people

Montenegro

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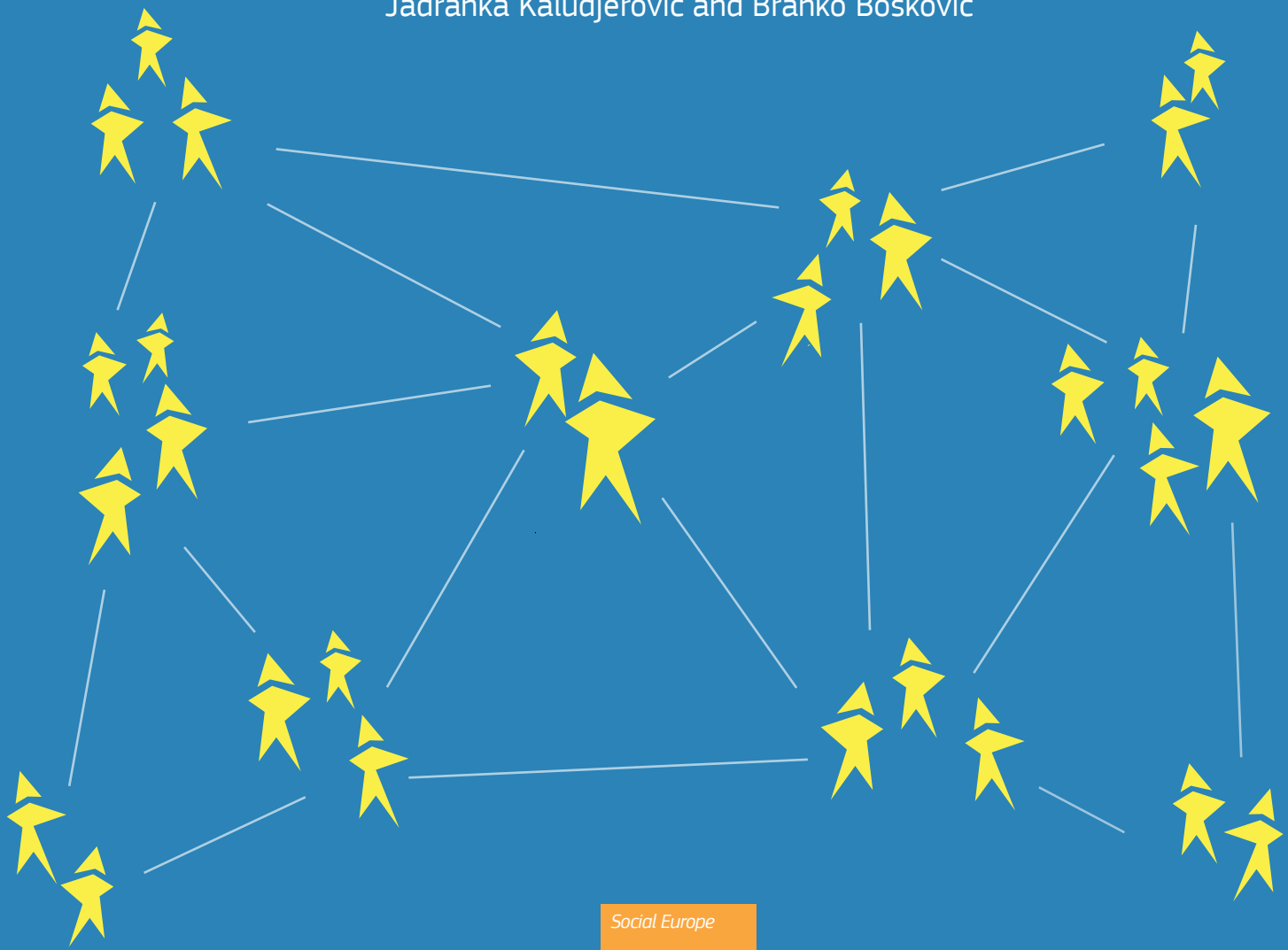

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European Social Policy Network (ESPN)

ESPN Thematic Report on long-term care for older people

Montenegro

2021

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Directorate-General for Employment, Social Affairs and Inclusion

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Highlights

- The number of elderly people in Montenegro has been on the rise and a similar trend is expected in the following decades. Depending on fertility and mortality trends and levels of migration, the share of people aged 65+ in 2061 would range from 23.6% to 28.5% of the population.
- Long-term care (LTC) for the elderly is not a distinct social policy field in Montenegro. Social protection of elderly people is organised as a part of the integral system of social protection, which is under the jurisdiction of the Ministry of Work and Social Welfare. Healthcare is provided under the health system, which is under the jurisdiction of the Ministry of Health. Services are provided by public, private (profit and non-profit) organisations and individuals.
- The financing of LTC is centralised and all public service providers are financed from the national budget. Social protection is fully financed from the central budget out of government revenues, while healthcare is mainly financed from contributions.
- There is a legal obligation for adult children to care for their parents (Law on Social and Child Protection, 2017). Because of that, but also due to cultural norms, LTC is mainly provided by informal carers, mainly family members of the care-dependent person.
- The normative and quality framework has been improved, especially since 2017. There are 13 centres for social work and 27 licensed service providers in Montenegro. All institutions that provide care have to be licensed. However, other providers face difficulties obtaining a licence, due to their inability to meet the human resources and structural criteria required.
- Personal care workers and assistants have to be licensed in order to work in specific areas of social care. The Institute for Social and Child Protection provides a number of educational opportunities for personal care workers. However, research has shown the presence of multi-tasking and work overlap, suggesting a need for further improvements in order to achieve optimal service quality.
- LTC in Montenegro is still being developed, and there is a need to ensure the quality of service provision. Current and future users should be more aware of the possibilities they have. People with disabilities face additional social risks due to their vulnerability.

1 Description of main features of the long-term care system

1.1 Demographic trends

The share of people aged 65+ in Montenegro was 15.1% in 2018; the share among women was higher than among men, at 17% and 13.1% respectively (Monstat, 2019). The share of people aged 65+ in Montenegro has been increasing: from 13.5% in 2014, to 13.9% in 2015, 14.2% in 2016 and 15% in 2017. The share of older people in the total population is higher among municipalities in the northern region. Analysed by demographic age, according to 2011 census data, out of (at that time existing) 21 municipalities in the country, seven had an average population aged over 40 and out of those five were located in the northern region. In addition, the only municipality that had an average population age of over 43 was the Rozaje municipality, which was also located in the north (Monstat, 2011). In 2016, the share of people with difficulties or disorders due to a long-term illness or disability was 40% for people aged 65 to 84, and 61% for those aged 85+ (Ministry of Work and Social Welfare, 2016b). The most common cause of inability to complete everyday activities, for the population in total, was illness (6%); 1.2% gave age as the major cause and 1.2% pointed to work-related injuries (*ibid*). There were 474 users of services in residential care units in 2018 (Institute for Social and Child Protection, 2019c).

The current strategic framework in Montenegro stresses the need for further adaptations of elderly care due to an increasing number of older people and an increase in life expectancy to 77 years in 2018 (Monstat, 2019). There is a need to create more integrated services, given the increased risks that older people face, so that increasing demand for services can be met adequately. Some of the most important measures that should be pursued include developing services for older people, supporting innovative services, and improving the quality of life of older people who are placed in social care institutions (Ministry of Work and Social Welfare, 2017).

The Statistical Office of Montenegro (Monstat, 2014) prepared 2011-2061 population projections based on assumptions regarding mortality trends, fertility trends and migration. Based on different assumptions regarding these variables, seven different scenarios have been developed. According to the results of the projections, the population of Montenegro could range between 747,000 (a high-fertility scenario) and 469,000 (constant scenario) in 2061. In all of the scenarios developed, population ageing is evident, with differences concerning the intensity of the ageing process. The ageing process would be the most intense in the case of a low-fertility scenario, while it would be the slowest in a scenario based on constant mortality. In the case of a low-fertility scenario, the share of people aged 65+ would be 28.5% in 2061, while in the case of constant mortality it would be 19.5% (Monstat, 2014).

In more detail according to different scenarios, the following share of people aged 65+ is projected: low fertility (1.4) – 21.3% in 2036 and 28.5% in 2061; intermediate fertility (1.85) – 20.7% in 2036 and 25.6% in 2061; high fertility (2.2) – 20.2% in 2036 and 23.6% in 2061; and zero migration combined with intermediate fertility – 20.8% in 2036 and 27.7% in 2061 (Monstat, 2014).

Regardless of regional differences in the future intensity of ageing, the population of all Montenegrin regions, as well as the whole of Montenegro, will most certainly have an average age of 40 or more until 2061 (Monstat, 2014).

1.2 Governance and financial arrangements

There is a legal obligation on adult children to care for their parents under the Family Law (2007). According to it: 'Children are required to support their parents who are unable to work and do not have sufficient means for living or cannot obtain them from existing property'. In cases where members of the family are not able to provide support, the state provides it.

Long-term care (LTC) for the elderly is not a distinct social policy field in Montenegro. Social support for the elderly is defined by the Law on Social and Child Protection (2017), which defines the available services, providers and population groups that are covered. LTC for elderly people is regulated as an integral part of the system of social protection, with some services dedicated to the elderly, and others which cater to all age groups. The system of social protection is based on the principles of: protecting integrity and dignity; anti-discrimination; timely information-sharing; individualisation; active participation of the user in line with their interests; prevention of institutionalisation; pluralism and the availability of services; partnership of service providers; and transparency (Law on Social and Child Protection (2017)).

The Ministry of Work and Social Welfare defines the institutional framework for LTC. Centres for social work are responsible for: deciding on the rights to social and child care; assessing the conditions, needs and risks of users and other relevant people; assessing carers; and creating individual plans for users (Law on Social and Child Protection (2017)). There are 13 centres for social work, some of which are responsible for more than one municipality, depending on the number of residents. There are no significant differences in the number of users in the three regions of Montenegro (northern, central and southern). However, due to increasing demand for residential care services, the government is trying to increase the capacity of existing homes for the elderly and is building new ones (Ministry of Work and Social Welfare, 2020).

Public financing is the main source of funding for social and welfare services. The legal framework allows for the possibility for, but does not place an obligation on, local government to provide additional forms of protection, if funds are available for such a purpose. The national government decides on the allocation of budgetary funds for social protection and allots them to public providers. Municipalities are free to decide how much they allocate to social assistance. This results in insufficient participation by local government in the development and financing of social protection. Consequently, one-time financial assistance to users is mainly provided at the local level, and municipal institutions in charge of the process decide on the type, conditions and procedures for the assistance (Law on Social and Child Protection (2017)).

The criteria for determining the price of services provided by public institutions are defined by the state or a municipal institution responsible for the specific service; other providers are able to determine prices independently. For community-based care, counselling/therapy and socio-educational services, users (or relatives who are their carers) must participate in paying for the service from their income or assets, unless they are eligible to receive financial benefits. If users or carers are not able to participate with their own financial means, funds are provided from the state or the municipal budget (Ministry of Work and Social Welfare, 2015).

Users of residential care services receive additional benefits for personal needs. The financial participation of the carer is determined by their income, and the user has to participate with all of their available income (Ministry of Work and Social Welfare, 2015). Health services are provided for users of residential care, either in the institution itself or at the closest health centre (Institute for Social and Child Protection, 2019c).

There are no specific institutions in the system of social care in charge of healthcare; the latter is under the jurisdiction of the Ministry of Health. Health insurance is free for all pensioners and is also provided to the users of the following benefits: material security, disability, care and assistance benefits, and placement services (Law on Social and Child Protection (2017)).

Social protection rights related to LTC, as part of family and child support, are completely financed from government revenues. Overall, healthcare is financed mainly from social contributions (80%), and the remainder from the general government budget (20%). Disability benefits are completely financed by the central budget, from the fund for professional rehabilitation for people with disabilities.

1.3 Social protection provisions

Montenegro does not define age as a criterion for social protection provision. All of the services available are provided to people irrespective of age; this is important to stress, because people in care institutions may be younger than 65. Eligibility is needs-based, implying that the need for a service by an individual is determined by their condition and not by their age.

The evaluation of needs is performed by centres for social work. Each person who submits a request for financial support or a service is assigned a case manager, who decides on the case (Ministry of Work and Social Welfare, 2019a). The case manager determines the level of its priority, may inquire further about the case, talk with the family of the individual if there is a need for it, and forms a file that contains all the information about a person. The assessment may last up to 10 days (*ibid*).

An individual's needs are assessed according to the following criteria: the current situation and a person's needs, security, risks, and social history; their family's needs; data on an incident, if it took place; assessment of the person's condition; an assessment of the person's family; an assessment of social factors (employment, earnings, residence, the family's social position and its position in the community); and a summary assessment (Ministry of Work and Social Welfare, 2019a). The case manager prepares an individual plan of services. The plan is re-evaluated every six months after it was prepared during the first two years and subsequently on an annual basis. For people aged 67+, the re-evaluation is performed once a year.

The Law on Social and Child Protection (2017) defines the following cash benefits: a material security benefit; a personal disability benefit; a care and help benefit; healthcare; funeral expenses; and a one-time cash allowance. There is also an allowance for parents or carers of people with disabilities, which is a conditional monthly cash payment. A person with a disability must not be using a placement service in order to receive this benefit. Cash benefits, which are not defined as age-dependent, are available for individuals or their family members in cases when a user is: an individual who is unfit for work and is pregnant; a lone parent; or a child, if he/she fulfils the conditions. The material security benefit is income-dependent and also varies according to household size, ranging from €63.50 for an individual up to €120.70 for a family of five or more members. Provision of a material security benefit is based on an assessment by the centre for social work of the social condition of the family or single parent. People older than 67 who are unfit for work but have assets can sign a life-long contract of support with the centre for social work and, in that case, they will receive material security benefit. The life-long contract ensures the provision of material support to a person by the provider of care (in the case of a centre for social work) until the person's death, after which ownership over their assets is transferred to the care provider (Law on Contracts and Torts (2017)). People with severe disabilities are entitled to a benefit of €178.19 per month. People with a disability and in need of care are entitled to a benefit of €65.35 per month. Users of the above-mentioned benefits are entitled to healthcare coverage (Law on Social and Child Protection (2017)).

1.4 Supply of services

Social and child protection is defined as encompassing activities aimed at securing and providing measures and programmes targeted at individuals and families in an adverse personal or family condition, which includes prevention, help in securing living needs and support. Concerning adults and the elderly, the Law on Social and Child Protection (2017) is specifically aimed at the protection of: people with disabilities; people who abuse alcohol, drugs or other substances; people who were victims of neglect, abuse, exploitation or family violence; victims of human trafficking; homeless people; and people who have additional needs or face a risk due to specific circumstances.

The Law on Social and Child Protection (2017) defines four types of services aimed at elderly people. First, interventions to meet an immediate need, which refer to services provided within 24 hours in order to protect someone's safety, health or development.

Second, community-based services, which are activities that support someone's stay in the family or in the immediate vicinity of it: day care, in-house assistance, living with support, a safe house, personal assistance, and interpretation and translation to sign language. Third, counselling/therapy and social and educational services: counselling, therapy, mediation, an SOS phone and other services concerning crisis situations and family relations. Fourth, placement services for the elderly include: family placement, residential care, shelter and foster care. Placement can be standard, with intensive or additional support, or urgent and occasional, depending on the needs of the person. Placement in an institution is provided for an older person who either cannot secure family or other types of placement, or where such a placement would not be in their best interest.

All of these services may be provided by public institutions, civil society organisations, non-governmental organisations (NGOs), entrepreneurs and individuals. Providing services is dependent on obtaining a licence. There were 27 licensed service providers in Montenegro in 2018: 61% of them were public institutions and 39% NGOs (Institute for Social and Child Protection, 2019d). Services for elderly people were provided in 13 institutions, six of which were public and seven NGOs. Out of six public institutions, three were residential care homes for the elderly. There were 13 centres for social work as public institutions and 59 NGOs that were not licensed.

Non-licensed providers are those that do not meet all the required standards to possess a licence, but do fulfil the basic criteria for providing the service. These providers will eventually have to obtain a licence, which is the same procedure for all service providers, but due the existing demand they are allowed to work. They are able to work because of either a lack of licensed providers in the specific municipality or in order to ensure a multiplicity of services. Non-licensed actors provide support services for community-based living, counselling/therapy and other services (Institute for Social and Child Protection, 2019d). They are available as providers because the aim of the Law on Social and Child Protection (2017) is to provide a multiplicity of services (*ibid*). In 2018, there were eight families providing the service of placement in a family (Institute for Social and Child Protection, 2019a).

Experience shows that NGOs, as service providers, have difficulties in meeting the required conditions for service provision. An analysis of the minimum standards of services in the social and child care system has concluded that, as emphasised by NGO representatives, 90% of civil society organisations do not have the capacity to fulfil the high service standards required by the relevant rules. These especially refer to structural and human resource capacity (Institute for Social and Child Protection, 2020).

2 Assessment of the long-term care challenges in the country

2.1 Access and affordability

There are three public residential care homes for the elderly in Montenegro, with the aggregate capacity to house 549 people. In 2018, there were 474 users in total, with 161 new users compared with 2017 (Institute for Social and Child Protection, 2019c). At the end of 2018, 181 residents were men and 284 women (*ibid*). Out of the total number of residents, 83% were referred by centres for social work and 17% were users who had signed a residence contract with the institution. The services provided were financed in the following ways: by a life-time residence contract (3.44%); fully from the national budget (31.61%); partially from the national budget and partially by users (34.41%); by relatives paying for the service in total (9.25%); by the user and relatives paying jointly (6.67%); by the user paying for the service in full (12.14%); or by other means (2%) (*ibid*).

There were 1,976 users of community-based care in 2019, which was a 31.7% increase compared with 2018 (Ministry of Work and Social Welfare, 2020). In 2018, at-home assistance for the elderly and people with a disability was provided to 1,200 users, day care for the elderly and people with a disability was provided to 200 users, and there were six users of the service of a shelter or a safe house (*ibid*).

The Institute for Social and Child Protection conducted research among users of services for the elderly in 2018, and found that the majority of users (72.4%) stated they were not familiar with the availability of at-home assistance, day care or family placement services (Institute for Social and Child Protection, 2019a). Out of the total number of users, 63.2% stated that placement in an institution was the most suitable service for them. Users of placement in an institution were pleased with it, describing it as the most acceptable service (91.2%); and among those placed in a family, 97.1% stated they would have preferred to be placed in their own relatives' home. The research concluded that there was a need for more efficient means of informing elderly people about existing services, as well as promoting the family placement service, so that interest in such services would increase.

The number of people who are cared for in their families and who are not reported or registered in the official databases is not known, but one may expect this number to be high as well. The number of people receiving some form of care or cash benefit is very low compared with the total number of people aged 65+, especially having in mind the number of people with difficulties or disorders due to a long-term illness or disability. It may be assumed that the major reason behind this is a lack of knowledge; but another factor is the traditional belief that older people should be cared for by their closest relatives.

2.2 Quality

The Montenegrin government is committed to providing quality LTC services, as stressed by the strategy for the development of the social protection system for the elderly (2018-2022). Three policy areas have been in focus.

First, the national quality framework has been improved and updated, and is formulated in line with the criteria defined in the 'Voluntary European Quality Framework for Social Services' from 2010 (Institute for Social and Child Protection, 2018). The process for a provider of social and child protection services to obtain a licence is regulated by rules (first adopted in 2018) on the conditions for issuing, reissuing, suspending and revoking a licence. The aim of the rules was to make the process of licensing easier, so that more organisations can provide services of the same quality, irrespective of their geographic location.

For personal care workers, rules issued in 2017 define the criteria for issuing, reissuing, suspending and revoking a licence for working in social and child care. The rules had a similar aim, because practice showed that previous standards were unattainable and there was not enough interest in licensing. Obtaining a licence is obligatory for both service providers and care workers, for all types of care.

The Law on Social and Child Protection (2017) defines the conditions for service providers to obtain a licence. It is issued by the state institution in charge of a specific kind of care, for a period of six years. The provider must be registered, and the licence defines conditions which the provider has to fulfil in relation to: location, space, equipment, and the number and specific profile of staff for providing the services. The option of limited licensing for a period of three years exists, in cases where is no other provider with available facilities and space.

A committee is in charge of accrediting educational programmes for personal care workers in the area of social and child care, ensuring that the programmes are up-to-date and area-relevant. The bureau for the inspection of social and child care work and minimum services standards is in charge of controlling the quality of service provision and standards in practice.

Second, the legal framework has been improved and adapted to better suit the needs of users. The minimum criteria for providing services had the aim of introducing standards for existing and prospective providers. Minimum requirements vary for different services. Providers of counselling/therapy and socio-educational services have to provide for suitable space, support and empowerment of the user, and a safe environment (Ministry of Work and Social Welfare, 2019c). The criteria for providers of community-based care depend on

the service being provided, but the widest scope of standards include a suitable space, material conditions, meals and personal hygiene provisions, a safe environment and the development and empowerment of the user (Ministry of Work and Social Welfare, 2019b). Providers of placement services for the elderly must ensure the provision of: suitable living space and material conditions; placement in accordance with the user's gender; food and medicinal facilities; personal and space hygiene; a safe environment; the development and empowerment of the user; and isolation of the deceased (Ministry of Work and Social Welfare, 2019d). Providers of family placement for elderly people must fulfil the basic criteria in terms of space (electricity, water, heating) as well as caring for their other needs (meals, clothes and footwear) (Ministry of Work and Social Welfare, 2016a). Individuals who are employed must pass an educational programme which lasts at least 20 hours and is organised by the Institute for Social and Child Protection (*ibid*).

Third, there has been a significant move towards deinstitutionalisation of services since 2016. The aim of the strategy was to introduce services at the local level, focusing on the end-users. The services that have been introduced since 2016 have been aimed at empowering and improving the quality of life of adults and older people with a disability, or who are victims of family violence.

Providers of community-based living and placement services for the elderly are obliged to create a dossier and an activity plan for the user, and must report on progress to the centre for social work, in accordance with deadlines in the user's plan. They must also have internal evaluations, which include interviewing the user, their family members and other relevant individuals (Ministry of Work and Social Welfare, 2019b; 2019d). Providers of counselling/therapy and socio-educational services must create dossiers for users and an activity plan for the user. Progress in line with the plan is reported to the centre for social work (Ministry of Work and Social Welfare, 2019c).

Ensuring quality and standards is also achieved through accreditation of training programmes and programmes for providing services of social care (Institute for Social and Child Protection, 2018). The Institute for Social and Child Protection is in charge of standards in the area of care provision, which includes monitoring the quality of both personal care and the provision of services. The institute, in relation to LTC: monitors the quality of personal care; provides expert supervision for the improvement of service provision; issues work licences for personal care workers and service providers; and controls expert and organisational work related to accrediting training programmes and programmes for providing social care services (Law on Social and Child Protection, 2017).

2.3 Employment (workforce and informal carers)

Care workers in Montenegro must obtain a faculty degree and a licence. Qualification is not dependent on a specific, formal education qualification, but rather completion of additional educational programmes in relation to a specific position. Accordingly, obtaining a licence for an personal care worker requires: a faculty degree (240 ECTS – European Credit Transfer and Accumulation System) in the area of social work, psychology, pedagogy, andragogy, special pedagogy, law, sociology or defectology; the successful completion of an accredited special programme organised by Institute for Social and Child Protection; and the successful completion of the expert exam, also organised by institute (Ministry of Work and Social Welfare, 2020).

In Montenegro in 2019, the total number of personal care workers (the Law on Social and Child Protection (2017) uses the term 'licensed expert worker') was 483, with only 110 licences being issued in 2019 (Institute for Social and Child Protection, 2020). Available data for the workforce show that, in 2018, out of 390 individuals employed in centres for social work, 230 were experts in a care-related area. More specifically, out of the total care workforce, 46% were social workers, 12% were psychologists, 6% were pedagogues, 9% were sociologists, 2% were special pedagogues and fewer than 1% were defectologists or andragogues (Institute for Social and Child Protection, 2019b). Compared with 2011, this represented an increase of 52.17% (*ibid*).

Data on the three public homes for the elderly show that, in 2018, out of 235 individuals employed in total, 22 (9.36%) were experts in a care-related area: social worker (10), psychologist (5), sociologist (1), doctor of medicine (2), and law-related expert (4). In these institutions, 24 personal care (expert) assistants were employed, which represented 10.21% of the total number of people employed. Moreover, 87 personal care assistants who worked directly with patients were employed, which was 37.02% of the total number of people employed; they included nurses, carers, a physiotherapist and an occupational therapy assistant (Institute for Social and Child Protection, 2019c).

In order to meet an increasing demand for LTC and ensure the quality of the workforce, new rules of conduct were adopted or changed in 2019, requiring the fulfilment of strict conditions for care provision. In 2018, the Institute for Social and Child Protection started accreditation procedures for programmes of education of personal care workers, personal care assistants, assistants and volunteers. In 2018, 23 educational programmes were accredited and 20 education cycles were implemented, with 769 participants (Ministry of Work and Social Welfare, 2020). In 2019, 42 educational programmes were accredited and 23 education cycles were implemented, with 710 participants (*ibid*).

The 2019 report of the Institute for Social and Child Protection shows that a significantly higher number of licences for personal care work were being issued for employees of public institutions than for people employed by NGOs, who represented only around 10% of the total number of workers (Institute for Social and Child Protection, 2020).

An analysis by the Institute for Social and Child Protection (2019a) shows that providers of the family placement service for the elderly are in most cases motivated by love and respect. They recognised the need of elderly people for care and saw family surroundings as the only natural environment for that. They were not pleased with the financial contribution they received, but stressed that it was not an important aspect for them.

There is a long tradition in Montenegro of a familialistic approach to caring for the elderly at home, which results in family members providing care where it is possible. Also, although Montenegro does not have a database of care workers, it is expected that the large majority of, if not all, carers are Montenegrin citizens. This is because care work is still not attractive for foreign citizens. On the contrary, there is evidence of some professionals, especially medical workers, leaving the country. There are numerous media reports of medical workers leaving the country with the aim of working in the European Union, especially its western member states (Cdm.me, 2020; Volimpodgoricu.me, 2019). However, this trend is still not as strong as in the other western Balkan countries. LTC is only just becoming established in Montenegro and it can be expected that the workforce in this area is still not being depleted in huge numbers.

Official workforce data focus solely on formal care. However, informal care represents a significant part of the care system. It was also driven by the deinstitutionalisation strategy. There are not enough data to estimate the size of the informal workforce, but the number of users of services which require informal carers is on the rise. Accordingly, an increase in the number informal carers is expected.

2.4 Financial sustainability

Expenditure on institutional care, shelter, in-house assistance and day care services for the elderly was €722,967 in 2019 (0.015% of 2018 GDP), which constituted an increase of 9.2% compared with 2018 (Ministry of Work and Social Welfare, 2020). Other expenditure refers to all users of social security benefits, irrespective of their age, and in 2018 amounted to €12,984,546.72 on the care and assistance benefit (17.7% of total expenditure on social and child benefits, or 0.28% of GDP) and €5,478,852.28 on disability benefit (7.5% of total expenditure for social and child benefits, or 0.11% of GDP) (Ministry of Work and Social Welfare, 2020). Expenditure on placement services in a family, including foster care, was €1,513,657.35 in 2018 (2.07% of total expenditure on social and child benefits, or 0.03% of GDP) (*ibid*).

The general move towards deinstitutionalisation is designed to reduce the cost of residential care for the elderly. The number of elderly people in Montenegro is increasing, and despite efforts by the government to provide new residential care facilities by building new homes, there is a need to redirect new care recipients to home care and community-based care, where possible. This would be a way of creating a sustainable system that can fulfil the needs of users. However, a more comprehensive analysis of expenditure needs is necessary, so that the optimum level of users' needs can be attained and services financed according to actual needs (Institute for Social and Child Protection, 2020). NGOs are becoming more active and more numerous in providing services, and the current financing architecture is unsustainable for them. Consequently, their relevance as service providers may increase in the future, especially in the area of non-residential services and services for people with disabilities; their sustainability should thus be prioritised (*ibid*).

2.5 Country-specific challenges regarding LTC for other age groups in need of care

Similar to the other countries of the Balkans region, Montenegro is making improvements in providing LTC for people with disabilities. Adults with disabilities face significantly higher risks, socially and economically, than the rest of the population (Ministry of Work and Social Welfare, 2016b). The legal framework is adapted to the needs of these groups, but its implementation is lagging behind, accessibility being the most pressing issue (*ibid*). NGOs active in this policy area also stress the need for further improvements in the legal framework, especially with respect to defining standards, so that people with disabilities do not face difficulties when requiring certain services (Institute for Social and Child Protection, 2018). People with disabilities also face restrictions with respect to obtaining employment, and there is a need to increase their employability (*ibid*).

The law on the professional rehabilitation and employment of people with disabilities, from 2016, defines the obligation of employers to employ a certain number of people with a disability, depending on the size of the company. If they do not comply, there is an obligation to pay a contribution, which is also dependent on the size of the company[1]. These funds are used to finance the professional rehabilitation and employment of people with disabilities. The majority of employers pay the contribution, rather than employing a person with a disability.

Children with disabilities are the other group in need of LTC. There have been significant improvements in this policy area as well, especially with respect to the integration of children with disabilities in regular kindergartens and schools (Monstat, 2019). The service of an educational assistant has been made available, so that children with disabilities can have continuous care. The major challenge in caring for children with disabilities in Montenegro is a lack of inter-institutional cooperation (Ministry of Work and Social Welfare, 2016b). Due to the nature of the problem, there is a need for continuous cooperation between multiple institutions, especially the Ministry of Health and the Ministry of Education. Moreover, a significant number of educational units have a high number of children per group, ranging from 7.8 to 39.8 (Monstat, 2019); educators are not able to provide the same quality of care for all children, especially children with disabilities. The same refers to educational assistants, who often have more than one child to care for.

Montenegro has invested significant funds in creating new facilities to make state institutions accessible by people with disabilities, and the same applies to non-state actors.

[1] If the number of employees is between 20 and 50, one person with a disability should be employed. If the number is more than 50, 5% should be people with disabilities. If the company has not employed a person with a disability, its contribution will be 20% of the net average salary in the state for each person with a disability who has not been employed. If the number of employees in the company is between 10 and 20 and no person with a disability is employed, the contribution is 5% for each employee (Law on Professional Rehabilitation and Employment, 2016).

Nevertheless, there is a need for further improvements, so that these groups may fulfil their needs adequately and be fully integrated in society.

3 Reform objective and trends

Montenegro has been continuously implementing reforms of LTC, especially since 2016 when the latest strategy for the development of the social protection system for the elderly was adopted. The Law on Social and Child Protection (2017) was significantly changed in 2015 and 2017. So-called 'mothers' allowances' were introduced in 2015; these enabled women with three or more children, and 15 or 25 years of work experience, to accept a life-time allowance, at a rate of 70% or 40% respectively of the average monthly wage in Montenegro, depending on the length of previous work. The Constitutional Court annulled this provision in 2017 (Ustavni sud, 2017), giving discrimination and financial unsustainability as the major reasons. The allowance was aimed at women who were younger than 65, but the life-time allowance had the effect of an LTC approach, designating these women as life-time cash benefit users.

The major reforms that have taken place since 2017 have been aimed, first of all, at increasing the number of services. There was a significant increase in the number of services provided in 2018 and 2019, which was a result of an increased number of licensed providers (Ministry of Work and Social Welfare, 2020). One of the key aims of the strategy for the development of the social protection system for the elderly was to multiply the number of service providers and services. An analysis of the system of social care concluded that there was a need to provide services in each municipality (IDEAS & UNICEF, 2019), so that a greater number of users may have more services available to them. The major change in this sense was the introduction of non-state actors as service providers, NGOs representing the majority of them. The state is committed to increasing the number of providers and services, and new residential homes are being built to accommodate future needs (Ministry of Work and Social Welfare, 2017).

Second, some of the key achievements in ensuring quality are related to adopting the legal framework on rules regarding quality, procedures and standards. Rules which define procedures for providing services were either changed or newly adapted for services of: placement of the elderly in residential care; community-based care; placement in a shelter or a safe house; and counselling/therapy and socio-educational services (Ministry of Work and Social Welfare, 2017). Minimum standards were defined so that there is a guarantee of providing services of an equal quality by all providers. Licensing of providers of services is more transparent and non-state actors may apply for a licence. Standards were lowered compared with the previous rules, which were defined too strictly, and thus could not be met in practice. Reports on services state that current quality standards are still unattainable for some service providers, but also that some of the procedures are not well defined (IDEAS & UNICEF, 2019; Institute for Social and Child Protection, 2019a).

Third, procedures for obtaining licences for personal care workers were amended in 2018 and 2019. Personal care workers must obtain a licence after completing education for the service they want to provide. Training opportunities are on the increase, so that personal care workers can broaden the area of services they provide. However, a report on centres for social and child care concluded that positive outreach does not result in better work performance, due to several problems (IDEAS & UNICEF, 2019). Workers are faced with a work overload and with multi-tasking, which impedes their work with users and means that the quality of work is low in practice, especially with regards to the number of cases and time management (*ibid*). Supervision is not implemented thoroughly enough, although the legal framework is well established.

Fourth, the Ministry of Work and Social Welfare aims to increase the involvement of municipalities in funding services at the local level. Municipalities should provide at least one service on their territory, so as to ensure service availability, but also so as to reduce the number of users in existing public institutions. In addition, the aim is to relieve the state budget, where this is possible.

4 Main opportunities for addressing LTC challenges

The overall assessment of LTC in Montenegro shows a commitment by the government to improve opportunities to access services for elderly people. There have been significant improvements since 2016, and especially since 2018, which have allowed for a more all-encompassing scope of services, covering more users. Consequently, the availability of, and access to, services have improved. But some services are still being developed and there is still room for their enhancement.

Analyses of the system of social care for the elderly in Montenegro have not shown there is a problem of the affordability of these services, but there should be more transparency on costs and expenditure (Institute for Social and Child Protection, 2018). There is a gap between the legal requirements for service provision and the actual ability of providers, especially NGOs, to meet them in practice (*ibid*). Existing services should be assessed in more detail, so that there is a clear overview of needs and opportunities (IDEAS & UNICEF, 2019).

Education and training of personal care workers should be planned in line with actual needs and there should be an assessment of the subsequent engagement of the worker (IDEAS & UNICEF, 2019; Institute for Social and Child Protection, 2018). The added value of this approach would be a higher-quality service and greater opportunities for workers' well-being.

Sustainability may be a problem in the future, because users expect services to be free of charge; however, providers are not able to meet these demands, unless they receive financial support from the state. This especially refers to NGOs.

Finally, there is a need for a more careful approach to informal care, especially to the workforce. There are not enough data on the number of care workers in informal care and, as there is expected to be an increase of users in the future, there is a need for a systematic analysis. This would result in more comprehensive approach and better coordination between service demand and supply.

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