

# SITUATION ANALYSIS OF EARLY CHILDHOOD INTERVENTION IN MONTENEGRO

Summary Report



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# Situation Analysis of Early Childhood Intervention in Montenegro

## Summary Report

### Goals of the study

The main goals of the Situation Analysis of Early Childhood Intervention (ECI) in Montenegro were to: (a) provide an overview of the status of services for children with developmental delays and difficulties and their families; (b) identify the challenges, needs and gaps in current services; and (c) offer recommendations for planning a countrywide system of early childhood intervention (ECI) services.

### Key study objectives

To achieve the goals, and thereby improve and expand ECI services to benefit children and families, the main objectives of this study were to:

- identify the needs for child and family development;
- analyse requirements for country policies and for supporting ECI services;
- provide an overview of public institutions and non-governmental organizations (NGOs) that are ECI service providers or support ECI services;

- describe the main current characteristics of services provided for families with infants and young children with developmental delays and difficulties; and
- identify and describe service-providing public institutions and NGOs that: (a) offer traditional rehabilitation services; (b) are evolving to become contemporary ECI services; or (c) have become fully contemporary ECI services.

This study sought to identify the existing strengths, capacities and needs of service-providing public institutions and NGOs. Issues regarding the ECI workforce, professional development, and pre- and in-service training were addressed. The needs, concerns and requests of parents and other caregivers were included throughout the study. To help with future planning, financial structures, resources and costs were analysed. After presenting the research findings, major conclusions and recommendations are offered to help develop a countrywide ECI system.



**Four Focus Groups for Service Personnel** were held, with the participation of 51 professionals who work in 27 public institutions and NGOs, and serve 14 municipalities. The goals of the focus groups of professionals were to secure qualitative information regarding ECI services, gain their opinions about ECI activities, and solicit their recommendations for expanding and improving ECI services. **Five Focus Groups for Parents and Family Caregivers** were held in major areas of Montenegro. They sought to obtain qualitative information about ECI services, and their needs, challenges, and recommendations for the future.

**Structured Interviews with Government Officials and NGO Representatives** were held to gather information on the status of children, families, ECI and ECI-related services, and the challenges they faced. Interviewees also offered their recommendations for expanding and improving ECI programmes and creating a countrywide ECI system. Using a sample of seven public institutions

and NGOs, the **Cost and Finance Sub-Study** sought to identify and analyse the types and levels of financial support for ECI services, as well as their service costs to secure data for planning and supporting ECI services in Montenegro.

The project fully adhered to the rules of the General Data Protection Regulation (GDPR), a regional law of the European Union that requires institutions to protect personal data and the privacy of citizens of the EU, inside and outside of the EU. It also followed the UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis, and the UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research regarding confidentiality, consent and research ethics.

## Research methodology

A sequential mixed-methods research design was adopted, using a methodological research guide that provided generic instruments prepared to assist country research teams to study ECI service providers, their work and their beneficiaries. The research methods and instruments included:

- **literature reviews** of policies, public institutions and NGOs, as well as pertinent studies on the context and status of ECI services provided by the government and civil society at all levels;
- **an initial mapping study** to identify public institutions and NGOs providing services for children with developmental delays and difficulties and their families;
- **surveys** of directors of public institutions and NGOs providing ECI or related services, their personnel, and the families served;
- **focus group sessions** with samples of service personnel or parents and caregivers;

- a cost and finance sub-study of the relevant ministries and a small sample of service providers; and
- **interviews with prominent leaders** of the government and civil society, including minority groups.

**The Mapping Survey** identified 45 possible ECI or ECI-related public institutions and NGOs. All 45 directors were invited to fill out an extensive Survey for Directors/Managers, and 39 directors completed the survey for a good response rate of 87%. Subsequently, a **Survey for Service Personnel** was sent to 89 professionals, and 59 completed the survey for an acceptable response rate of 73%. For the **Survey for Parents**, of 107 who were invited to complete the survey, 103 completed it for an outstanding response rate of 96%.





Major research findings

Institutional development

Of the 39 responding public institutions and NGOs, **34 were found to be evolving towards becoming contemporary ECI services. While some were just beginning to adopt a few of the characteristics of contemporary services**, others were more advanced. They pertain to the sectors of education, health, and social and child protection. Regarding the education sector, the eight inclusive preschool institutions that were sampled use ECI family-centred methods and procedures, as do the three Resource Centres. The public health sector has specialized services in tertiary-level health institutes and/or clinics and two included in the sample were evolving, as were five of the six sampled Centres or Units for Children with Special Needs. Both types of services are progressively adopting ECI methods and procedures. Regarding the social and child protection sector, eight of the nine Day-Care Centres sampled are making a serious effort to become ECI services. Of note, eight of the nine NGOs sampled are making significant progress in developing ECI services, with some notable achievements.

However, **no fully contemporary ECI public institutions or NGOs were found in Montenegro at this time.** Despite intensive efforts on the part of the research team to identify and study all ECI services, due to the pandemic and the difficulty of finding some service providers, one or more institutions or NGOs providing ECI services may have been overlooked. If so, we hope they will step forward to join the identified service providers and engage fully in future activities for ECI training, planning and exchanging lessons learned.

The results from the surveys, focus group sessions and interviews revealed that **many service providers want to adopt contemporary ECI practices as rapidly as possible.** Currently, although strong sector leadership exists for developing ECI services, differing recommendations, lengthy service delays, inadequate service planning and long waiting lists beset the current services. **Some families needing ECI services lack them**, and most especially families living in remote rural regions or in Albanian, Roma and Egyptian communities.



Prevailing challenges at the country and municipal levels

No ECI Strategic Plan, ECI Guidelines and Procedures, or ECI Service or Personnel Standards exist in Montenegro. They are essential to establishing a countrywide ECI system, they regulate it and ensure high-quality ECI services are provided for all children and families who urgently need them in all municipalities and population groups. Also, no integrated and multisectoral ECI coordination system has been developed to plan the future expansion, improvement and financial projections required to create and administer the ECI system. Issues of ECI service equity, workforce development, certification and accreditation, quality assurance and accountability cannot be dealt with effectively without a countrywide ECI system.

Many noted that children under 3 years of age are the least served due to **late identification.** According to the survey for service directors, only 49% of children were served during the 0-to-36-month period. Additionally, many service providers are expected to serve children of all ages, as well as those from birth to 3 years old. This places a major strain on personnel, and some highly trained professionals are not yet sufficiently prepared to serve families with children birth to 3 years old. Many professionals and parents stated that more professionals, coupled with training opportunities for them, are needed to meet service requirements.

Definitions

- 1. Traditional rehabilitation or habilitation services** are based on a medical model that serves children with disabilities, use physicians’ diagnoses of disabilities, and offer the services of specialised therapists for specific disabilities in a hospital or centre-based setting to help children function independently and participate in school and society.
- 2. Evolving services** may be former rehabilitation services or new child development services that are **using some or many contemporary ECI core concepts and are providing some contemporary evidence-based ECI services** such as developmental screenings, team-based comprehensive developmental assessments, individualised family service plans, and family-centred services in the natural environment of the child: their homes, day care settings, or preschool centres.
- 3. Contemporary ECI services** are based on a social and child-rights model that is family centred, usually transdisciplinary, and adheres to core concepts and methods that encourage families to provide activities and opportunities for their children to develop their abilities and learn new skills at home and in community environments. The primary goal of contemporary ECI services is to support parents who in turn help their children achieve full participation in school and society.



The findings from the focus group sessions, interviews and surveys with professionals, parents and other stakeholders revealed that in many municipalities service providers are unable to meet the **growing demand for services**. Substantial **disparities** also exist regarding service location, ethnicity, family income and types of ECI services. The most underserved families live in rural and remote areas, or in Albanian, Roma and Egyptian communities. Although major efforts have been made to provide social services to Roma and Egyptian populations, they remain particularly underserved with respect to health, nutrition and sanitation services, inclusive preschool education and all aspects of ECI services. Albanian populations face persistent language barriers.

According to the conservative estimates of this study, between 10% (3,700) of children from 0 to 6 years and 15% (5,550) require ECI services annually. If this is the case, only between 31% and 46% of the children needing ECI services have been identified and served. Two major issues immediately arise: 1) Although Montenegro has substantial neonatal screening services, the country currently lacks a **universal system for systematic and regular developmental screening** to ensure that children are identified with an at-risk situation, developmental delay or difficulty, and a system of rapid and effective referrals to essential ECI services is also needed. 2) No universal **child tracking system** exists to ensure that no child, once identified, will “fall through the cracks” and fail to receive the ECI services she or he requires.

In the survey of directors, focus group sessions and interviews, it was apparent that no countrywide consensus yet exists regarding the selection of **developmental screening instruments and comprehensive developmental assessments**. Health specialists currently use neonatal screening tools and physician-led child monitoring and surveillance, which identify most infants with congenital conditions and severe disabilities. However, parents noted that children with at-risk conditions, developmental delays, mild disabilities, behavioural conditions and mental health needs often were not identified until older ages.

A consensus is needed to develop a countrywide system of developmental screening, referrals and child tracking. Once it is firmly in place, it will be possible to plan for future ECI service expansion using exact numbers. **With these systems in place, the authors estimate that within five years it should be possible to meet coverage targets and provide high-quality ECI services.** To achieve this goal, it will be essential to establish a countrywide ECI system, universal developmental screening and referrals, and child tracking, and to expand and improve the existing service providers, plus add some new service providers to assist families in underserved municipalities and populations, including especially Albanian, Roma and Egyptian families.

The cost and finance study concluded that **no general system of ECI financing yet exists**, and one is needed to ensure service sustainability. ECI funding is mainly provided by three sectors: education, health, and social and child protection. Increasingly, municipalities are financing or co-financing evolving ECI services. No sector has yet developed an independent code category for ECI financing, and one is needed to track overall ECI financing. A comprehensive performance information component against the spent budget was not identified in the ministries representing this sector. No interagency agreements exist regarding the financing of ECI services. Finally, if a countrywide ECI system were in place, services could be expanded and improved, thus enabling the large amount of funds spent on treatment in Serbia to be invested instead in ECI services in Montenegro. The costing study revealed the need for better service management in order to lower the cost per child. Without full ECI services yet in place, currently the service provider with the lowest cost per child has been the one that has provided home visits and served the highest number of children per professional.





## Quality issues

Several contemporary ECI practices are used by evolving public institutions and NGOs, but only five service providers offer **home visits**. However, some service providers offer services in **other natural environments of the child**, e.g. Inclusive Preschool Institutions and Day-Care Centres. Training is needed on family-centred and home visit methods, routine-based interventions and other methods. Although many service providers have experience in administering specialized assessments, comprehensive developmental assessments are generally lacking, and experience is needed to prepare effective **individualized family service plans (IFSPs) and transition plans** from ECI services to inclusive preschools and primary schools. Both child and family outcomes should be identified and included in the IFSP, and they should be reviewed with parents periodically to determine the levels of child and family progress toward achieving the identified goals. ECI transdisciplinary teams usually meet every six months or more frequently to evaluate and revise the IFSP. According to the surveys of directors and parents, few service providers are developing IFSPs. **Parental participation** in developing IFSPs was low, and results were even lower regarding setting goals for their children's services and their participation in ECI sessions.

Several service providers involve parents in planning and service provision while others still work mainly with the child. Many stated that this continues to occur due to visits being restricted to 20-to-30-minute periods that are far too short to provide quality ECI services. In addition, service caseloads varied greatly, revealing a lack of **normative rules and standards** which should be developed and implemented soon.

Interviewees, focus groups and the literature review revealed that no continuous **system of pre- and in-service ECI training** currently exists in Montenegro. Sporadic, one-off training opportunities do exist along with more in-depth training opportunities, mainly sponsored by UNICEF. Pre- and in-service ECI training programmes are fragmented and specialized, and often focus on types of disabilities (sensory, physical and mental impairments) which reflect a traditional one-on-one therapy approach rather than the ECI social approach that provides family-centred services for holistic and balanced child development.

Of the professionals in 38 institutions and NGOs, 84% were reported to be meeting the current pre-service training and certification/licensing requirements, thereby demonstrating the high level of initial training of most service personnel. Interviews and the literature review revealed that a few specialized ECI pre-service courses are provided in Montenegrin universities, but a complete programme of ECI training providing a professional credential, has not yet been established. Without general agreement regarding the essential components of ECI services, ECI training modules may vary greatly. Academic courses should teach the core concepts and methods of ECI, such as family-centred approaches, screening, comprehensive developmental assessments, routines-based interventions, and other evidence-based ECI practices. Supervision tends to be lacking in most service-providing institutions and NGOs apart from informal support among colleagues. Training of leading specialists in ECI supervisory methods is also needed, including coaching, mentoring and methods of reflective supervision.

No countrywide **system of accountability** exists for ECI services. Interviews in central and municipal offices revealed that their current focus is on monitoring and administrative oversight. Monitoring focuses on activities implemented and outputs, rather than on service outcomes. Interviewees said that little attention has been given to evaluating the outcomes of ECI services on children and their families, which is essential.



## Major recommendations

Based on these and other study findings, a series of recommendations were offered:

### 1. Adopt an ECI strategy and action plan

Top priority should be placed on conducting a fully participatory strategic planning process with the goal of adopting a countrywide ECI Strategic Plan, including a costed plan of action. Potentially, the ECI Strategic Plan could be prepared and adopted before the end of 2023. The ECI Strategic Plan should be fully aligned with evidence-based recommendations and it should feature good practices and lessons learned regarding contemporary ECI core concepts and evidence-based methods and be built on the considerable existing strengths of public institutions and country NGOs, evolving to provide ECI services.

### 2. Develop and implement ECI Guidelines and Procedures and Service and Personnel Standards

The wide array of different evolving practices that public institutions of three sectors and NGOs currently offer revealed a major need for establishing ECI Service Guidelines and Procedures. This document presents the ECI core concepts, eligibility rules, regulations, methods, guidance for conducting all ECI services with timelines for the services, standardized cross-sector operational procedures, pathways for coordination and cooperation among sectors, and much more. Currently, no countrywide rules exist for service eligibility. Eligibility criteria are important because half of the service directors reported that parents were unable to access ECI or related services because they did not know that their children qualified for receiving them. ECI Guidelines and Procedures can be developed concurrently with, or soon after, preparing the ECI Strategic Plan. A fully participatory manner is needed to enable the formation of a strong consensus on the best ways to move forward. Once they are established, countrywide training initiatives can be designed and provided, and ECI Service and Personnel Standards can be prepared.

### 3. Prepare and implement ECI Pre- and In-Service Training Plans

Study findings revealed that substantial training will be needed in order to prepare professionals in ECI core concepts and essential methods for preparing IFSPs and conducting home visits with parents as members of transdisciplinary teams. A Pre- and In-Service ECI Training Plan should be developed as soon as the ECI Service Guidelines and Procedures have been completed. Training for professionals and paraprofessionals should be closely aligned with the Guidelines. The extensive evidence base for contemporary ECI services should inform pre-service training programmes. Expanding training for the new discipline of Early Intervention Specialists (EIS) is urgently needed throughout the region. In addition, an In-Service Training Plan for continuous training should also be prepared with the full participation of ECI leaders, programmes, university professors, associations and students. Field training, coaching, mentoring and reflective supervision for ECI professionals and paraprofessionals should be emphasized in all ECI training activities.

### 4. Develop a countrywide system of developmental screening and referrals

A nationwide universal developmental screening system, administered at regular intervals and providing referrals to ECI services, should be established to ensure that all children with or at risk of developmental delays and difficulties are identified at the earliest possible moment when ECI services are most effective. To achieve these goals, a consensus should be forged to adopt one or two culturally and linguistically appropriate developmental screening tools and comprehensive developmental assessments with sound psychometric properties. If needed, they should be validated using a sample of Montenegrin children. Referral follow-up and a continuous child tracking system will also be essential.



### 5. Establish equitable and sustainable contemporary family-centred ECI services

#### 5.1 Achieve equitable services

ECI mobile teams and community outreach programmes could be expanded to help overcome social disparities related to service location and ethnic background. Community outreach programmes could be developed to fit the cultural expectations of diverse families, giving priority to underserved populations and Albanian, Roma and Egyptian communities. Pilot ECI projects could be conducted in Albanian, Roma and Egyptian communities to test mediation approaches.

#### 5.2 Select comprehensive and specialized developmental assessments and promote family participation

Special emphasis should be given to selecting and applying comprehensive developmental assessments and to ensuring that families always participate fully as members of the transdisciplinary team conducting the assessment.

### 5.3. Establish comprehensive and flexible eligibility criteria for participating in ECI services

Contemporary countrywide ECI systems establish criteria and use a common set of guidelines to determine which children will be qualified to enrol in ECI services. Criteria to determine ECI service eligibility should be comprehensive and flexible, allowing children with mild or moderate developmental delays, preterm or low-birth-weight status, or exposure to risk, to participate in preventive ECI services.

### 5.4 Develop Individualized Family Service Plans (IFSPs) and parental participation

As members of Transdisciplinary Teams, parents should be fully involved in IFSP development and evaluation. Pre- and in-service training, mentoring, coaching and supervision are required in order to prepare professionals and ensure full parental participation in developing IFSPs. In-depth training, supervision and mentoring should be offered to enable family-centred practices, participatory home-visiting methods, routines-based interventions and evidence-based instructional practices to improve development and behavioural outcomes for young children who have or are at risk of developing delays and difficulties.





#### **5.5 Enable visits in the natural environment of the child**

Visits in the natural environment of the child already occur in inclusive preschools and some other centre-based services. Now these should be provided also in the home, where parents can use family routines to promote the more rapid development of their child.

#### **5.6. Ensure parental and caregiver participation in ECI services**

Offer more training, supervision and mentoring to professionals in family-centred practices, including participatory home-visiting methods, routines-based interventions and evidence-based instructional practices to improve the developmental outcomes of young children.

#### **5.7 Promote family support services**

Enable family-centred practices to: (a) promote the active participation of families in decision making related to their child (e.g. assessment, intervention and transition); (b) lead to the development of a service plan (e.g. a set of goals for the family and child, and the services and supports needed to achieve those goals); (c) support families in attaining the goals they hold for their children and the other family members; and (d) provide psychological support for parents and families, as well as parent support groups.

#### **5.8 Conduct transition planning**

Provide ECI professionals training in how to conduct transition planning to support family decisions and the adjustments of children and families to new settings, such as inclusive preschool institutions and inclusive primary schools.

#### **6. Improve conditions and supportive supervision for ECI personnel to achieve quality assurance**

While countrywide ECI Guidelines and Procedures are being developed, attention should be given to improving the status of ECI personnel, including the development of: (a) personnel standards, (b) provisions for ECI certification based on training in an accredited institution, (c) rules for in-service training and recertification, (d) licensing, and (e) salary scales and career ladders. The use of paid, trained and carefully supervised paraprofessionals who can make home visits could help to expand service coverage and lower the costs of ECI. They could also help address the shortage of professionals and expand service coverage to meet the need and demand for services.

#### **7. Develop a child tracking system and ECI database for programme monitoring and evaluation**

ECI services should adopt a “culture of accountability” across all aspects of service provision (e.g. early identification of children, developmental assessments, IFSPs, service provision and transition plans). With proper safeguards in place, a child tracking system for all children with developmental delays and difficulties should be established to ensure children receive the services they need over time. The use of evidence-based practices should be encouraged and a comprehensive system for professional development implemented. It will be essential to build an interagency agreement to create a multisectoral database of indicators for measuring the inputs, outputs and outcomes of ECI services.

#### **8. Plan and conduct campaigns for ECI advocacy and social communications**

Throughout the study, country leaders, directors of all service providers, participating parents and service personnel called for advocacy campaigns and social communications at the central and municipal levels. Intense advocacy will be needed for the implementation of the countrywide ECI Strategic Plan. It will be essential to inform and involve ministry leaders, parliamentarians, municipal leaders and community leaders. Position papers, infographic handouts and policy briefs will be needed. For parents and all citizens, advocacy campaigns using mass media (e.g. television, radio and social media) should promote the implementation of the Strategic Plan and encourage the expansion and improvement of ECI services, including especially developmental screening.

#### **9. Establish an ECI finance system to expand coverage and improve services**

The conclusion of the cost and finance study was that a separate single-budget programme based on the ECI Strategic Plan and in line with the government’s budgeting process could be established for ECI service providers at the central level. The other option would be to maintain sector-based budgets and develop a series of interagency agreements and joint planning processes. The budget programme or programmes should be linked to the comprehensive programme and budget assessment system to support programme planning and budgeting against achieved results, in terms of measurable input, output and outcome indicators. This would help ensure sustainable funding for the ECI System. Finally, once ECI services have been improved, the cost study should be repeated to secure more refined results regarding cost per capita and per annual service cohort for the preparation of annual ECI programme and budgetary planning.



