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**EXTERNAL EVALUATION OF THE DAY CARE CENTRE “TISA”
for children with disabilities**

Bijelo Polje, Montenegro

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- **Mr. Refik Bojadzic**, Deputy Mayor of Bijelo Polje
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- **Ms Birsena Alilovic** (Coordinator of the DCC Tisa)
- **The whole staff of the Day Care Centre Tisa**
- **The parents of the children using the services of the DCC**
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- **Mrs. Nejra Mekic**, President of Parents Association Bijelo Polje
- **Mrs Anka Durisic**, Executive Director of the Union of Parent Associations of Children with Disabilities from Montenegro
- **Mr. Slobodan Vukovic**, President of Union of Parent Associations of children with disabilities in Montenegro
- **Mrs. Milusa Zugic**, former President of Union of Parent Associations of children with disabilities in Montenegro
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LIST OF ACRONYMS

DCC	Day Care Centre
MLSW	The Ministry for Labor and Social Welfare
CSW	The Centre for Social Work
HISEE	Handicap International – Regional Office for South East Europe
IAP	Individual Action Plan
CBS	Community-based service

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1. Introduction

1.1 The context of the evaluation of the DCC Tisa

The Day Care Centre Tisa is a multidisciplinary community-based service for children with disabilities, opened in Bijelo Polje, Montenegro. The Centre is actually part of the services provided to persons with disabilities within the Centre for Social Work in Bijelo Polje.

Tisa is an innovative project, initiated by the Association of Parents of Children with Special Needs from Bijelo Polje, in partnership with the Centre for Social Work from Bijelo Polje, Ministry of Labor and Social Welfare, the Municipality, the Union of Parents Organizations from Montenegro and three international agencies (UNICEF, HI, GGS). The DCC Tisa represents the *first community setting* for children with disabilities in Montenegro, which relies on the principles of inclusion and respect of fundamental rights of the children.

“Tisa” is also a *pilot project*, designed to be replicated in Montenegro, through a network of day care centres, for children and teenagers with disabilities. *“Tisa”* can become also a training and resource centre, in the following years. The results and lessons learned in the first year of functioning will contribute also to the analysis and propositions related with the quality standards for this type of service in Montenegro.

In this context, UNICEF and HI, as partners and donors of the DCC, initiated an external evaluation of the service, after one year of functioning. Two main aspects were guiding this evaluation:

- first, a global need of analyze, capitalization and improvement of the current work of the DCC;
- secondly, a prospective effort, in order to use this current experience (and the lessons learned from it) for a global view and strategy of the development of new community based settings in Montenegro, based on principles of good governance and on a human rights approach.

1.2. The terms of reference - the purposes of the overall evaluation and the expected results

The terms of reference for the present evaluation highlighted three main fields of interest for the contractors:

- a) *Quality assessment:*
 - To assess quality of services provided within the center during the first year of its operating, by taking into account OECD/DAC¹ criteria, the child rights perspective and the principle of the best interest of a child, in order to improve conditions and effects of work in DCC, as well as the professional perspectives of the staff;
- b) *Organizational assessment and recommendations for improvement:*
 - To examine existing and provide instructions regarding the future organizational structure of the center as well as its place within the social protection system in Montenegro;
- c) *Lessons learned for the development of the DCC network in Montenegro*
 - To serve as valuable source for the Ministry of Labor and Social Welfare and other relevant stakeholders in extending the DCC network in Montenegro and ensuring the inclusion and participation of children with disabilities in the society.

The **expected results** of the external evaluation were:

¹ The Organization for Economic Co-operation and Development/Development Co-operation Directorate (OECD/DAC) and UNICEF has identified 5 evaluation criteria to guide evaluations. These 5 criteria are: relevance, effectiveness, efficiency, sustainability and impact.

- Recommendations for the improvement of the quality of the service (at the level of the daily care of the users, but also at organizational level)
- Recommendations for tools and strategies that will allow the DCC to become a model for similar initiatives in Montenegro
- Recommendations for initiating the process of quality standards and principles, in the field of child protection in Montenegro, using also the results and the lessons learned in the Tisa DCC.

1.3 The organization of the evaluation

The first stage of the evaluation consisted in consulting the existing documentation and reports of the DCC, provided by UNICEF and HISEE and Tisa Center (October – November 2005).

The documents that were provided by partners were the following:

- The Overall Regulations of the DCC Tisa
- The Internal Regulations
- The Memorandum of Understanding between the Government of Montenegro (Ministry of Labor and Social Welfare), the Municipality of Bijelo Polje, The Association of Parents with Children with Special Needs and UNICEF (May 2003)
- The monthly reports and the minutes of all partners' meetings
- The training and study visits' programs of the staff
- The standard documents related with the Human Resources department (job descriptions, the personal professional dossier of the employee)
- The first evaluation report of the DCC_Jadranka Novak
- HISEE Documents: The Monitoring Report_January 2005,
 - Report of the monitoring visit_September 2004
 - Visit report_June 2004
 - Report of the phase 1 of the DCC project (June 2003-February 2004)
 - Progress report of the preparation stage of the DCC (June-Sept.2003)
 - Project proposal: Support to local initiatives acting for de-institutionalization
 - and prevention of institutionalization of children with disabilities in Montenegro, April 2003
 - Consultancy report regarding the technical aspects of opening a Day Care Centre in Bijelo Polje, Montenegro, September 2002

The second stage of the evaluation consisted in meetings with relevant stakeholders, in Bijelo Polje (21-24 November) and in Podgorica (21 and 25 November).

The following persons participated to these meetings:

- Mrs. Nela Krnic - UNICEF Sub-Office in Montenegro
- Mrs. Sonja Vasic – Country Project Officer, Handicap International South East Europe
- Mrs. Charlotte Axelsson, Regional Advisor for Disability Services – Handicap International South East Europe (phone interview)
- Mr. Peter Siber, GGS, Switzerland (phone interview)
- Mrs. Mirjana Djurovic, Save the Children UK
- Mr. Tarzan Milosevic, Mayor of Bijelo Polje
- Mr. Refik Bojadzic, Deputy Mayor of Bijelo Polje
- Mr. Slobodan Jelic, Secretary General of the Municipality in Bijelo Polje
- Mrs. Marina Vujovic - Counselor, Ministry of Labor and Social Welfare
- Mrs Hidajeta Bajramspahic - Director, The Centre for Social Work of Bijelo Polje
- Mr. Radovan Damjanovic, Deputy Minister and Mrs. Tamara Milic, National Coordinator for Inclusive Education - The Ministry of Education
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- Mr. Slobodan Vukovic, President of Union of Parent Associations of children with disabilities in Montenegro
- Mrs. Milusa Zugic, former President of Union of Parent Associations of children with disabilities in Montenegro
- Mr Sijaric (the director of the “Sukrija Medjedovic” primary school) and two of the teachers of the school

The third stage of the evaluation consisted in analyzing the results of the field assessment and the production of a comprehensive report, which integrates the technical and institutional elements and recommendations (26 -30 November 2005).

The methods used during the external evaluation were:

- *The interviews* - with all partners of the project, relevant stakeholders in the development of the service (a proposition of these persons is presented in the next paragraph)
- *Focus group discussions* – with staff members, with the families, in order to collect relevant data about the perception of the service, the effective results and the needs for future development of the service;
- *Overview of the documentation* and reports of the DCC;
- *Additional written questionnaires* for several stakeholders.

1.4 The main axes for the technical evaluation

This part of the evaluation focused on the monitoring of internal regulations and the analysis of the variety and quality of services. Within the frame of quality principles and indicators, several aspects were discussed:

- The mission and the main objectives of the service
- The key principles, beliefs and values
- The general organization of the Day Care Centre
- The documentation and administration
- The human resources
- The assessment of educational and rehabilitation programs
- The cooperation with parents
- The quality of the premises and equipment

Recommendations were made for each topic, but also the highlight of the major achievements after one year of functioning.

1.5 The main axes of the institutional evaluation

In the context of the development of Tisa DCC as a pilot, innovative project in Montenegro, the proposition for the institutional evaluation took into consideration the complexity of the partners' interests and the analysis of risks and opportunities that should be done in this early stage of the service's organization. If considering also the role of model for other similar initiatives, the DCC should develop further competencies and internal procedures which require adequate strategies and resources.

For these reasons, the process of institutional evaluation, analyzed the organization and the perspectives of the service, from different angles:

a) The program approach

From this point of view, we analyzed:

- *the effectiveness* (the extent to which the objectives were achieved, or are expected to be achieved, taking into account their relative importance) ➔ Objectives/ Results

- *the relevance* of the program (the extent to which the objectives of the service are consistent with beneficiaries' requirements, country needs, global priorities and partners' and donors' policies) ➔ Objectives/ Needs

b) The economical approach

From this perspective, we focused on:

- *the efficiency* of the service (how economically resources/inputs (funds, expertise, time, etc.) are converted to results)
 - o the global cost of the program, but also the cost/day/user
- the different *funding alternatives*, depending on the strategic choices that will be done in the future (DCC under the Centre for Social Work, or subcontracted as private provider etc.)
- *the financial sustainability* strategy of the DCC.

c) The partnership approach

From this point of view, we analyzed:

- the strengths and the weaknesses of the actual partnership frame (private-public; local-central; users-providers)
- the modalities of work in the coordination bodies;
- the effectiveness of the actual co-operation, in achieving the expected results of the initial project;
- the design of the partnership frame, for the next 3-5 years.

d) The strategic/prospective approach

From this perspective, we tried to identify, together with all main stakeholders, the different alternatives for the further development of the DCC (pilot service provider for children with disabilities, provider of a chain of services for children and adults, training centre, resource centre etc). We considered the importance of this type of analysis, mostly related with the strategies and resources that have to be mobilized in each case, on medium and long term.

CHAPTER 1 – THE EVALUATION OF THE INTERNAL ORGANIZATION AND TECHNICAL ASPECTS OF THE DCC (Marija Turman)

Introduction

- Short history of the Day Care Centre
- The mission and the main objectives of the service
- Beliefs, values and key principles
- The general organization of the DCC
- Documentation and administration
- Staffing
- Assessment of disability, placement and educational programs
- Cooperation with parents
- Quality of premises and equipment
-

Conclusions

Preface

In its wider context, the report is intended to highlight the significance of human rights issues and the key role of civil society in promoting governmental compliance with human rights standards. Discrimination against people with intellectual disabilities is deeply rooted and widespread, standing in the way of positive change. Providing real access to education for children with intellectual disabilities is a key to ensuring their social inclusion, and enabling them to live in the community as equal citizens.

A central goal of this evaluation is to promote greater awareness and discussion of the issues at stake internally in Day Care Centre as externally at the local and national level.

This part of the report focuses specifically on the organizational structure of the Day Care Centre, monitoring internal regulations and the variety and quality of services.

1. Short history of the Day Care Centre

On the initiative of Association of the parents in Bijelo Polje Day Care Centre "Tisa" has been established as the first Day Care Centre for the children with learning disabilities in Montenegro. As the result of a pilot project, the Centre was opened in June 2004 linking participation of the following partners:

- Ministry of Labor and Social Welfare
- Centre for Social work Bijelo Polje
- Municipality Bijelo Polje
- Association of the parents Bijelo Polje
- Union of the parental Associations of Montenegro
- Professional team of the DCC presented by Coordinator of the DCC
- Secretary of Coordinative Body

Including advisers assured by:

- Unicef (with partners)
- Handicap International
- Gemeinden Gemeinsame Schweiz

The main official document used in the initial phase of the development of the DCC is the "Memorandum of Understanding", signed in May 2003, between the Ministry of Labor and Social Welfare, the Municipality of Bijelo Polje, the Association of Parents of Children with Special Needs and UNICEF. This document established the responsibilities of each partner in the initial organization of the DCC.

At the present time, the Centre is part of the services provided to persons with disabilities within the Centre for Social Work in Bijelo Polje, and functions in a building put to disposition by the Municipality Bijelo Polje.

The renovation of the building, the equipment and the training of the staff were insured by international organizations as UNICEF, Handicap International, GGS and SDC.

2. The mission and the main objectives of the service

According the written documents of the Day Care Centre "Tisa" the mission is:

The social integration and participation of children with disabilities in the community.

According to the written documents, the main objectives of the DCC are:

- socialization and integration of children with disabilities in the community by providing them equal opportunities;
- educational activities in order to prepare children for preschool / school and to manage daily life according to their individual abilities;
- social and medical rehabilitation in order to improve and maintain the functional abilities of the children and integrate them in their daily life activities.

First indicators of the success

The centre provides services to 13 children with moderate and severe learning disabilities and two children are visited at home (patronage) on weekly bases.

The working group encompass professionals as defectologist, special pedagogue, physiotherapist, nurse, four hours a day psychologist and on consultancy basis physiatrist, social worker.

Beside personal care, the activities planed on individual bases are aimed to socialization, integration, education, social and functional rehabilitation.

Major issue

According the human rights-based approach each stakeholder has the opportunity to shape the future service and plays the important role in bringing this project to the successful conclusion. Partner's expectations, especially anticipated from parents, management or working group of experts on implementation of planed services might be different from the very early stage. The lack of clarity on the expected results, as suitability of services to primary target group through the life of project, becomes more and more obvious.

The parents see the Day Care Centre as a place where their children can spend 8 hours a day in safe, supportive environment with additional services as education, training, physiotherapy, medical care. From their point of view there should be continuity of service provision, responding to their needs irrespective the age of their children, their educational abilities or medical condition.

On the other hand, the professionals see the Day Care Centre more as a rehabilitation centre where preferably young children have the opportunity to prepare for preschool or inclusion in mainstream school, but also as a Centre where professionals first of all work on integration of children into the community by providing them equal opportunities in educational system.

Sometimes it is not easy to fulfill both expectations, especially when we tray to set high quality standards.

This vagueness and misinterpretation of the main objectives in Day Care Centre reflects through all aspects of Centre's activities and effects first of all collaboration between parents and Centre's staff.

Points to take into account to improve

The success of the project based on teamwork depends on the motivation of the people involved and their motivation depends on the benefits each partner expects for themselves or their institution. Therefore it is important that the partners are clear and unanimous at starting points.

The route taken to deliver the clear vision needs to be flexible, goal-oriented and able to accommodate new directions.

In this sense it would be good to answer the basic questions:

1. Where do we want to go?
2. Where are the choices available to us?
3. Are we getting there?
4. Do we need to rethink?
5. Will the vision be sustained?

3. Beliefs, values and key principles

As a part of “The General regulations for the work of the Day Care Center Tisa”, the beliefs and values are addressed in article 2 and 3 quoted as:

Article 2.

Day Centre represents comprehensive care for the children with special needs, based on holistic approach, where the complex service is provided (socialization, education, care, rehabilitation, free activities, parents’ support/consulting, etc) and valued a social model as oppose to the medical model of rehabilitation and education of children with special needs.

Article 3.

Aiming to protect, promote and advance the rights of children with special needs, their socialization and integration into community by giving them the same possibilities and education, aiming to prepare the children for pre-school/school or educating them for independence in the day activities, depending on the maintained abilities of the child, as well as the social and medical rehabilitation aiming to increase and support the functional capabilities of the children and their education for independence in the day activities.

Recommendations for improvement

The policy for providing services to people with special needs should be based on clear principles, promoted and executed in daily work of Day Care Centre.

Particular values are proposed:

1. Person centered planning, with the holistic approach and involvement of the service user
2. Genuinely inclusive and integrated activities based in the community
3. Individually tailored support
4. A network of local resources to support community-based activities
5. Parents and careers should be fully involved in service decisions

In summary, people with learning disabilities should be:

- treated with respect and dignity,
- enabled to achieve the maximum feasible development and independence,
- offered proper physical and medical care; education, training, rehabilitation, day services, domiciliary care, vocational guidance,
- enabled to live in the most appropriate environment consistent with their own choice,
- able to live as independently as possible and participate in the normal pattern of life within their community.

In addition service providers should ensure that:

- Individual and religious beliefs, race and gender issues are taken into consideration. Attention should be paid to language and cultural differences, wishes and expectations;
- services take account of the traditions and requirements of people from different minority ethnic groups;
- people with learning disabilities who are not able to exercise all their rights are not unduly restricted or denied those rights;

- service provision is based on a participatory partnership between service users, parents and providers of the service.

4. The general organization of the Day Care Centre

As the DCC operates under the registration and regulations of Centre of social work Bijelo Polje its main document defining its work and organization is "Book of regulations for the work of the Day Care Centre for the children with special needs "Tisa".

According to the official documents and reports the instances that are managing the DCC are the following:

- An executive – decision-making body, represented by the director of Centre for social work and the coordinator of the DCC.
- An Expert Council – including representative from the Centre of social work, representative of the Association of parents, and an expert from the area of rehabilitation. By information from parents and coordinator of DCC, it started with its work in December 2005. The members of the Council gather once a month.

A professional advisory body exists also – Consultant board, includes representatives of all partners of the DCC.

Major issue

Regulations are very unclear and do not give enough transparency on relationships between all members in project. There is lack of communication system to keep all involved informed and synchronized in their actions. Consequence to that is a tendency on a one way decision making processes.

What to improve

The items below are identified as areas that require a significant change in the way the team functions:

- Lack of prior proper planning of the tasks, on the other hand planning in too many details, but not assuring exactness in sense of who, how, when, where.
- Lack of communication: need for a communication system – for keeping all involved informed.
- Development of teamwork between all the members in working process and understanding of the key principles of team building specially the role of team leader.
- Lack of clear definition of the roles of participating partners. Parents must be respected and included in all decisions that involve their children.
- Objectivity versus subjectivity: set up measurable goals and evaluate performance against these goals.
- Necessity for the support from external counselor in difficult issues.

Human resources

The staff includes the following professions:

The coordinator, psychologist (part time), defectologist, special pedagogue, physiotherapist, one nurse / care giver, a driver, and a maintenance person (part time). Additional medical technician paid by parents and assistant in administration – lawyer. Occasionally volunteers participate in working process.

Coordinator of DCC

Is highly motivated and very well known and appreciated in the local community. She has developed extensive connections with useful key actors as media, private companies, authorities etc. In one year and a half she has built a very positive image of the DCC in local community.

The next important step that she sees in the development of the service is DCC becoming independent, with own financial means on disposal.

A facility she is missing is a computer for better record – keeping.

Key areas to improve

Coordinator in present situation is highly motivated and dedicated to her work, but overwhelmed with responsibilities, suffering from lack of structured planning and not enough management skills.

There is collision with her professional role as speech therapist – profession also very necessary in work with children in DCC.

Teamwork should be exercised! Especially the professional team of DCC has the potential that could be a rich resource of knowledge and skills, so far not exploited enough. The role of manager to link up the professionals and parents is not sufficient.

In summary, there is a need for thorough understanding of core management skills, in terms of communication, teambuilding, partnership, disciplining and rewarding.

The tasks of a manager include the management of staff, the supervision of care, the efficient administration of the organization (record-keeping, domestic organization, legal matters, financial affairs, upkeep of the buildings), the management of supplies, support services such as cleaning, catering etc.

Perhaps most importantly, the manager of the Centre is responsible for setting the tone and style of the home in terms of its efficiency, its probity, its concern for children and staff, and its relationships with the outside world. A good leader can have a major impact on the way care is delivered and the standards that are achieved.

Objectives

The manager should set clear, agreed objectives for all the main elements of provision. Specific targets and standards should be published, known to staff and parents. Objectives should be generally available and made known to all staff and parents in a form that makes them accessible and understandable.

Goals and achievements should be regularly and routinely reviewed.

The DCC should publish a brochure setting out aims and objectives, eligibility criteria, its facilities, fees, services and terms and conditions for admission of children.

Management of staff

A key responsibility for manager is to assure the quality of services being offered to users including:

- Initial discussion and training within the whole working group to provide a quality service to users
- Identification of the specific role, and the personal responsibilities, of each staff member
- Arrangements for encouraging parents to express and record their views on the quality of the service being received
- Promotion among all staff and other partners of concepts such as “a team approach to quality care”.

5. Documentation and administration

According to the written Regulations and situation at the field there are the following documents:

Documentation about the users:

1. Basic information about the user and the family,
2. Contract between the DCC and user
3. Medical records,
4. The first record of each expert,
5. Diary and notes of the presence and important achievements of the child,
6. Individual stimulation plans (Individual activities plan - IAP) of the child
7. Creative file of the child
8. Daily, weekly and three months plan of activities for the child

Employee records:

1. Basic data about the employee,
2. Job description,
3. Form of the employee's three-month work quality evaluation

General:

1. Finance documentation
2. Book of work rules
3. House regulations
4. Annual activity program drafts
5. Three-month group activities program drafts
6. Daily activities schedule for the Centre as a whole
7. Data of inquiries of parents, of the public opinion etc.

What to improve

There are many evidences, sometimes doubled, but not providing transparency or easy approach to information required. Also proper storage and confidentiality of documents are questionable.

Personal details (e.g. diagnoses) in these records should be kept in a secure place (under the key) and access should be limited to those with overall responsibility for the day-to-day care of the resident. Records kept about individual child should be confidential, accurate, up-to-date and must comply with legal requirements. All records maintained by the organization must be securely and safely stored.

Anyone who has access to records should be instructed in the proper handling of confidential information. Manager and staff should be adequately briefed on issues relating to confidentiality and access to case files.

There must be a secure system for administering and for the disposal of medicines, which in case of DCC is sufficiently kept by the nurse.

When possible, keep records on paper and in computer files.

Records suggested as important and always available for inspection are:

- details of the home's registration,
- brochure of DCC,
- a list of all children in DCC and their case records,
- list of staff, their qualifications and their references,
- annual plan of activities of DCC,
- annual report of DCC,
- rules and regulations,
- code of rights and responsibilities,
- records relating to medication,
- records of complaints,
- list of all records, documents and evidences in DCC

Records regarding users

- a care plan including Individual Activities Plan agreed with the parents and relevant care staff,
- a child's life story book – particularly important for maintaining and restoring a child's sense of identity and as a source of information for staff,
- contract with agreements and documents when entering the DCC
- reports on child's progress

Other records that must be kept will relate to safety:

- maintenance records of specified equipment,
- records for health and safety purposes,
- records in line with fire regulations,
- records to meet food and hygiene regulations,
- records detailing accidents and other incidents.

Other documentation should include:

- the policies and procedures of the DCC
- the staff handbook which sets out terms and conditions of employment not included in individuals' statement of terms and conditions, general procedures at work and health and safety as it applies to staff members,
- staff rotas.

6. Staffing

The staff working at DCC at present time is the following:

- Coordinator of DCC
- Professional staff: psychologist (part time), defectologist, special pedagogue, physiotherapist, nurse / care giver.
- Ancillary staff: a driver, a maintenance person (part time).
- Additional medical technician paid by parents of children in DCC.
- Assistant in administration is a lawyer by profession.

- Occasionally volunteers participate in working process.

Indicators of the success

During the interview the working group has made a very good impression as a competent, well equipped for team work, motivated internally, with clear vision, with relevant knowledge in their professions, willing to learn more and with reasonable critical thinking.

Issues and areas to improve from their point of view

- they miss regular meetings where all relevant information is shared, they see a need for better communication, synchronization and team work,
- feel excluded from a decision making processes and organization of the activities in DCC,
- see their future as professionals in rehabilitation centre and not as a “baby sitters”,
- future vision of the DCC see in education and supporting integration of preferably younger children, where they could offer individual activities to different children few hours a day,
- group of children admitted to DCC are severely disabled (autism, cerebral palsy, Down syndrome) with no real potential for education or training in other structures,
- DCC is filled to capacity, so for the moment the access of other children in the centre is not possible,
- feel frustrated because of the lack of external motivation and acknowledgement of their “different working conditions”,

Practical daily problems they face:

- there is a lack of hygiene, sanitation equipment,
- they do not have access to the phone; when coordinator not in Centre, phone is locked in her office; in case of emergency they have to rely on their own mobile phones,
- there is no compensation for working clothes or clog (wooden shoe). They have to finance all by themselves,
- with regard to their special working conditions, they could be entitled to some benefits or stimulation as shorter working hours, salary bonus, longer holidays etc.
- person who works as a housekeeper starts to work from 1p.m (4 hours a day) what is not sufficient. They spend a considerable amount of time for cleaning,
- parents send a child to day care even when ill, irrespective of their request to keep the child at home until healthy,
- it has happened that the family members did not open the door of their home, when child was brought home 15 min before the time; driver had to wait in a van with the child,
- they do not have enough support and understanding from a coordinator of DCC.

Trainings requested

Psychologist – ask for training on group work with children with disabilities.

Physiotherapist – additional training for dealing with children with cerebral palsy

Recommendation: Nevro – development treatment – “Bobath technique” (basic course 480 hours, contact dr. Velickovic).

Lawyer – would be thankful for the opportunity to see how is organized management, administration, legal issues in organization relevant to their DCC, and how to put up effective computer data base.

Equipments required

- least one phone line more, accessible to staff

- better hygiene and sanitation equipment
- fax machine
- copy machine
- scanner
- furniture to equip sensory room for children (snoezelen room) for sensory stimulation

Recommendations for training and staff development

There should be established a better relationship with the coordinator by exercising a teamwork approach and sharing the feeling of ownership.

Job descriptions when on paper, present many working areas of particular worker but to really exercise all responsibilities in daily practice there need to be alive structure of a team work, allowing each member to do their part.

Also they need clarification on DCC future developments and as a consequence of Centre's main working area clear vision on their role as professionals.

Regular weekly staff meetings with the coordinator are obligatory.

Staff should be encouraged to undertake training courses to acquire skills and where appropriate, qualifications. They need support in external counseling in order to improve their relationship and cooperation with parents as soon as possible.

The benefits to be derived from having a trained staff are many:

- residents receive better care,
- staff feel more confident that they are doing the work as it should be done and that they can tackle problems that arise,
- staff feel valued by management when the training programme has the management's backing,
- the ethos of the home is improved,
- a pool of staff is available for promotion and career progression.

It is sometimes easier and cheaper to provide training in-house than to arrange for staff to spend time away.

Recommendations for improvement

The quality of services which children and parents experience will depend to a great extent on the calibre of the staff caring for them. A trained and experienced staff team, which is well managed and adequately paid, is likely to provide high quality care in a responsive and understanding atmosphere.

If users are to receive a satisfactory standard of care, it is important that staff see themselves as part of a team which is consistent in its shared aims.

Recruitment

The recruitment of good staff is critical to the running of every home or Day Centre and should be undertaken carefully. Staff at all levels will need to demonstrate the right degree of knowledge, skills, experience and attitudes relevant to their jobs.

Job descriptions

Job descriptions should describe the roles and tasks which staff has to undertake. They should outline the management structure and lines of accountability and the support and supervision available. They should also set out the overall purpose of the job, linking the importance of the tasks described to the aims of the home as a whole.

Staff handbook

A detailed handbook should be readily available for each member of staff, setting out terms and conditions of employment and also covering procedures to be observed during working_hours. It should include:

- terms and conditions of employment,
- health and safety at work policies,
- procedures in specific circumstances, for example fire and other emergencies,
- policies and procedures relating to sickness and absences,
- instructions on maintaining confidentiality,
- instructions on receiving gifts or gratuities

Induction

New members of staff should be given a job induction during which they are introduced to users, meaning children and parents and other members of staff and the nature of their job described. Volunteers should also be given a job induction.

Probationary period

It is good employment practice for all staff to undergo a formal probationary period to ensure that they are suitable for the job and the home. They should be properly supported during this time with a review undertaken at the end of the period. Care should be taken to ensure that new staff is not placed on duty together and unsupported. It is good practice to place a new member of staff alongside a more experienced person who can act as mentor.

Working conditions

Hours of duty

Duty rotas should be based on a working week of 40 hours (42?). Care should be taken to ensure that enough time and attention is given to handover procedures between shifts so that staff coming on duty is fully informed about any developments or changes in child's circumstances.

Support for staff

Manager should ensure that communications systems and staff supervision are sufficient to enable staff to undertake their duties effectively.

Staff meetings

Staff meetings should take place regularly and involve all staff.

Staff supervision

There should be one-to-one supervision sessions for all staff on a regular basis although they may be required more frequently for nursing and care staff than other staff categories.

Ancillary staff

Ancillary staffing includes staff not primarily engaged to undertake managerial, nursing or social care roles but the value of their contact with users should not be underestimate.

7. Assessment of disability, placement and educational programmes

Diagnosis and assessment

According the information gathered in interviews:

Parents association has made the first list of children for placement in DCC. For educational purposes and admittance to Day Care Centre children were diagnosed by a professional expert from Belgrade.

After 6 months defectologist from Igalo Institution and dr. Sonja Kosac as a medical consultant have made assessment on progress. Assessment of child's progress was also done by the professional team in DCC.

According the Regulations of DCC educational evidences are:

- diary and notes of the presence and important achievements of the child,
- individual stimulation plans (Individual plan of activities - IAP) of the child,
- creative file of the child,
- daily, weekly and three months plan of activities for the child,
- reports on progress.

Recommendations

In the former Yugoslavia, Categorization Committees were responsible for diagnosis. The process of diagnosing a child with a certain level of intellectual disability is therefore still commonly referred to as "categorization".

However this can have a serious stigmatizing connotation for the child concerned, as there are commonly many negative stereotype associated with "categorized" children.

Early intervention and Support

The Government should continue the reform in the early intervention system, to improve services for children of preschool age with intellectual disabilities and their families. This should include allocating appropriate resources and adequately trained staff to the mental-hygienic departments in Health Centres throughout the country.

The admission criteria for the enrolment of the children to the DCC

A good and valuable cooperation has been established between medical professionals working on developing Commission for early detection in Health Centre Bijelo Polje and the DCC.

I suggest considering the possibility for establishing the Commission for the enrolment of the children to the DCC by including professionals from both mentioned organizations.

The Placement Commission must include professionals who have known the child for a long period of time. In addition, the commissions should ensure a wider cooperation with a network of experts who know the child well.

Parents and legal guardians must be present at the assessment process and should have a bigger role in the decision making process.

The members of the Placement Commission should all be experienced experts in their respective fields.

Educational programs

The Government should, as a priority, amend the national legislation in order to harmonize it with current international disability policy. These amendments should aim to ensure that all people with intellectual disabilities can access their basic rights and are offered the chance to receive quality training and education in integrated environments.

For educational purposes the relevant Act and its implementing regulations legislates the diagnosis of children with intellectual disabilities and their placement in different educational programs.

In accordance with the Act, regardless of the type of school or institution in which a child with special needs is placed, the school or as in our case Day Care Centre must prepare an individual educational program. This program should be evaluated and rewritten yearly and must be re-evaluated within a maximum period of three years.

Since the national regulations in the field of education of children with intellectual disabilities in Montenegro are in transition and most of professionals in DCC are young and inexperienced in the field of special education, would be helpful to develop the links with special teachers working in institutions for children with learning disabilities. This cooperation might bring benefits to both parties.

Special attention and effort should be put to acquire additional knowledge and understanding of:

- person centered planning and assessment for educational purposes,
- special education curricula specifically designed for children with intellectual disabilities,
- better understanding the meaning of individually tailored support
- how to develop a network of local resources to support community-based activities,
- how to organize two groups of children according their specific learning needs
- information on additional support and right to a personal assistant (if legally regulated)
- additional training for experts educating children and young people with intellectual disabilities,
- vocational training and life long learning since children stay in DCC up to eighteen years of age.

Here I would like to emphasize the importance of person centered planning, which moves towards individual support and community inclusion in order to improve the quality of individuals' lives. It is essential that person centered planning is not misinterpreted as a new way to do individual planning, as just a new set of paperwork. Person centered planning reflects a new paradigm which involves another way of thinking, seeing people, imagining possibilities with people, re-evaluating our roles within people's lives and the way organization works.

Staff was not specifically trained in collaborative work, but their enthusiasm for the tasks, and their agreement on the principles which guided them, reduced some of the potential barriers to working together.

The existing group of experts definitely has the potential to become, by adequate support and additional trainings, self-confident interdisciplinary team of professionals and a valuable resource in wide society.

The field of special education in all details is immense and exceeds the framework of this evaluation. Also as an evaluator I might not be familiar enough with the present system in Montenegro. I would suggest that DCC professionals get in contact with Institutions for education of children with moderate and severe intellectual disabilities in your country, where, I am positive, experts have knowledge and reach experiences in their practical work.

8. Cooperation with parents

Despite diversity of the group, there was a relatively high degree of consensus on a number of key issues.

This included agreement that:

- in society the attitude towards people with learning disabilities is changing in a positive way, though many families still face major stigma and prejudice and are confronted with significant barriers to realizing their fundamental human rights,

- opportunity to have a child in DCC has brought a new, better quality of life in their families,
- children are happy to meet with their peers daily,
- DCC gives a possibility for children having a physiotherapy,
- they have more time to take care of their own needs and the needs of other members of the family,
- having a child in DCC has brought the foundation for employment; usually of the mother of the child, what was not possible before,
- they perceived a significant progress in their children's behaviour; specially in social contacts, communicational skills and positive emotions.

Issues and areas to improve from their point of view

- as being the first initiators of the project, they feel not enough included in the decision process, within the actual organization of the centre.
- in "Memorandum of Understanding", signed in May 2003 they were treated as equal partners in the project; as soon as premises for DCC have been acquired, Centre for social work has plaid the main role, not including them as partners or providing them the information necessary,
- they miss the mechanism which will allow them participation in planning and decision making processes in DCC; would like to participate but find no room for that, they were expected a real team work,
- they feel that nobody really listen to their opinion or suggestions; they are consulted only on the occasion of the IAP definition;
- the team in the DCC doesn't feel the need of a real partnership with parents,
- the coordinator doesn't work as Speech therapist,
- would like to extend the upper limit (18 years of age) for the service right in DCC,
- in Summer Holidays (from 1st July to 15th August) some have a problem with finding a proper care for the child,
- some parents would like to participate in daily work of DCC; as a support in cleaning or driving, some suggested two or three parents should get employed by DCC,
- they exposed the problem of medical technician, financed directly by parents,
- they think DCC would need more staff, additional maintenance person, speech therapist, nurse,
- when children have a day trip, driver brings them back after two or three hours; when both parents are employed this cause a problem,
- would like to hear more about the possibility for having a Personal assistant,
- children with cerebral palsy need adapted wheelchair – can experts who work in this area give them advice on the matter.

Recommendations

The complexity of needs presented by people with intellectual disabilities makes it impossible for one person or discipline to meet them all. The combination of health, social care and learning needs means that it is inevitable that several agencies will be involved throughout their lives. Also, as long as possible, parents should be involved as equal partners in planning future life of their child.

Parents are often the best advocates for their children, especially parents of children with a learning disability. As child's best advocate, they are in a unique position to identify and implement positive changes. They do not need to become professionals or being directly involved in service working processes to have a power to influence the quality of services.

If deciding to appoint parent of a child to work in the DCC, the same regulations and criteria should be applied as for all other employees. Parent should also be aware that by accepting the role of employee sometimes might put him/her in less powerful position.

Few tips to parents

As a parent beside knowing the legal regulations and knowing well the people who make decisions about child's education and support it is also important:

1. Learn to communicate effectively

Come to meetings prepared, and know the specific outcomes you want. Be clear, calm and direct when speaking and put things in writing whenever possible. Listen, and take time to think about information. While assertiveness and persistence are crucial, anger and aggressiveness can work against you and can damage important relationships.

2. Learn how to emphasize solutions

While there are no miracle cures for learning disabilities, it's important to stress the positive, and to help identify ways to improve child's opportunities. When the professional team gathers to talk about the child's Individual activity plan parents are part of the team.

The child's progress toward the annual goals should be measured, as stated in the IAP. Parents should be regularly informed of their child's progress by the end of the year.

3. Learn how to stay positive

When communicate your thoughts, ideas, and concerns, you define your child's needs. When you emphasize the positive aspects of your child's education, you develop a good working relationship with the professionals in your child's life. When you convey, "What works" rather than spending time and energy on what doesn't work, you become a stronger advocate for your child. When you need to state concerns or problems in writing do so in a factual, non-emotional, and businesslike way; this will ultimately help you get the results you want for your child.

Other areas for improvement

Establish an effective system to avoid lack of communication and cooperation between the professional team and parents.

Develop a mechanism that will allow parents to participate as equal partners in decision-making processes, when appropriate.

Build a teamwork approach and better relationship among all involved. To successfully accomplish all that team at DCC will need participation of external adviser.

9. Quality of premises and equipment

The center's location is suitable in order to provide relatively easy access to the city centre. Building has two possible entrances approachable by wheelchair. Spaciousness of rooms is suitable for number of children visiting Centre at present time.

Group activity room can provide working space for different activities. Children with cerebral palsy, especially because their wheelchairs are not suitable for any active work, will need adapted chairs with stripes and tables in order to minimize extra pyramidal symptoms what is preliminary for any learning activity.

Physiotherapy room offer adequate space according its purpose and additional area for other activities. To already existing equipment add: big adaptable cushions and therapeutic ball meant for children with cerebral palsy.

Office in terms of space and furniture is suitable. Case with the lock for keeping the records and evidences is missing.

Bathroom and toilets provide enough space and privacy. On regular bases there is a lack of hygiene and sanitation equipment.

Room, now used for individual treatment, as staff suggested, can make a nice relaxing room if equipped with audio visual stimulating devices.

First of all rooms but sometimes also equipment, furniture, personal belongings equip with picture symbols according their purpose to support non-verbal communication. Don't be afraid to use more colors.

Almost all children daily depend on transportation provided by DCC. Issue on maintenance and amortization of van is significant.

Conclusions

There are many indicators presenting a successful story, sustained by effort and enthusiasm of all partners involved.

The main problem I see is establishing trust!

In year and a half a good groundwork has been established.

Day Care Centre has a good foundation in human resources, presented by the team of experts which can grow and evolve; has relatively solid facilities with a perspective for improvement; basic regulations and procedures are set; there is readiness of local authorities to take their own responsibilities; and last but not least, there is a motivated group of parents, already playing their important role.

The next step is to establish trust and to pull the energy off all players towards the same purpose. Sometimes, to do that, we need to change the way we think and the way we behave. Do not keep the old forms and just give them new names. Avoid wasting your energy on finger pointing of a blame goat and try not to play politics with those important issues. At this point it is necessary to freshen up the main aims of the project, keep in mind importance of a social dialog among all partners and set clear sustainable program objectives.

Attempt to ensure social justice is always a challenge. We all want a better quality of life. In order to do that, we reform public services that should be well funded and offer services people want, the way they want and really need. We all want our children to grow up in prospective environment, assuring their safety as equal members of our society. By protecting the most vulnerable among us we can enrich self-esteem of the whole society.

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CHAPTER 2 – THE EXTERNAL ENVIRONMENT AND THE INSTITUTIONAL EVALUATION (Diana Chiriacescu)

- The leading forces of the Day Care Centre:
 - The founders and the partners of the DCC
 - The actors who play an important role in the development of a qualitative service for children with disabilities
 - The stakeholders matrix and the relational environment
- The perspectives of each stakeholder about the future development of the DCC
- The effectiveness of the DCC
- The relevance of the DCC
- The financial management and the efficiency of the centre after one year
- The sustainability of the DCC

The founders and the partners of the day care centre

The initiative of the opening of a day care centre for children with disabilities belonged to the Parents Association of Children with Special Needs from Bijelo Polje.

In this region, most of the parents were confronted in the past with a difficult choice. The only available provider of specialized services for persons with disabilities was the residential institution called “Komanski Most”, a large setting for 350 persons with physical and intellectual disabilities. Like the majority of the residential institutions in Montenegro, these services were based on a medical approach of the disability and a “protective” environment for the users. As no other alternative existed, in terms of education, rehabilitation or socialization for the children with moderate and severe disabilities, the parents preferred to keep the children at home, in a friendly environment, but without any access to other alternative services, and though in a relative isolation.

In addition, Bijelo Polje, as many other cities in Montenegro, has many accessibility problems for the disabled persons. The transportation and mobility are very difficult, because of environmental barriers and of the lack of adapted means of transportation. These aspects lead progressively to a lack of stimulation, social participation and a reduced access of the disabled persons at education and training programs.

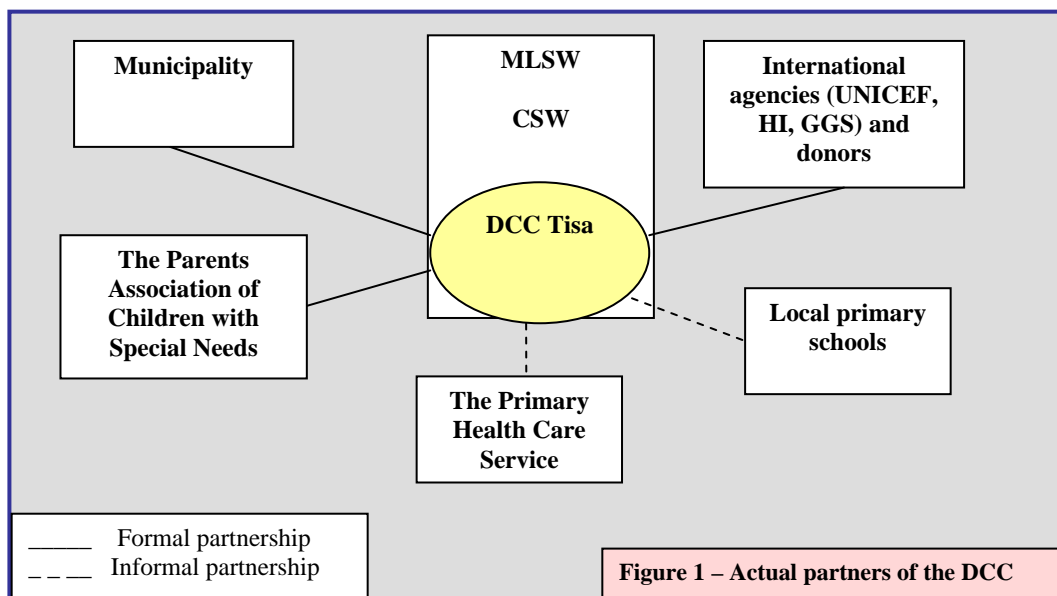
In these conditions, the parents decided to mobilize their efforts in order to initiate the opening of a small community setting for their children. The Union of Parents Associations of Montenegro and then the Parents Association of Bijelo Polje were supported and encouraged by Save the Children UK, the Swiss SDC and, further on, by UNICEF and Handicap International.

In 2002, their initiative became known by the local authorities, who accepted to participate at this common effort. The main official document used in the initial phase of the development of the DCC was a “Memorandum of Understanding”, signed in June 2003, between the Ministry of Labor and Social Welfare, the Municipality of Bijelo Polje, the Association of Parents of Children with Special Needs and UNICEF. This document established the responsibilities of each partner in the first phase of the organization of the DCC.

The DCC Tisa opened in June 2004, after almost two years of preparations (September 2002-June 2004), conducted by a “coordinative body” (representatives of all partners of the project).

The centre is actually part of the services provided to persons with disabilities within the Centre for Social Work in Bijelo Polje, and functions in a building put to disposition by the municipality. The renovation of the building, the equipment and the training of the staff were insured by UNICEF and the international organizations (HI, GGS and SDC).

In the following picture are represented the actual partners of the DCC, both formal and informal:



The Ministry of Labor and Social Welfare (MLSW) funds the current activity of the DCC Tisa, through **the Centre for Social Work (CSW)**. The choice of transforming the day care centre in a public institution, within the administration of the Centre for Social Work, was taken in the pre-opening stage by the partners. The reason of doing it was a practical one: the CSW was, at that time, the only public structure that included the majority of the positions required for a day centre: defectologist, psychologist, social worker, administrative staff. After the opening of the centre, the physiotherapist and speech therapist were also included in the personnel scheme of the CSW.

Both Ministry and CSW consider the DCC as a major achievement for the social services system in Montenegro and are very motivated in the development and improvement of the service.

The Municipality put to disposition of the DCC the actual building. The representatives of this local authority played also an important role in the preparation stage of the DCC, supporting very actively the parent's initiative and participating also at the design of the future service. They participated also to the study visits organized by UNICEF and HI.

The visibility of the DCC at the Municipality level is actually very good.

The Parents Association played a central role in the opening of the DCC and contributed to a participatory planning of the new service.

The salary of the medical technician of the DCC is paid by the parents of the children who are attempting the centre.

The association put also to disposition of the DCC the toy library, in the afternoons. One representative of the Parent organization is a member of the expert council of the DCC (a consultative body which will be described in the next paragraphs).

The majority of the parents of the children who use currently the center's services are members of this association.

The International agencies provide continuous training for the staff, but also direct support for the improvement of the internal organization (overall regulations draft, monitoring of the activities etc.).

In the preparation stage, UNICEF and GGS ensured the equipment of the DCC (furniture, physiotherapy equipment, educational materials etc.) and the minivan for the daily transportation of the children.

During all preparation stage, but also after the opening, UNICEF and HISEE provided support for the planning process (study visits in Romania, Slovenia, Bosnia and Herzegovina) and the training of the staff (with local and external experts).

The parents association was actively supported by Save the Children UK, in a program that included also other local associations in Montenegro. During this process, a toy library was opened, as a place of play and socializing activities for children, but also a meeting and exchange opportunity for parents.

Two different types of community services developed direct partnerships relations with the DCC Tisa:

- The local primary schools
- The Primary Health Care Service.

Their role is very important for the insurance of a continuum of services for children with disabilities in Bijelo Polje.

Two local primary schools were receptive and open to the process of inclusive education of children with disabilities in mainstream classrooms. They developed recently an exchange program with the staff of the DCC. The option for the preparation of an inclusive education program within the day centre was an extremely important decision for the staff, parents and the other partners, in terms of internal organization and strategic decisions for the future.

The Primary Health Care Service of Bijelo Polje provides medical support for the children who attempt the DCC, on voluntary basis. This service is a professional and important one, because the users of the DCC Tisa have different types of medical conditions and the center does not include a medical doctor in the staff.

Conclusion: The diversity of DCCs' partners, both in the preparation stage and in the current organization format, represented a very good frame for the new community based service for persons with disabilities.

In a region with no tradition in partnership cooperation and decentralized service provision, the DCC of Bijelo Polje demonstrates actually a very good potential for innovative practices, if all stakeholders at local level participate together at this common effort.

The main actors in the development of a qualitative service for children with disabilities, in the DCC Tisa

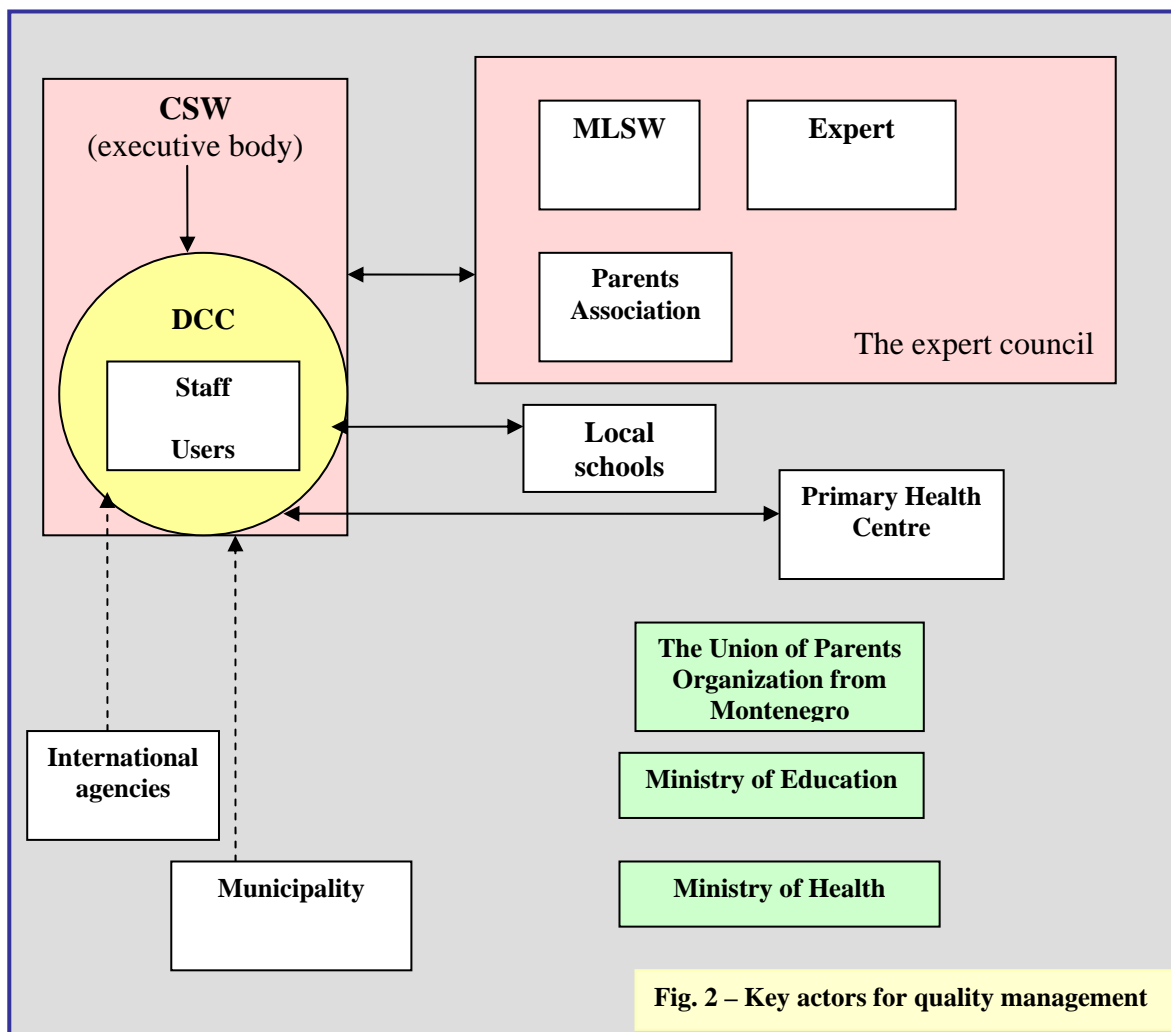
The main preoccupation of the founders and partners of the initial project was to offer a qualitative service to the disabled children and their families, within the day care centre. Further on, we will analyze their roles and involvement from the angle of the quality principles required usually in a social service for persons with disabilities.

The quality standards for day care services for children with disabilities do not exist yet in Montenegro, but there is an active interest for their elaboration, within the Ministry of Labor and Social Welfare. This is the reason why Tisa is a very important project for the common reflection and elaboration of the future quality standards, among all stakeholders involved in the process.

In this context, there are several groups that play a significant role in the organization and current functioning of this service, in relation with the quality issues. Some of these groups are formalized, occupy an official position and have also administrative responsibilities, other groups are informal, but with important roles in expressing the needs of users and promoting the values and the principles of good governance for the centre.

We will illustrate the report between these stakeholders and we will provide a short description of their role in the DCC.

In the figure no.2 are represented the groups who influence the daily activity in the DCC and who play, or should play (according to their statute), a central position in defining the good quality criteria for the daily work with children and their families.



a) The instances that manage the DCC:

According to the actual “Regulations” of the DCC, they are two instances who ensure the management of the DCC

- an executive body, represented by the director of the CSW and the coordinator of the DCC;
- an “expert council” (advisory): one representative of the Ministry of Labor and Social Welfare, one representative of the Parents Association and one expert in the field of work with children with disabilities.

The **executive body** is the one who currently administrates the DCC. *The financial management* is the exclusive responsibility of the CSW. In exchange, *the representation function* (the role of representing the DCC in relation with the partners and external environment – media, services providers, public etc) is shared between the CSW and the coordinator of the DCC. The current *staff management* is the responsibility of the DCC coordinator

The decision of the actual organization of the service was taken by the partners, in the pre-opening phase, in the absence of a legal framework for such an institution of Day Care Center in Montenegro. The center is now in a pilot phase and should become (according to the initial plans) an independent public institution with a legal framework and defined standards.

The proposition for this temporary management structure was made in order to test the organization of joint decision making on the local level between the partners of the project, having the MLSW as the main responsible for supervision, through the local Center for Social

work in Bijelo Polje (see the Progress Report for the first phase of the project/ HISEE-UNICEF / June-Aug 2003)

Both the director of the CSW and the coordinator of the DCC are highly appreciated professionals in the community. They share common values and are aware about the role of the Tisa DCC as an innovative program. In terms of **leadership**, they are the actual promoters and the careers of this project, in relation with all other partners. The centre is already very “visible” and well known in the community, well reflected in the media, highly appreciated and supported by an increasing number of donors.

Tisa is however a complex service, with an important financial and administrative “weight” for the CSW. It requires significant financial and administrative resources and though an appropriate **distribution of management responsibilities** between the director and the coordinator.

Concrete recommendations for improvement, at this level:

- An empowerment of the coordinator of the centre, in terms of sharing direct management responsibilities (human resources, planning, financial and budget aspects, partnership initiatives). This process should lead to a better capacity of planning and strategic thinking, related with the sustainability of the service and the complementarities with other service providers.
- Management training for the coordinator, with focus on: internal organization of the service, the partnership with families, the user’s participation at the organization of the service, human resources;
- The involvement of the staff and families in the planning and development of the service, as pre-conditions for all decisions taken at the executive level;
- More transparency in all financial aspects and a partial delegation of financial responsibilities from the CSW to the DCC level (budget planning, current administration of the running costs, etc.)
- The development of (auto)-evaluation procedures – at all levels of the current work (staff, direct work with children and teenagers, institutional level, executive body).

The **expert council** meets once a month and is a consultative structure for the executive body. Three members are present in this council: a representative of the MLSW, one from the Parents Organization and an external expert, agreed by the international agencies and actual managers (see the Regulations of the DCC, chapter V). This structure replaces the previous “advisory body” who was the consultative team for the pre-opening period (representatives of the Ministry of Labor and Social Welfare, Bijelo Polje Municipality, international agencies)

The first meeting of the expert council after its re-organization should take place in December 2005. The last common meeting of all partners took place in November 2004. A separate meeting of the international partners (HI/ UNICEF/ GGS) took place in January 2005, in order to analyze the progresses in the internal organization of the DCC, after the opening. Several meetings of a part of local partners took place also during 2005, for certain events or organizational aspects: the first anniversary of the DCC, the elaboration of the internal regulations etc.

The cooperation between the executive body and the expert council should play a major role in the quality management of the service, for several reasons:

- all *direct interests and competencies are represented* in these two structures: the users and the families, the managers, the methodological responsible (MLSW) and an external expert with significant experience in the field of disability. The joint cooperation between all these actors ensures usually a very good quality of the service provided.

- The DCC is designed (by all initial partners) to participate at the *process of development of the quality standards* for Montenegro. In this context, the expert (advisory) council will offer a complementary perspective for the internal organization of the service.

For almost one year, this expert council was not active in the terms defined by the overall regulations. The external expert was present however to the regular meetings of the executive body and participated, together with UNICEF, at the elaboration of internal documents of the DCC. The lack of a regular advisory component in the first year of functioning is visible. The consequences rely more in the diminished involvement of parents and staff in the general organization and development of the activities and also in the financial transparency of the service.

Concrete recommendations at this level:

- Re-establishment of a participatory approach in the management process and regular joint meetings between the executive body and the expert council;
- The start of a common reflection related to internal procedures and participation of the staff and users at the organization of the service;
- The common analysis of the financial and administrative aspects related to the DCC, as a starting point for a cost-benefit analysis. This common work is a very important one for the future development of the network of DCC in Montenegro and for the promotion of the principles of community based services, as alternatives to institutionalization.

b) *The users and users' representatives*

The parents of children with disabilities were the main promoters of the opening of the DCC. One representative of the association is actually a member of the expert council of the DCC.

But their role is progressively diminished in the actual organizational frame of the DCC. The parents have a strong (and justified) feeling of losing the ownership of the initial project. They consider that their opinion is less taken into consideration, both in the organizational aspects, and in those directly related with the program of children in the daily activities.

In exchange, the association continues to have a strong motivation and energy, and the meetings of parents take place regularly in the toy library, a special setting organized by them in the same building with the DCC.

Initially, the parents wanted to assume concrete responsibilities in the daily organization of activities, as staff members or volunteers. Because of the actual organizational framework of the centre, this role was not agreed by the professionals and partners.

But in the same time, their active role in the definition, planning and evaluation of the service provided (as users' representatives) diminished also. There is relatively poor communication and cooperation between families and professionals of the DCC. This element represents a significant risk for the quality of the services offered in the day care centre. There is an urgent need for involving parents in all stages of the organization of the service (needs assessment, planning, evaluation of the service provided) and not only in the definition of the Individual Action Plan (IAP) for each child.

On the other hand, the children themselves do not really participate to the definition of the daily program and activities. They are well cared and the staff developed a warm and friendly attitude towards children. But the team members (who are very receptive to the improvement of the daily work) should receive concrete training in this field of user's participation to the daily program.

Concrete recommendations at this level:

- A reinforced involvement of users and parents in the organization of the service (at all levels: needs assessment, planning, monitoring, evaluation). The executive body should acknowledge that this is one of the most significant quality principle in the social services and should elaborate a management frame which encourage and stimulate the participation of users and families;
- In order to re-establish confidence and cooperation between the parents and the professionals of the DCC, a common effort should be done by all partners; The Union of Parents Association from Montenegro could participate and facilitate also this process, in line with the international partners and the actual managers.
- Training of the staff in participatory approaches and methods, including those ones designed for severely disabled persons;
- The involvement of parents in the development of useful new partnerships between the DCC and other complementary services (educational, rehabilitation, leisure etc.).

c) *The staff of the day care centre*

The staff is the following: a coordinator (who is also speech therapist), one psychologist, one defectologist, one pedagogue, one physiotherapist, one lawyer, one medical technician, one nurse, a driver.

The staff is motivated and professional, with a good vision about the future, analytical capacities, preoccupied by the quality of the work and the development of the service. They created a pleasant and friendly atmosphere for the children, focused on the individual needs of each child and tried to adapt their practice to this challenging program. The results of their work are appreciated by the parents, who are aware about the progresses and changes of the children during this first year, especially in the field of communication and social skills.

Most of the professionals are young and in the first years of professional practice. They understand and share the challenge of this innovative structure, but in the same time they are often overwhelmed by the difficulties of the daily work with severe disabled children.

The staff is not really involved in the overall planning of the service, nor in the elaboration and revision of the internal procedures. The team members are not completely empowered by the executive body and not really encouraged to develop their innovative and creative skills.

Not all professionals can benefit from current exchanges with colleagues from other services, because *these positions are very rare in Bijelo Polje*. The physiotherapist, the speech therapist cannot refer themselves to other similar services in the city. So the lack of permanent supervision and guidance, especially in the first year of the functioning, is perceived with a lot of concern.

On the other hand, the staff members consider that their work *is innovative and different* compared with the institutionalized care. They feel that this effort should be better recognized, valued and developed by the main stakeholders involved in the DCC.

The staff is also the first group who should be aware about, and implement, the quality principles in a daily service for children with disabilities. But in the same time, the team members should have a common reflection about the quality indicators, together with the parents and the coordination body. In addition, the lack of communication between parents and professionals is perceived by both evaluators as a big risk for the quality of the work in the day centre.

Concrete recommendations at this level:

- A continuous and intensive training of the staff, in the following directions:
 - specific programs (education, rehabilitation) for children with severe and complex disabilities;

- quality principles and indicators in the daily care of children and teenagers with disabilities;
 - the cooperation with families,
 - the elaboration of internal procedures (for each field of action);
- The clarification of the statute of the speech therapist. The coordinator of the centre (who is also the speech therapist) should not assume both roles at a time. First, because of the time constraints, secondly, because of the confusion of roles for the rest of the staff members. A common reflection about this issue should be initiated by all partners.
 - The staff should be recognized and empowered for its future role of reference team, in the process of development of a network of DCC in Montenegro. Despite the fact that it is still to soon to require these dissemination capacities from the actual staff members, this future role of the Tisa DCC has to be thought, analyzed, accepted and prepared, by all partners.
 - The role of a “*reference centre*” requires a very good capacity of internal organization, a structured and professional team, and also a very important element: written procedures. Or, the actual team started progressively to write and capitalize its experience. This process should continue and external evaluations of these written procedures could be organized by the partners, periodically.

The team should build these procedures by itself, in relation with the good practices models. We strongly recommend avoiding the “copy-paste” procedures, without the involvement, analysis and the direct work of the team (and families) in this process.

- The regular staff meetings are needed also, in order to gain a common vision about the service and to improve the daily work in a common and shared perspective.

d) *The international partners (UNICEF, HI, GGS, Save the Children UK)*

They supported actively the opening of the day centre, through material donations and intensive training of the staff. They realized also the first draft of the internal regulation of the DCC. Their support is acknowledged and appreciated by parents, local and central authorities.

We consider that the role of external evaluation, training provision and guidance of the team and the executive body are very appropriate for the international partners of the DCC Tisa. Through their networks of professionals and providers, they can contribute to the ***continuous improvement of the quality*** of the service, another indicator for performance in the social services.

But the team must have the time to integrate new elements progressively. So the partners should find the best way to *balance new practices and methods with the capitalization and integration of the previous ones in the daily work*. An important element also is the fact that the team should never be considered as a “passive recipient” of training and knowledge. They have to participate actively to the change and improvement of daily practices and methodologies of work.

The international partners can also support and *facilitate the cooperation between professionals and families*, based on mutual respect and confidence.

e) *The Municipality of Bijelo Polje*

The Municipality played a central role in the preparation and opening stages of the DCC. The building of the DCC is put to disposition by this local authority and we could see an important

acknowledgement, openness and appreciation for this innovative project, at the level of the municipality and the Mayor himself.

In the decentralization process, which is actually under the incidence of the legislative reform, the Municipality will assume progressively new roles in the field of social services. The good relations with the executive body of the DCC will facilitate a common analysis of the new responsibilities within this transition process.

The degree of participation of the Municipality to this project should be seen as a very good example for the development of a network of community based services in Montenegro.

- f) **The partnership with the other service providers**, at the community level (the primary schools, the Primary Health Care Service) – facilitates a **continuum of services** for the children with disabilities who are attending the DCC. This is a very important aspect that should be reinforced and developed in the future.

The schools of Bijelo Polje participate well to this innovative program. Weekly, pupils from local schools visit the DCC and organize activities with children with disabilities. The atmosphere is friendly, spontaneous and participatory.

In addition, two primary schools initiated (together with the DCC) an inclusive education program, for children with disabilities coming from Tisa. One local kindergarten is invited to participate also to this process and a common effort should be made in order to raise the awareness for inclusion at this level, and to promote the good practices examples.

As mentioned before, the local Primary Health Service provides additional medical services to the children with disabilities from the Tisa DCC.

In terms of the quality of the program, the cooperation with these service providers requires some different internal procedures in the DCC. The inclusive education program (which was not planned initially) requires good competencies of the DCC staff in educational curricula and a strong involvement and specific skills of the pedagogue in the cooperation with the mainstream schools.

Similarly, the participation of the Primary Health Care Service to the daily care of children with disabilities should be reflected in a common set of procedures related to the health condition of the children: first aid procedures, specific hygiene and medical requirements that should be followed by all staff members etc.

The access criteria for the new users of the DCC

We decided to address this issue in this part of the report, because of its strong connections with the other services existing at the community level.

One of the main risks of the DCC is the blockage that can appear at the level of the *access of new beneficiaries*.

If the children with moderate and milder disabilities are not prepared and transferred progressively to the existing community services (especially kindergartens and mainstream schools), the center will face soon a situation of a “closed” service.

In addition, the initial access of children with very severe disabilities in the DCC was a very risky one, from our perspective. The team is still young, needs constant empowerment and training in order to deal with complex disabilities and the complementary services in the community are still very poor. There is no actual possibility for growing up children, teenagers and young adults, to be transferred in other services, more adapted to their progressive needs.

That’s why we consider as very important the common reflection related with a set of access criteria for new users of the DCC

The main points to be considered:

- the DCC has not yet the capacity to deal alone with very severe disabled children, for a whole daily program). If these children are coming at the DCC, they should be referred also to other complementary services in the community (medical, physiotherapy, speech therapy);
- The DCC Tisa is not a universal solution (for all children and adults with disabilities from Bijelo Polje). The needs of the different categories of users require different solutions in terms of daily organization and programs. DCC cannot cover all of the needs, so a choice should be made by all partners involved. The children and the adults with disabilities cannot have a similar program, despite the common intellectual difficulties. The severe disabilities and the milder ones require also different approaches.

The decision of the DCC to evolve toward inclusive education and partnership with primary schools and the local kindergarten was a very important one. First, because it contributes to the implementation of a fundamental right of the children, at the community level. Secondly, because it creates the possibility of the DCC to receive new beneficiaries after the inclusion of the previous ones in the mainstream schools.

But in this context, the educational team (pedagogue, speech therapist, defectologist, psychologist) should be prepared to approach new directions of activities with children, more related with the mainstream programs of education (mainstream curricula, new methods of teaching for children with complex needs etc)

Generally, the social model of disability should be integrated and actively promoted by all team members, together with the partners involved in this continuum of services.

Concrete recommendations at this level

- o Partnership and training in the field of inclusive education and multidisciplinary rehabilitation procedures;
- o Utilization of the good practices experiences from Montenegro, in the field of inclusive education, early intervention and rehabilitation (provided by Save the Children UK, Ministry of Education, Ministry of Health);
- o Creation of a “map” of services at the national and local level, as a starting point for a network of service providers
- o Revision of the access criteria for the beneficiaries of the DCC, in relation with: the strategic profile of the DCC for the following years; the most important needs of the users and families in Bijelo Polje; the concrete possibilities of cooperation with other complementary services in the region.

An example of good practice and a case for discussion and analysis

The primary school “Sukrija Medjedovic”, situated at aprox. 30 km of Bijelo Polje, included one of the children coming from the DCC Tisa in a usual classroom, for several days during the week. The teachers of the school, the director and the other parents of the children are very positive regarding this initiative and agree completely with the inclusion of other children with disabilities in their school.

But the school is a very poor one, without central heating system, educational equipment and adequate furniture, educational materials etc. The teachers feel the need of training, exchange and support in the field of disability.

The initiative, good will and professionalism of the teachers should be, in this case, highly appreciated and valued at local level, by the authorities in place, but also by the Bureaus of Education and the Ministry of Education.

These persons are very important lever of change in the field of inclusive education and their competencies should be reinforced and valued.

g) New possible partners and quality promoters: the Ministry of Education and the Ministry of Health

In the process of decentralization (here, in the sense of transferring a part of the central government's responsibilities to local bodies), these two ministries should play an important role for all day community services of this type in Montenegro. Their most important function is a methodological one, because they should promote the quality standards and principles at national level, in their respective field of activity.

Recently, both ministries initiated a decentralization process, through the "Bureaus of Education" (in 7 major municipalities) and respectively the "Centres for Developmental Counseling". These structures could easily facilitate the promotion and monitoring of the quality principles and indicators at local level, in partnership with the Municipality and Centre for Social Work. In this context, it is not without importance to analyze the possibility of the creation of *inter-sectorial bodies* for the elaboration and implementation of quality procedures at the level of the local social services.

The stakeholders matrix and the relational environment

The DCC Tisa is the result of the action of several different partners, making a common effort and sharing the same goals and values: central authorities (MLSW), local authorities (CSW, Municipality), parents, international agencies. In the daily activity, the DCC benefit also from the support of other local service providers, from the educational sector (primary schools) and from the health sector (Primary Health Care Service – the pediatric unit).

This is a very complex environment for a new structure, which requires a good communication among actors, a mutual understanding and a constant agreement regarding the future development of the centre.

A representation of the partner's matrix could offer an accurate perspective about the decision making process in the DCC, the "weight" and degree of participation of each partner and the relations between partners:

(the grey color indicates a recommendation for a more significant involvement of the respective stakeholder in that stage of the service delivery process)

Stakeholder	Who assess the needs?	Who plan and define procedures ?	Who implements ?	Who is consulted?	Who takes decisions ?	Who is funding?	Who controls and assess?
MoLSW					Strategic decisions	MLSW (all main running costs (personnel, transportation, current activities))	Overall assessment of the service
CSW	CSW assess the users' needs CSW refers the users to the DCC	Financial planning, within a budget approved by the MLSW HR planning			Current financial and HR decisions		Overall assessment of the service
DCC staff	Initial evaluation of users (multidisciplinary) for the IAPs	IAPs	Activities with children, families, other professionals from the local schools	The coordinator of the DCC, for current decisions and on-going activities	Current decisions related with the direct activity with children		Annual evaluation of the IAPs
The				Parents are			

parents of the children in the DCC				consulted in the elaboration of the IAP			
The Parents Organization				As members of the expert council of the DCC			
Users				Sometimes, children are consulted in the daily activities organization			
Municipality						The building of the DCC belongs to the Municipality	
UNICEF		The elaboration of internal regulations of the DCC		As members of the consultative group of the DCC			
HI				As members of the consultative group of the DCC			
External experts		The elaboration of internal regulations of the DCC		As member of the consultative group of the DCC			
Other international agencies				For specific activities and projects (e.g. inclusive education)		Donors	

After one year of functioning, several **positive aspects** can be noticed and highlighted from this partnership and cooperation perspective:

- ✚ The DCC is the result of an admirable common effort at local, national and international level.
- ✚ The preparation stage was carefully and well designed and facilitated a solid background for a sustainable service;
- ✚ The respect of fundamental rights of the children underlines all the activities of the DCC
- ✚ The DCC represents a pilot project for the community-based services in Montenegro and the results after one year of functioning can be considered an important success, especially in the field of communication, socializing skills of the children, access to education;
- ✚ The visibility of the DCC in the community is very good; the centre is known and highly appreciated by authorities, media and the public of Bijelo Polje.

The **main difficulties** that appeared among the key actors during the first year are the following:

- ✚ A lack of cooperation between families and professionals, both in the field of direct activities with the children and in the overall organization of the service (planning, monitoring, evaluation);
- ✚ A relative poor participation of users and families in the process of needs assessment and organization of the service in accordance with these needs;

- ✚ An insufficient involvement of the staff and coordinator of the DCC in the elaboration and revision of the internal procedures and quality indicators for the DCC activities. The creativity and innovation of the team are not reinforced;
- ✚ A lack of autonomy at the coordination level of the DCC, in the field of resource administration and financial management;
- ✚ The lack of separate accountability procedures for DCC and the other services of the CSW (or the lack of precision in the analytical accountability of the CSW) made the transparency at the financial level very difficult; this element makes very difficult a cost-benefit analysis, together with the strategic and financial planning for mid and long term.
- ✚ The DCC cannot benefit yet from a methodological support from other relevant ministries (Education, Health). The decentralization process in Montenegro is undergoing and there are not yet decentralized bodies of the ministries at local level (which could eventually offer this methodological and financial support for the multidisciplinary community-based service)

Our **specific recommendations** related to the relational environment are the following:

- ✚ A clearer distribution of management responsibilities between the CSW and the coordination of the DCC. The DCC has to benefit from certain autonomy in managing resources, within the actual frame of partnership. The monitoring and evaluation procedures should also be defined in accordance with these management attributions;
- ✚ A reinforcement of the position of the coordinator of the DCC and an intensive training in management competencies and knowledge;
- ✚ A reconstruction of trust and cooperation between professionals and families; an active involvement of families in all stages of the organization of the service, but also a clear definition of roles and the respect of the professional approach in the daily care of children and teenagers with disabilities.
- ✚ Starting negotiations with the Ministry of Education and the Ministry of Health, in order to analyze the possibility of a common partnership for the future development of the DCC in Bijelo Polje and in other municipalities.
- ✚ A common reflection of all stakeholders regarding the implementation of a regulatory chain of procedures, for guaranteeing a qualitative and sustainable provision of social services: needs assessment procedures, quality principles and standards, accreditation procedures, contracting and funding, monitoring and evaluation.
 - *And attention: the day care centres are not the only community social services that should be regulated and developed in Montenegro, in the field of disability. They are not a magic receipt for de-institutionalization, but only a chain in a continuum of complementary services, organized at local level, as close as possible from the beneficiary.*

The perspectives of each stakeholder in the future development of the DCC

An innovative program represents for all partners a challenging issue, in terms of organization procedures, funding possibilities, development and dissemination of practices. During the external evaluation, we tried to identify **the way in which each stakeholder looks at the future...**

The Centre for Social Work... sees a better financial and administrative management of the DCC, directly from the level of the Ministry of Labor. The CSW is not a “classical service provider”. It has multidisciplinary teams for certain categories of “vulnerable” beneficiaries, but these teams are small and mobile. The DCC seems a “heavy” task for the CSW, in terms of management and organizational needs.

The Ministry of Labor and Social Welfare... sees the DCC in the same place as it is now, under the coordination of the CSW. The insufficient legislative frame makes difficult a different organization of the service actually.

The Municipality... sees also the DCC under direct coordination of the MLSW. The Law on self governance and local administration is not yet voted, so the direct responsibilities of the municipality in a community-based social service are not yet very clear.

The DCC... would like more autonomy in the management of resources, but also a sustainable partnership formula for the financial security of the service. There is openness for all organizational alternatives, if the quality of the service is sustained by common efforts, flexibility and commitment of partners.

The parents... would like to participate more at the decision making process. They consider that the actual organization of the DCC doesn't meet their expectations, in term of respect of their needs and opinions. Despite the fact that they are globally satisfied with the results of the first year, in relation with the children's daily care, they would like to assume a more transparent and active role in the management of the service.

The Ministry of Education... appreciates the role of the DCC as transitional structure for children with disabilities, which could be useful in the process of inclusive education. The strategy for inclusive education in Montenegro is in an advance stage of elaboration.

The Ministry of Health... sees the direct functional connection that could be realized between the day care centres and the centres for developmental counseling, in the field of early diagnosis and intervention for disabled children.

UNICEF and HI... would like to facilitate the elaboration of quality standards and principles for the day care centres in Montenegro and would like to reinforce the statute of the DCC as a community-based service

The common positions of all partners are the following:

- the appreciation of the need of a community-based service of this type in Bijelo Polje
- the appreciation of the positive results of the DCC after one year of functioning
- the common reflection about the improvement of the service's organization
- the acknowledgement of the “pilot” role of the DCC Tisa, for the rest of Montenegro.

The divergent positions of the partners are related mostly with two aspects:

- *the different “scenarios” for the organizational frame of the DCC*, after this pilot stage (who should fund, who should provide standards, who should manage etc.); see also chapter 5, for possible directions and common analysis

- *the role of the families in the overall process of service provision.* As in many countries of the region, the parents of children with disabilities assumed traditionally multiple roles (psychologist, physiotherapist etc). in their families, because of the lack of specialized services. They imagine with difficulty a service for their children without their direct involvement. On the other hand, the real and necessary participation of the families in the overall organization of the service (one of the main quality principles in social services provision) is not clearly conceived by the staff and other local partners.

The effectiveness of the DCC

The mission of the DCC is the social integration and participation of children with disabilities in the community.

The main objectives of the DCC are:

- Socialization and integration of children with disabilities in the community by providing them equal opportunities;
- Educational activities in order to prepare children for preschool / school and to manage daily life according to their individual abilities;
- Social and medical rehabilitation in order to improve and maintain the functional abilities of the children and integrate them in their daily life activities.

The results of our common evaluation show a general satisfaction regarding the results after one year of functioning, in relation with the initial goals and objectives of the project. The compliance between the service provided and its objectives was confirmed by all partners, without any exceptions (authorities, families, international organizations, staff, children). We could see the organization of a daily program, but also the results of a successful school inclusion process. Of course, one year is not enough for a service to become fully effective. But the start is promising and the main principles are respected, both in the field of direct work with children (person-centered approach, multidisciplinary intervention, openness to the community), and at the institutional level (continuum of services, partnerships etc.)

The relevance of the DCC

For the actual level of development of community services for children with disabilities in Montenegro, we appreciate the DCC as a relevant program. It *covers a gap* in services provision and *promotes the principles of the respect of fundamental human rights*. In the same time, during the first year, the DCC initiated an *inclusive approach* for the educational program, which is a very important decision for the strategic evolution of this centre.

The DCC is a relevant service from another perspective also. It represents a *piloting framework* within the decentralization process and, because of the good cooperation and flexibility of the partners, can be considered as an interesting “laboratory” for the organization of community based settings.

On long term basis, the relevance of the DCC should be permanently questioned and assessed by the partners. Usually, the DCC is a flexible structure. Because of its reduced dimensions and multidisciplinary character, the DCC can easily change its profile, according to the needs of the users and the map of existing services in the region. That's why the question of relevance should be addressed regularly by the main stakeholders and should lead to strategic adjustments of the organization of the DCC, if considered necessary.

The financial management and the efficiency of the centre after one year

The financial management is actually the exclusive responsibility of the Centre for Social Work. So far, detailed data regarding the distribution of costs and the costs per day per beneficiaries in the DCC are not available.

The accountability procedures are centralized at the level of the CSW (both for the DCC and the CSW own activities). The only information available at this moment is the global cost of the service per month and an average cost of 300 EUR/ child/ month, for the overall services provided in the DCC.

The parents pay a financial contribution to the DCC, depending on their economical status and the employment status.

The elements that should be used further on, in the analysis of the financial elements of the new service, are the following:

- the **global budget** of the Day Care Centre Tisa (DCC) for the **first year** of functioning
The global budget should reflect the following main types of costs, for the current activities:
 - a. The staff costs (including taxes)
 - b. The utilities (electricity, water, gas etc.)
 - c. The transportation of children
 - d. The materials for the daily activities with children
 - e. The costs for the maintenance of the building (renovation, reparations etc)
 - f. Consumables (office consumables, cleaning and hygiene consumables etc)
 - g. Other costs.
- Information about **the average cost/child/ month** in a residential institution (e.g. Komanski Most), together with the estimation of the **cost/child/month in the Day Care Centre Tisa**;
- the way in which the expenses of the DCC are reflected in the **accountability procedures** of the CSW. Which is the way in which are monitored these expenses in the global accountability of the Centre for Social Work (e.g. *separate budget lines, separate codifying procedures etc.*)?
- the procedure for the **revision of the budget** of the Day Care Centre Tisa, for the next functioning year:
 1. Which is the decision body who will establish the new budget (e.g. the management board, the Centre for Social Work, the Ministry of Labor etc.)?
 2. Which is the calculation procedure for this new budget?

Considering the fact that the Day Centre is a pilot project in Montenegro and the legislation is not yet adapted for the management frame of this type of service, the **most difficult aspects in the financial management field** should be openly addressed and analyzed. They have to be the basis for the improvement of procedures, both for Tisa and the following day care settings in Montenegro.

The sustainability of the DCC

The day care centre Tisa is actually relying on public funds, provided by the MLSW, through the Centre for Social Work, which gives him a very good sustainability perspective. But the budget of CSW is a limited one. And the DCC is a “heavy” structure for this local authority. The actual frame of funding must be transformed in a more flexible one, in order to integrate:

- other possible public funds;
- private funds from donors and projects;
- and the autonomy of the DCC to manage these resources.

The day care centre is usually a service that develops quickly. It is important to have a functioning frame (both at financial and management level) that integrates easily new components or activities. The frame of the resources management should allow multiple funders (public or private). That’s why the sustainability issue could be a basis for analyzing further possible scenarios in the overall organization of the DCC service.

CHAPTER 3 – CONCLUSIONS AND SUMMARY OF THE RECOMMENDATIONS

(Marija Turman and Diana Chiriacescu)

- Internal organization and direct work with the users of the service
- Relations with partners and main stakeholders; development of the service;
- Training

Internal organization and direct work with the users of the service (Marija Turman)

The most important achievements:

After one year of functioning, the Day Care Centre:

- has a good foundation in human resources, represented by the team of experts which can grow and evolve;
- has relatively solid facilities with a perspective for improvement;
- basic regulations and procedures are set;
- there is readiness of local authorities to take their own responsibilities;
- there is a motivated group of parents, already playing their important role.

Key issues to improve:

Mission, values, goals

- Harmonization of perceptions and expectations between families and professionals, in order to establish common goals and strong motivation for all partners;
- A clear reflection of principles, values and goals of the DCC in the internal procedures and the daily work with children and families; internal procedures for each field of activity;
- Elaboration of a Code of ethics

Human resources

- Developing the communication and harmonization of practices within the team; staff meetings, plannings;
- Development of teamwork between all the staff members in the working process and understanding of the key principles of team building, especially the role of the team leader.

Teamwork should be exercised! The professional team of the DCC has the potential for being a rich resource of knowledge and skills, so far not exploited enough. There is a need for thorough understanding of core management skills, in terms of communication, teambuilding, partnership, disciplining and rewarding.

The tasks of a manager include the management of staff, the supervision of care, the efficient administration of the organization (record-keeping, domestic organization, legal matters, financial affairs, upkeep of the buildings), the management of supplies, support services such as cleaning, catering etc.

Perhaps most importantly, the manager of the Centre is responsible for setting the tone and style of the home in terms of its efficiency, its probity, its concern for children and staff, and its

relationships with the outside world. A good leader can have a major impact on the way care is delivered and the standards that are achieved.

Objectives

The manager should set clear, agreed objectives for all the main elements of provision. Specific targets and standards should be published, known to staff and parents. Objectives should be generally available and made known to all staff and parents in a form that makes them accessible and understandable.

Goals and achievements should be regularly and routinely reviewed.

The DCC should publish a brochure setting out aims and objectives, eligibility criteria, its facilities, fees, services and terms and conditions for admission of children.

Recruitment

The recruitment of good staff is critical to the running of every home or Day Centre and should be undertaken carefully. Staff at all levels will need to demonstrate the right degree of knowledge, skills, experience and attitudes relevant to their jobs.

Job descriptions

Job descriptions should describe the roles and tasks which staff has to undertake. They should outline the management structure and lines of accountability and the support and supervision available. They should also set out the overall purpose of the job, linking the importance of the tasks described to the aims of the home as a whole.

Written procedures / documents

There are many evidences, sometimes doubled, but not providing transparency or easy approach to information required. Also proper storage and confidentiality of documents are questionable.

Personal details (e.g. diagnoses) in these records should be kept in a secure place (under the key) and access should be limited to those with overall responsibility for the day-to-day care of the resident. Records kept about individual child should be confidential, accurate, up-to-date and must comply with legal requirements. All records maintained by organisation must be securely and safely stored.

Anyone who has access to records should be instructed in the proper handling of confidential information. Manager and staff should be adequately briefed on issues relating to confidentiality and access to case files.

There must be a secure system for administering and for the disposal of medicines, which in case of DCC is sufficiently kept by the nurse.

When possible, keep records on paper and in computer files.

Records suggested as important and always available for inspection are:

- details of the home's registration,
- brochure of DCC,
- a list of all children in DCC and their case records,
- list of staff, their qualifications and their references,
- annual plan of activities of DCC,
- annual report of DCC,
- rules and regulations,
- code of rights and responsibilities,
- records relating to medication,

- records of complaints,
- list of all records, documents and evidences in DCC

Records regarding users

- a care plan including Individual Activities Plan agreed with the parents and relevant care staff,
- a child's life story book – particularly important for maintaining and restoring a child's sense of identity and as a source of information for staff,
- contract with agreements and documents when entering the DCC
- reports on child's progress

Other records that must be kept will relate to safety:

- maintenance records of specified equipment,
- records for health and safety purposes,
- records in line with fire regulations,
- records to meet food and hygiene regulations,
- records detailing accidents and other incidents.

Other documentation should include:

- the policies and procedures of the DCC
- the staff handbook which sets out terms and conditions of employment not included in individuals' statement of terms and conditions, general procedures at work and health and safety as it applies to staff members,
- staff rotas.

Staff handbook

A detailed handbook should be readily available for each member of staff, setting out terms and conditions of employment and also covering procedures to be observed during working hours. It should include:

- terms and conditions of employment,
- health and safety at work policies,
- procedures in specific circumstances, for example fire and other emergencies,
- policies and procedures relating to sickness and absences,
- instructions on maintaining confidentiality,
- instructions on receiving gifts or gratuities

The admission criteria for the enrolment of the children to the DCC

A good and valuable cooperation has been established between medical professionals working on developing Commission for early detection in Health Centre Bijelo Polje and the DCC.

The possibility for establishing a Commission for the enrolment of the children to the DCC should be discussed, by including professionals from both mentioned organizations.

The Placement Commission must include professionals who have known the child for a long period of time. In addition, the commissions should ensure a wider cooperation with a network of experts who know the child well.

Parents and legal guardians must be present at the assessment process and should have a bigger role in the decision making process.

The members of the Placement Commission should all be experienced experts in their respective fields.

Equipment

- at least one phone line more, accessible to the staff
- better hygiene and sanitation equipment
- fax machine
- copy machine
- scanner
- furniture to equip sensory room for children (snoezelen room) for sensory stimulation.

Quality of premises and equipment

The center's location is suitable in order to provide relatively easy access to the city centre. Building has two possible entrances approachable by wheelchair. Spaciousness of rooms is suitable for number of children visiting Centre at present time.

Group activity room can provide working space for different activities. Children with cerebral palsy, especially because their wheelchairs are not suitable for any active work, will need adapted chairs with stripes and tables in order to minimize extra pyramidal symptoms what is preliminary for any learning activity.

Physiotherapy room offer adequate space according its purpose and additional area for other activities. To already existing equipment add: big adaptable cushions and therapeutic ball meant for children with cerebral palsy.

Office in terms of space and furniture is suitable. Case with the lock for keeping the records and evidences is missing.

Bathroom and toilets provide enough space and privacy. On regular bases there is a lack of hygiene and sanitation equipment.

Room, now used for individual treatment, as staff suggested, can make a nice relaxing room if equipped with audio visual stimulating devices.

First of all rooms but sometimes also equipment, furniture, personal belongings equip with picture symbols according their purpose to support non-verbal communication. Don't be afraid to use more colors.

Almost all children daily depend on transportation provided by DCC. Issue on maintenance and amortization of van is significant.

Educational programs

Special attention and effort should be put to acquire additional knowledge and understanding of:

- person centered planning and assessment for educational purposes,
- special education curricula specifically designed for children with intellectual disabilities,
- better understanding the meaning of individually tailored support
- how to develop a network of local resources to support community-based activities,
- how to organize two groups of children according their specific learning needs
- information on additional support and right to a personal assistant (if legally regulated)
- additional training for experts educating children and young people with intellectual disabilities,
- vocational training and life long learning since children stay in DCC up to eighteen years of age.

The relations with partners and main stakeholders; the development of the service (Diana Chiriacescu)

There are several conclusions and recommendations in the field of the institutional framework, the development of the day care service and the relations with partners:

A. A better distribution of the management responsibilities

- An empowerment of the coordinator of the centre, in terms of sharing direct management responsibilities (human resources, financial and budget aspects, partnership initiatives).

This process should lead to a better capacity of:

- planning and strategic thinking, related with the sustainability of the service and the complementarities with other service providers
- using the existing resources (financial, material, information, HR), in relation with the priorities of the daily work and the identified needs .

In order to achieve this result, the delegation of the responsibilities to the coordinator of the DCC should be doubled by an adequate training in management skills (see the “trainings recommendations”)

- The involvement of the staff and families in the overall planning and development of the service, as pre-conditions for all decisions taken at the executive level;
- More transparency in all financial aspects and a partial delegation of financial responsibilities from the CSW to the DCC level (budget planning, current administration of the running costs, etc.)
- The development of (auto)-evaluation procedures – at all levels of the current work (staff, direct work with children and teenagers, institutional level, executive body). This component of the management field will considerably increase the effectiveness of the DCC.
- Re-establishment of a participatory approach in the current management process and regular joint meetings between the executive body and the expert council;
- The common analysis of the financial and administrative aspects related to the DCC, as a starting point for a cost-benefit analysis. This common work is a very important one for the future development of the network of DCC in Montenegro and for the promotion of the principles of community based services, as alternatives to institutionalization. The external expert (as member of the expert council) could provide concrete methodologies for this type of procedure.

B. The user’s involvement in the organization of the service

The involvement of users and families in the overall organization of the DCC is a key element for the quality of the service. There is no experience in this field, in the region, due to a very traditional medical approach in the social services. For this reason, the DCC team encounters also a series of difficulties in implementing this principle and has to receive adequate support for integrating the new way of thinking and acting.

The main recommendations in this field are the following:

- A reinforced involvement of users and parents at all levels of the service's organization (needs assessment, planning, monitoring, evaluation).
- Defining concrete procedures for this participation
- Informing constantly the users and families with all relevant aspects of the service's organization. A good and efficient involvement can be done only if the information is shared properly.
- In order to re-establish confidence and cooperation between the parents and the professionals of the DCC, a common effort should be done by all partners; The Union of Parents Association from Montenegro could participate and facilitate also this process, in line with the international partners and the actual managers.
- Training the staff in participatory approaches and methods, including those ones designed for severely disabled persons;
- The involvement of parents in the development of useful new partnerships between the DCC and other complementary services (educational, rehabilitation, leisure etc.). The parents are the best advocates for the interests of their children. This role of must be valued and used efficiently in the development of new partnerships, at the community level.

C. Development of the service – internal procedures and progressing toward a “reference centre”:

- The staff, families and partners should start a common reflection related to the internal procedures and written documents of the centre. The capitalization effort is very important for the future stages of the service. It should start after this first year of experience, and the international partners could provide support in this process. Usually, the result of this stage is a “manual of procedures of the DCC”, but there is no universal “receipt” for the written documentation of a social service. External evaluations of these written procedures could be organized by the partners, periodically.

The team should build these procedures by itself, in relation with the good practices models. We strongly recommend to avoid the “copy-paste” procedures, without the involvement, analysis and the direct work of the team (and families) in this process.

- The staff should be recognized and empowered for its future role of reference team, in the process of development of a network of DCC in Montenegro. Despite the fact that it is still to soon to require these dissemination capacities from the actual staff members, this future role of the Tisa DCC has to be *thought, analyzed, accepted and prepared, by all partners*.
- The role of a “reference centre” requires a very good capacity of internal organization, a structured and professional team, a high degree in self-evaluation and a certain maturity in the field of management capacities. Last but not least, certain staff members should be trained as future trainers. The team and the executive body, together with the partners, should though analyze constantly these elements and decide if they will follow this direction of development.

D. Partnerships

Two aspects seem important in this field: the reinforcement of the actual partnerships and the development of the new, useful ones. Our main recommendations are the following:

- A more significant involvement of the parents in the decision making process.

- A development of the partnership with the Union of the Parents Organizations from Montenegro. This national organization can make a very useful link between relevant stakeholders from other municipalities and can provide a broader perspective of the needs and interests of families and persons with disabilities
- A renewed partnership with the Municipality and the common analysis of the future cooperation possibilities (in terms of funding, maintenance of the building and equipment, transportation etc.)
- The use of the good practices experiences from Montenegro, in the field of inclusive education, early intervention and rehabilitation (provided by Save the Children UK, Ministry of Education, Ministry of Health);
- Development of the partnership with the local kindergarten from Bijelo Polje; this local provider could be one of the key partners in the future, for the DCC Tisa. As soon as the children with disabilities will have access to an early educational program, the DCC could serve better other beneficiaries and also children with more severe disabilities.
- The creation of a “map” of services at the national and local level, as a starting point for a network of service providers,
- Revision of the access criteria for the beneficiaries of the DCC, in relation with: the strategic profile of the DCC for the following years; the most important needs of the users and families in Bijelo Polje; the concrete possibilities of cooperation with other complementary services in the region;
- Negotiating new partnerships: with the Ministry of Education (or their decentralized bodies – The Bureau for Education) and the Ministry of Health (or their decentralized structures – The Developmental Counseling Centres)

In all cases, one of the most important aspects is the “formalization” or “contractualization” of the partnerships, even in the case of volunteers’ involvement. This procedure gives “strength” and additional value to all relations with the external actors of the DCC, but has also a very concrete benefit: makes the partnerships transparent and clear for both parts.

E. The relation with the community of Bijelo Polje

The DCC Tisa developed a very good approach for the visibility and acceptance within the local community. The centre is known and valued; the public is receptive and positive to this new service in their city. The coordinator of the DCC spent a lot of energy and time in order to create and maintain this positive image of the service

This strategy should continue and our main recommendation in this field is a future preparation of the coordinator and the staff in representation skills. More partners and actors are involved in the service at a certain moment, more skills are needed in order to select and prioritize the most important ones. This reflection around the representation function of the manager is not yet a priority, but will become an important aspect in the near future.

Trainings

The need for training at different levels is an obvious element, in any new service. From our perspective, the target of the training should be, on one hand, the staff and the coordinator of the DCC, but also the partners involved in the management bodies. Several fields of training represent a priority:

- The management training for the coordinator, with focus on: internal organization of the service, the partnership with families, the user's participation at the organization of the service, human resources;
- The training of the staff in participatory approaches and methods, including those ones designed for severely disabled persons;
- A continuous and intensive training of the staff, in the following directions:
 - specific programs (education, rehabilitation n) for children with severe and complex disabilities;
 - quality principles and indicators in the daily care of children and teenagers with disabilities;
 - the cooperation with families,
 - the elaboration of internal procedures (for each field of action);
- If possible, the staff members should be encouraged to pursue the qualification programs in their field of activity;

CHAPTER 4 – LESSONS LEARNED FROM THE DEVELOPMENT OF THE DAY CARE CENTRE IN BIJELO POLJE (Diana Chiriacescu)

Dealing with innovation

The Day Care Centre Tisa is an innovative service. It plays a role of “pioneer” in Montenegro, in the field of social services for children with disabilities.

The “pioneer” stage is a complex, difficult and paradoxical one, for all organizations. On one hand, because of the fact that the legislative and regulatory frame is not yet established, a “pioneer” structure can develop freely its own tools and methods for the daily work.

On the other hand, the recent constituted team faces a “growing up situation”. It has to develop itself, to solve inherent difficulties, to adapt quickly to unexpected problems, to produce positive effects in the users’ lives and to attempt the expected results of the founders of the project. The team needs time in order to achieve the experience for developing tools and methods of its own.

In this period of difficult development phase, if the creativity of the staff is not high or not valued enough, the lack of regulations or internal procedures can become a stressful element.

That’s why, one possible ways of dealing with the innovation could be to create a “*project based group*”, within the actual team, who should be encouraged to think, analyze and exploit in the best way this “pioneer stage”. This group can include all members of the team or only the most creative and/or experienced ones. In both cases, their task could be the regular capitalization of the past experience of the service and the proposition of new work instruments for the daily activities. The group should be also very open and flexible, in order to integrate all external elements (methods, information, activities) that fit well in the context of “Tisa”.

Partnerships

One of the most interesting elements of the evolution of “Tisa” DCC is the network of partners and the way in which this network was established. A community-based service relies basically on this element, as a pre-condition for quality and sustainability.

The partnership created in the first stages of the preparation phase, between Municipality, parents, MLSW, CSW, international agencies, allowed a good frame of functioning for this service, in a context of an inexistent legal frame. It was a major decision and a very important achievement for the local and central authorities, because this service can be used actually as a pilot project for the creation of the legal frame for day centres in Montenegro.

The challenge for all partners (public, private, international) will be, from now on, to analyze the possible alternatives for the organization of this service in its next stage of development.

Developing professional skills for an innovative program

Two elements are important topics of reflection for this issue: the fact that the service relies on a *multidisciplinary team* work and that an important part of *the team members are young*, at the beginning of their professional career.

The training of Tisa's staff in the first year of functioning was very consistent, due to the support of international partners. This training must be continued and adapted to the changing needs of the team members. The first years of a new service are learning years, based mostly on integration of new experiences, methods, problem solving.

In the parallel with the daily work, which is difficult and demanding, the staff members must learn and develop their skills. It's a big effort that requires a strong motivation, a lot of support from the partners and leaders, and also a financial investment.

Team building is also important, it helps the construction of the own identity of the service, in relation with other similar services.

Team working in a multidisciplinary service is also a key element for increasing quality and experience. Each member of the staff is a resource person for the others. He is credited with knowledge and expertise. The expectations from him are very high, but we must never forget that he is still in a learning process. He can make errors, he can hesitate, he is allowed to ask for support. And the management board should sustain properly this process.

Parents

The parents are a huge value for this type of service. They are one of the most important leading forces for the development of such innovative programs. In the past years, the parents faced difficult times, in which they had to assume the disability of their child and had to play several roles: the psychologist, the physiotherapist, the speech therapist, the teacher...It was very difficult for them to be just parents, like all other parents...

Parents are also different, have different views, different expectations and different ways of dealing with their children. Some of them are very young; some of them are very tired and overwhelmed. Some of them are still very angry.

But they all love their children and want the best future for them. As the professionals do also. This common element must be the basis for cooperation and mutual respect between families and staff members. Each of them has knowledge and expertise that can make a huge difference for the future life of the child with disability.

Parents must be respected, supported, encouraged and valued. Their opinions count a lot, even when the team members don't agree with them. Not agreeing one with each other is an excellent platform for exchange and learning.

The children grow up... What next?

The DCC covers only a limited part of the services needed for the persons with disabilities. As we said previously, the DCC is not a "miraculous" receipt for all types of activities that should be developed for children and adults with complex needs, in the community.

In the absence of an adequate network of community services, the tendency of the families, as the main promoters of the project, is to expect the coverage of all needs and gaps in the system, from this new created day care centre. But services for children and for adults are not the same. Because the needs of the children and of the adults are not the same, despite their level of intellectual development. And a DCC can provide only very rarely these extensive services, in a single setting.

Tisa is actually a day centre adequately prepared and equipped for children with disabilities. If the need for adequate daily care of disabled teenagers and young adults is equally important, then the time has come for the common reflection about this new component or service. So, what follows next?

Are the actual community services from Bijelo Polje prepared for this category of users? If not, which type of service represents a priority (e.g. the personal assistant scheme, the vocational training, the occupational workshops, the supported employment etc.). Are there other services missing, like the respite care services, or leisure ones (summer camps etc)?

The families and the representatives of the Union of Parents Organizations from Montenegro could play again a very important role in the advocacy process and the development of adequate services for the disabled young adults. The lessons learned from the creation of the DCC Tisa should make this new process more efficient and rapid.

The DCC as a transitional service

In the countries of Eastern Europe, the DCC had a very particular history. It was not a traditional type of service, but an “imported” one. It was introduced mostly at the recommendation of the international organizations and agencies, which saw in this small and flexible setting an adequate solution for the lack of care services in the region. It was also considered as a good solution for promoting the social inclusion and participation of persons with disabilities at the community life.

In the majority of these countries, the development of the DCC was explosive and they also played an important role in the introduction of the quality indicators and principles of good governance.

However, the DCC is not an “alternative” to institutionalization of persons with disabilities (as mentioned very often), but a community-based service who respond to very specific needs of a category of users, in a specific moment in time.

The biggest risk of a DCC is to become a “mini-institution”, meaning a small (even friendly) setting, who provides a set of services for a closed category of users, without any relations with the other existing services in the community.

For this reason, we consider that one of the most important analyses in this stage of evolution of the DCC Tisa is related to this aspect. What is actually the role of the centre and what will it become in several years? What is the best evolution design, in relation with the best interest of the users? Which services can be progressively provided by the “traditional” providers (mainstream schools, hospitals etc) and which must be provided at the level of the DCC?

From the experiences of the other Eastern countries (Romania, Bulgaria, Slovenia, Croatia), the day centres evolved more as transitional centers. They usually provide services for disabled persons, in a limited timeframe (1-3 years), in order to facilitate the access of these users to other existing community services. In some cases, the DCC became specialized in very narrowed or specialized types of services, which cannot be covered by other providers (especially in the rehabilitation field or the care of persons with very complex needs).

But in all situations, the DCC are complementary and in strong relations with other providers at the community level.

We consider that this issue is crucial for the further strategic reflection in the DCC Tisa.

CHAPTER 5 – What are the strategic choices that could be designed in the field of community-based services for persons with disabilities, in the context of Montenegro? (Diana Chiriacescu)

The Day Care Centre, as other community-based structures, is a flexible setting, that provides generally multidisciplinary services for different categories of population (children and adults with disabilities, children in difficult economical and social conditions, old people etc.). Their main role is to increase the social inclusion of their beneficiaries and to facilitate their participation at the community life.

We recommend a common reflection and analysis of the following **alternatives of a DCC organization**, knowing that this type of setting could be used in the future by other services at the community level:

- a) DCC as a public community service with multiple funding authorities (different ministries - for all methodological and specific fields of intervention - and municipality for all aspects related with the infrastructure, maintenance, equipment, public transportation etc.). The advantage of this type of organization is a high flexibility and adaptation in relation with the complex needs of the users. The risk is an inefficient management, if the management board is not experienced, structured and don't rely on precise organizational and partnerships procedures;
- b) DCC at a public social service at the Municipality level, with equal inputs from the resort ministries (Education, Health, Labor), for the specific activities in these fields. The advantage is the transfer of funds and responsibilities at the local level, where the needs assessment and the adjustment of the intervention can be done in an easier way. The risk is the insufficient readiness of the Municipality for assuming all decentralized responsibilities and the possible difficulties in the decentralization of resources, from the central level to the local level.
- c) Finally, another organization possibility is the transformation of the DCC in a private non-profit provider (association, NGO) and the subcontracting of the service by the ministries, within a regulatory frame. In this case, all regulatory mechanisms should be elaborated as soon as possible, in order to guarantee the funding possibilities, the quality of the service and the monitoring and evaluation procedures.

These possibilities are not the only ones, of course. But the decision related to the future organization of the DCC Tisa must consider the **following main conditions**:

- the DCC is based usually on a multi-sectorial service provision (education, rehabilitation, socialization, vocational training etc) and should benefit though from multiple sources of funding. The overall organization of the service should allow these funding possibilities, together with specific methodological frames for each type of service provided within the DCC;
- the DCC should have an autonomy in managing its resources.

If these conditions are ensured, the gain in efficiency and effectiveness are very important, in all organizational frames.

We consider that, in the case of the DCC Tisa, all premises are reached for an open debate regarding this future organizational frame. The partners are motivated and willing to adapt to the evolving context, the social services policy is in a phase of reform, and other agencies are ready to open new DCC in several cities of Montenegro.