Parenting adolescents

National report pertaining to the regional study conducted in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania

Podgorica, 2018
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UNICEF’s Europe and Central Asia Regional Office (ECARO) is conducting a study on programmes supporting the parents/caregivers of adolescents in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania, aimed at developing regional interventions concerning parenting, to reinforce and enhance the existing regional interventions, and to develop new programmes to support the parents/caregivers of adolescents.

The results of the Regional Study on Parenting should help:

1. Collect strategic information and data on the way parenting is understood and practised by the parents/caregivers of adolescent boys and girls (including the most vulnerable ones) in Montenegro, and on the extent to which such knowledge gets translated into day-to-day parenting practices.

2. Look at the impact of individual, interpersonal, institutional and structural factors (at the social, economic and cultural levels) on parenting dynamics and practices in Montenegro.

3. Conduct a rights-based, gender-sensitive and equity-focused mapping and a qualitative assessment of the selected parenting programmes for parents/caregivers of adolescents in Montenegro (across the sectors of health, education and social and child protection).

The conceptual and methodological framework of the Study was designed by the Regional Research Team and was derived from a multidisciplinary understanding of parenthood, adolescence and parenting support programmes.

Adolescence is, within the study, defined from a rights-based perspective and as a social construct, while the ecological models of adolescents’ risk and resilience and the concept of parenting and adolescent resilience (the so-called 7Cs model, further described in Annex 1) represent the basic analytical framework of the study.

The concept of parenting is defined through its relative nature. Different types of parenting roles, styles and dimensions are presented. The UNICEF Innocenti Research Office highlights that the family support programmes should be distinguished from the parenting support programme, which constitutes a segment of the former.

The methodological framework of the study includes a description of research questions, research methods and techniques and the structure of the sample. This is a descriptive study, based on qualitative methods and techniques that ensure a better understanding of the phenomenon under scrutiny; however, these limit the capacity for the quantification and formulation of conclusions which would be representative of the overall population (generalization). The qualitative research methods used in this study include: a desk review, semi-structured interviews and focus-group discussions.

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1 Within this study, the term adolescent is used generically for boys and girls of adolescent age.
Qualitative semi-structured interviews were conducted on the territory of Montenegro (in the northern, central and southern regions) with the following categories of key informants: a) decision makers (representatives of institutions); b) representatives of non-governmental and civil-sector organizations, and c) experts/practitioners working directly with parents/caregivers. The focus-group discussions with adolescents involved a total of 72 girls and boys (9 focus groups in total) disaggregated by age (10-13 and 14-17 years old), gender (girls, boys, and mixed groups), region (northern, central, southern), place of residence (village, city), and belonging to a specific vulnerable group. The focus-group discussions with parents/caregivers of adolescents (eight focus groups in total) involved 60 participants, disaggregated and balanced in terms of gender (men, women and mixed groups), region (northern, central and southern) and the place of residence (rural and urban).

The research within this study was planned and conducted in line with strict ethical principles and protocols for child protection, aligned with the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis (UNICEF 2015:11–12, in Proteknôn, 2017).

The results and conclusions of the research are presented in four themes related to research questions:

1. Perception and practices associated with the parenting of adolescents from a life-course perspective

Although parents/caregivers, experts and decision makers perceive adolescence developmentally (from a life-course perspective), very often this transition period from childhood to adulthood is given a negative reference related to the developmental challenges, difficulties and problems, while attention is rarely given to the capacities and resources of adolescents (developmental opportunities).

However, attachment was identified as the basic dimension of parenting in most relationships between parents/caregivers and adolescents. Most of the parents/caregivers recognize the importance of early establishment of close relationships with their children (based on love and acceptance); thus, this dimension of parenting is understood as a form of investment in early childhood development or as a prerequisite for constructive relationships with adolescents. Close relationships are often largely established with mothers, who are the main bearers of the educational role, and very rarely with fathers (who are mostly occupied with work outside the home). Some of the members of the vulnerable groups (e.g. children with disabilities) declare that the lack of a sense of acceptance is often an aggravating factor in the formation of the identity of adolescents.

Another commonly accepted dimension of parenting practised by most of the parents/caregivers surveyed is providing and protecting (providing for basic living conditions), although there are many challenges related to this dimension due to the transitional environment affecting the socioeconomic status of parents/caregivers, but also the risks which adolescents encounter in society.

An overview of the literature and empirical evidence indicates that the low level of trust of parents/caregivers in the society (in institutions, other people, etc.) is reflected in a lack of confidence in the ability of adolescents to actively act as ‘agents of change’ in the family or...
community, which negatively affects the development of a feeling of self-confidence and self-efficacy as key protective factors in adolescents. Creating links and close relationships with a peer group (an important source of support) is therefore very important in building the resilience of adolescents.

Intergenerational relationships, and in particular the transfer of power and authority, are often accompanied by conflicts, exploring and testing boundaries in adolescents’ relationships with their parents/caregivers. **Delegating roles and responsibilities** to adolescents is somewhat less prominent in the modern family compared to the traditional one (and often comes down to meeting school-related obligations, helping with lighter household chores, etc.), which somewhat reduces the space for their participation in the division of roles, rights and responsibilities, but also in the long term for a general contribution to the family/community. Over-protectiveness towards adolescents from parents/caregivers, to a certain extent, limits the development of their competencies and resilience, although from the perspective of parents it has a protective function (primarily from the risks faced by the society, such as addiction and violence). On the other hand, adolescents themselves express the need for a balance between control and support from parents/caregivers in the process of developing independence and gaining autonomy.

The dominant fields of parental engagement are the education and healthcare of adolescents (although insufficient attention is paid to mental health), while most of the concerns are related to the area of safety/security. The field of sexual and reproductive health is a taboo topic and lies in the area of discomfort, avoidance and postponement, both for adolescents and for parents/caregivers.

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2. Parenting attitudes, dynamics, styles and practices from an ecological system perspective

Parenthood in Montenegro is **burdened with a transitional period** – poverty, unemployment and insecurity. Incomplete families, ethnic minorities, families with adolescents with developmental disorders or disabilities are additionally subjected to the impact of macroscopic factors, which makes them even more vulnerable.

**Gender stereotypes regarding the division of the roles of father and mother are very pronounced in Montenegrin families,** so the role of upbringing predominantly falls to the mother, who carries the burden of responsibility and care. On the other hand, the father is perceived as a supreme authority and decision maker, although (especially from the perspective of fathers) this relation is slowly changing in the modern family.

The results of the research also point to the fact that **parenting is practised through a combination of different parenting styles,** as well as that parental roles are manifested through several dimensions of parenting.

The dominant parenting style is **authoritarian,** based on high expectations of the child/adolescent, and the need for them to conform and adapt to current social norms. This style of parenting is characterized by behavioural control (related to setting limits, monitoring and supervising behaviour, as well as structuring the lives of adolescents), specifically reported by the mothers who were participants of the focus-group discussions in the central and southern region, and psychological control (which refers to attempts to change the thoughts
and feelings of children and adolescents). This parenting style is also manifested through the introduction of rules, punishments and discipline, without taking into account the genuine needs or personality of adolescents.

Practices related to parental support (such as affection, nurturing, compassion, sensitivity, safety and warmth), as well as respect for the individuality of the adolescent (through development of a healthy sense of the self), which are recognized by parents/caregivers – are a prerequisite for building an authoritative parenting style in a modern family. It seems, however, that this kind of parental role is recognized and practised by parents/caregivers intuitively rather than consciously, as they encourage children to independently make decisions (while also setting boundaries), encourage their moral reasoning, and provide them with the opportunity to engage in communication and rational discussion. This “warm but firm” parenting style contributes to building the character and moral values of an adolescent, and is recognized as being very important for the positive development outcomes of adolescents, especially by parents/caregivers participating in focus groups in the central and southern regions. This style is often combined with modelling of appropriate behaviour, where parents/caregivers present a role model for the behaviour and attitudes that they find appropriate.

A permissive parenting style has been identified in fewer cases, especially when parents/caregivers encourage children/adolescents to be independent and make their own decisions without parental guidelines and boundaries, as a result of tolerant behaviour, neglect or overprotection (with both high and low levels of response to the needs of adolescents).

Due to the strong influence of social norms and the traditional system of values, parents/caregivers are often confused about the way in which (they should) perform their parental role, especially in relation to contemporary standards related to parenting and bringing up children/adolescents. An obvious lack of well-founded knowledge, competencies, skills and resources (free time, money, etc.) among parents/caregivers to adequately respond to the challenges and crisis situations related to adolescence often causes stress and related feelings of insecurity, loss of control, fear, and anxiety. In view of the above, it can be concluded that most parents/caregivers form their upbringing styles intuitively and experientially, relying on a traditional system of values that often does not provide adequate answers to the challenges of the modern society faced by adolescents, but also by parents/caregivers.

The society’s expectations of parents/caregivers are very high and somewhat unjustified in view of the lack of systemic and integrated support. Therefore, the advancement of a parent/caregiver’s competencies should be enabled in the direction of developing their capacities and increasing their resistance to be able to cope with the developmental challenges of adolescence. Awareness of the continuity of developmental phases and their interdependence which exists among parents/caregivers can be seen as a good basis for building the skills of positive parenting.

3. Formal and informal support for the parents/caregivers of adolescents and for adolescents themselves

Support for parents/caregivers in Montenegro is realized within the broader concept of family support, or indirectly
through participation in programmes and services targeting children (whether formal or informal), while a lack of integrated and systemic support for parenting is evident.

The capacities and strengths of parents/caregivers in identifying specific developmental changes in adolescence and making an adequate response to them, have been observed as insufficient, by both professionals and decision makers, and by the adolescents themselves and parents/caregivers, who are mainly aware of the need for professional and systemic support in capacity building for parental roles. However, most of them are often uninformed or held back by prejudices related to the use of professional, primarily advisory, assistance from public services. For this reason, they mainly refer for help to the primary or wider family, relying on their own strengths and/or informal support systems (such as the media, literature and the internet), as well as non-governmental and civil-society organizations in which they have more confidence.

The existing services and programmes of support give insufficient attention to the recognition, development and guidance of the potential of both parents/caregivers and the adolescents themselves, in particular when it comes to capacities related to resilience (see the 7Cs model in Annex 1).

4. Public policies and programmes for the parents/caregivers of adolescents

The existing legal and strategic framework does not explicitly refer to the field of support for the parents/caregivers of adolescents, but some laws and strategies provide a basis that can be used and interpreted towards improving the services in this field. In the context of the reform of the social and child protection system, there is visible progress in terms of improving the diversity of services, especially those targeting parents/caregivers (of adolescents). Most identified services of this type are informative and advisory in nature (online services), and educational (workshops, support groups, etc.) or preventative (preventing the institutionalization of children in at-risk families) in nature.

The existing formal/institutional services provide advisory and educational services but are not directly focused on the parents/caregivers of adolescents, nor are they sufficiently visible, conceptually defined and developed, or effective and efficient. They are very seldom participatory, so they mostly do not respond to the current needs of users, and are often inaccessible to vulnerable groups. Public services are mostly of a reactive and interventional type (based on user initiative, at a time when the family is already in a crisis), while there is a lack of proactive, preventative work on improving the capacity of parents/caregivers (of adolescents), which is, however, usually seen as desirable. Public services are rarely sensitized for the needs of vulnerable groups, and equity and ethics are taken into account only at a declarative level. Employees in professional services within public services are generally not specifically trained to work with the parents/caregivers of adolescents, or with the adolescents themselves, although the need to improve specific knowledge and skills of this type is recognized.

The informal programmes and services implemented by non-governmental and civil-society organizations mainly make up for the shortcomings of public services, especially when it comes to
services focused on vulnerable groups, although alignment with donors’ strategic priorities often affects their relevance, continuity and sustainability. However, the dedication, competence, enthusiasm and empathy of service providers in these sectors are evident.

It is important to emphasize that all the identified programmes and services (both formal and informal) lack a more efficient implementation of quality control, as well as a data-based approach and better implementation of monitoring and performance appraisal mechanisms.

5. Recommendations

The methodological framework of this study envisages three types of recommendations: recommendations to decision makers; recommendations to non-governmental and civil-sector organizations; and recommendations to UNICEF.

5.1. Recommendations to decision makers

- Conduct a comprehensive study of the state of play and the needs of the parents/caregivers of adolescents as the basis for creating a systemic and integrated response to the needs of this target group based on data;
- Create an integrated strategic, legislative and programme framework for the promotion of positive parenting and the capacity building of the parents/caregivers of adolescents, including vulnerable groups;
- Create a continuous programme – a school of parenting – including the period of early development (preschool age), pre-adolescence and adolescence, and involving the parents/caregivers of adolescents, professionals/providers of services in the field of education, healthcare, social and child protection, but also the adolescents themselves;
- Create specific services of support for the parents/caregivers of adolescents, in particular for members of vulnerable groups, based on a holistic approach, relevance, efficiency, a participatory approach and equity;
- Improve monitoring of the application of existing quality standards in relation to the implementation of parent-/caregiver-support programmes;
- Sensitize and improve the capacities (number, diversity and expertise) of employees in the public sector for the provision of services related to support for adolescents and the parents/caregivers of adolescents;
- Create the missing protocols for cross-sector cooperation that would specify the roles and responsibilities of individual stakeholders, and improve the mechanisms for implementing the existing protocols and policies at all levels of service delivery (from preventative to interventional) in the fields of education, health and social protection;
- Improve the awareness of the parents/caregivers of adolescents about the importance of using advisory services, as well as their participatory approach, visibility and proactivity.
- Advocate the understanding of adolescence as a phase of life from the perspective of resources and developmental opportunities through improvement of the existing legislative framework, or the creation of appropriate acts.
5.2. Recommendations to non-governmental and civil-sector organizations

- Create support programmes for parents/caregivers in the community based on contemporary scientific knowledge and information on the current state and needs of beneficiaries;
- Improve monitoring of the implementation of standards for quality control of implementation of support programmes for parents/caregivers (of adolescents) and/or create new ones if non-existent;
- Sensitize and improve the capacities (number, diversity and expertise) of the service providers in the non-governmental/civil sector, especially in relation to the development phase of adolescence;
- Improve the sustainability of the programmes and services implemented by non-governmental and civil-sector organizations;
- Work, in cooperation with the public sector, to advocate understanding of adolescence from the perspective of resources and developmental opportunities.

5.3. Recommendations to UNICEF

- Advocate, in partnership with institutions and non-governmental/civil-sector organizations, understanding of adolescence from the perspective of resources and developmental opportunities, as well as creating a systemic, comprehensive and integrated response to the specific developmental challenges of adolescence;
- Promote, in partnership with non-governmental/civil-sector institutions and organizations, the importance of positive parenting and improve the capacities of the parents/caregivers of adolescents to implement parental roles on the principles of equity and equality between fathers and mothers (overcoming gender stereotypes);

Finally, the study also discusses the directions for advocating the improvement of support programmes for the parents/caregivers of adolescents in Montenegro, which, among other things, also includes a shift in the public discourse on adolescence, the promotion of positive parenting, and the improvement of systemic and integrated support to parents/caregivers of adolescents through cross-sectoral cooperation.
1. INTRODUCTION

UNICEF’s Europe and Central Asia Regional Office (ECARO) is conducting a study on programmes supporting the parents/caregivers of adolescents in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania, aimed at developing regional interventions concerning parenting, to reinforce and enhance the existing regional interventions, and to develop new programmes to support the parents/caregivers of adolescents. Although this type of programme is increasingly becoming an important component of national policies and social-service packages countering the cycle of intergenerational poverty, social exclusion and violence and aimed at reducing inequalities and promoting successful child and adolescent development, there is a lack of in-depth qualitative research on parenting adolescents in Eastern Europe and Central Asia, and in particular for vulnerable groups, which would inform evidence-based policies and programmes in this field.

The results of the Regional Study on Parenting should help:

1. Collect strategic information and data on the way parenting is understood and practised by the parents/caregivers of adolescent boys and girls (including the most vulnerable ones) in Montenegro, and on the extent to which such knowledge gets translated into day-to-day parenting practices.

2. Look at the impact of individual, interpersonal, institutional and structural factors (at the social, economic and cultural levels) on parenting dynamics and practices in Montenegro, including the following: differences between the respective parenting styles of mothers and fathers; gender division of parenting roles and responsibilities (boys and girls); intergenerational communication; knowledge/attitudes/practices concerning methods of discipline; parents’ involvement in education; parents’ roles in education on sexual and reproductive health issues; parents’ roles in preventing risky behaviour; parents’ involvement in adolescents’ psychosocial wellbeing and general health, etc. There is a special focus on the parents of vulnerable adolescents, such as those with disabilities or chronic illnesses, those from minority groups, those living in rural areas or placed in institutions for children without parental care, those in conflict with the law, etc.

3. Conduct a rights-based, gender-sensitive and equity-focused mapping and a qualitative assessment of the selected parenting programmes for the parents/caregivers of adolescents in Montenegro (across the sectors of health, education and social and child protection), and assess whether these programmes meet the actual needs of the parents/caregivers previously identified through focus-group discussions with parents/caregivers and adolescents.
The conceptual and methodological framework of the Study was designed by the Regional Research Team and was derived from a multidisciplinary understanding of parenthood, adolescence and parenting support programmes. These key concepts will be further elaborated below.

2.1. Adolescence

2.1.1. Adolescence from a rights-based perspective

The Convention on the Rights of the Child (CRC) applies to children, who are defined in the Convention as “any human being below 18 years of age” (CRC: Article 1). Adolescence, however, is not clearly defined in this framework, nor has it received the necessary attention. **In the General Comment on the Rights of the Child 20 (2016) on the implementation of the rights of the child during adolescence, the UN Committee on the Rights of the Child recognises that “adolescence is not easily defined, and that individual children reach maturity at different ages” (CRC GC 20: para 5). Taking the developmental approach, the Committee explains that “the implementation of rights should take account of children’s development and their evolving capacities” (CRC GC 20: para1).**

The General Comment on Adolescent Health and Development describes adolescence as a dynamic period “characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; and the gradual building up of the capacity to assume adult behaviours and roles involving new responsibilities requiring new knowledge and skills” (CRC GC 4: para 2 in Proteknôn, 2017). The Committee highlights the propensity for positive change during the transition to adulthood, “prompted by the significant capacity of adolescents to learn rapidly, to experience new and diverse situations, to develop and use critical thinking, to familiarize themselves with freedom, to be creative and to socialize” (CRC GC 4: para. 2, ibid.). Hence, adolescence should be seen in appreciative terms; still, “adolescence also poses new challenges to health and development owing to their relative vulnerability and pressure from the society, including peers, to adopt risky health behaviour” (CRC GC 4, para 2).

In the light of these risks and challenges, the General Comment (2016) notes that adolescents require particular forms of support and protection as they transition through their lives. This is because “the foundations laid down during adolescence in terms of emotional security, health, sexuality, education, skills, resilience and understanding of rights will have profound implications, not only for their individual optimum development, but also for their present and future social and economic development” (CRC GC 20: para 3).

2.1.2. Adolescence as a social construct

Developmental psychologists have argued that the stage of “adolescence” is a period of transformation in which individuals go through biological, psychological and social change, which helps them to develop a coherent and
positive self-identity (Erikson, 1968 in Proteknôn, 2017). At a biological level, the onset of puberty signals the maturation of reproductive organs, increased sex drive and the possibility of becoming a parent (Moore and Rosenthal, 1993 in Proteknôn, 2017). At a psychological level, adolescents prepare to adopt adult roles, including engaging in sex and procreation. Expanded cognitive skills enable adolescents to plan and anticipate the future (Piaget, 1964, 1972), and make moral judgments (Kohlberg, 1984).

During this period, adolescents rely more on their peers in developing appropriate behaviour patterns (Eisenstadt, 1956), and are often perceived as “problematic” as adolescents try to win autonomy from their primary family and their parents (Blos, 1962). This is also a modelling period, when adolescents try to attach themselves to an authority figure with whom they identify and from whom they will learn certain norms, values and skills (Inhelder and Piaget, 1958; Kohlberg, 1969, 1984).

In line with the UN Committee on the Rights of the Child General Comment 20, in the context of this study, adolescence is defined as a social construct and a stage in life which has specific characteristics and covers the age group of 10–18 years, and which, in addition to the universal characteristics described above, is significantly conditioned by contextual factors in each society.

2.1.3. Ecological models of adolescents’ risk and resilience

Increasingly, contemporary academics and practitioners have adopted an ecological model that considers adolescents’ development and wellbeing as being influenced by a series of concentric circles that pertain to their relationships with their parents and other members of the family, their participation in schools and other social institutions, their engagement with

Figure 1: Ecological model of adolescents’ risk and resilience
social norms and values, and the impact of the macroscopic context (political, economic and socio-cultural) on their development over time (Bronfenbrenner, 1979, 1995 in Proteknôn, 2017:14) (Figure 1).

Bronfenbrenner’s (1979) ecological system model helps us gain a better understanding of adolescents’ relationships with their environment, but also of the interaction of different risk and resilience factors when adolescents face various challenges. The model suggests that it is important when considering the risks to bear in mind that vulnerability is specific to both the individual and the context, and that multiple risk factors may have a cumulative effect on adolescents, while others may be mitigated by transforming the adverse/harmful consequences into protective factors which enhance their resilience.

2.1.4. Concept of parenting and adolescent resilience – the 7Cs model

Based on the work of Rick Little, the model of young people’s resilience was developed by Ken Ginsburg to prevent risk, promote healthy development and enhance young people’s responsibilities. The model focuses on how young people act or how they should act in their current stage of life, as well as how they develop along their life course in relation to each component of the model, including: Competence, Confidence, Connection, Character, Contribution, Coping and Control. These concepts are considered in the process of creating research questions, methods and techniques, especially in relation to research on the ways in which the parents/caregivers of adolescent boys and girls (including the most vulnerable) understand and practise parenting, as well as the ways in which individual, interpersonal and macroscopic factors affect the dynamics of parenting and the styles and practices of parenting (including the most vulnerable families), from the perspective of the ecological systems (see Section 3.1).

2.2. Parenthood

2.2.1. A relational view of parenthood and adolescence

Anthropological research suggests that parenthood can be seen only as a construct, influenced by the historical, economic and socio-cultural context in which it is experienced. But it is also a highly-gendered construct in that the parents’ roles and responsibilities (men as ‘fathers’ and women as ‘mothers’) differ considerably within households and communities, largely conditioned by the social norms used to construct gender roles (masculinity and femininity) (Walker, 1995; Bozalek, 1999 in Proteknôn, 2017).

In addition to the relationship between parents, parenthood is significantly influenced by the generational relationship, which is based on the normative expectations of parents and children in relation to each other, with different rules and responsibilities allocated to children and adults to maintain the generational structure of the household (Alanen, 2001a and b in Proteknôn, 2017).

2.2.2. Parenting roles and styles

This study relies on the typology which distinguishes the following three parenting styles related to parental control and warmth in the parents’ relationship with children and adolescents (Blaumrind, 1991, 1996 in Proteknôn, 2017):
Authoritarian: Parents try to forcibly curb the self-will of children in order to set a standard of conduct in all areas of life, encouraging submission, obedience and complete dependence. Parents do not respond to children’s needs and often ask them to complete various tasks related to socialization and learning. This parenting style may also include the forcing or active monitoring of children through the introduction of rules, punishment and discipline.

Permissive: Parents encourage children to exert independence and make their own decisions without parental guidance or boundaries (which could be the result of indulgent behavior or neglect, with both high and low levels of responsiveness to children’s needs).

Authoritative: Parents are very responsive to children’s needs. They are “warm but firm”. Parents encourage children to make their own decisions but they set boundaries, encourage inductive and moral reasoning, and they provide opportunities for communication and discussion (Hancock, 2014; Chang, 2007; Chan et al, 2011; Kopko, 2007; Durrant, 2016 in Proteknôn, 2017).

It is important to note that practising these parenting styles is not fixed; instead, they make up one part of the daily interactions between parents and adolescents, consciously or subconsciously negotiating on their respective positions, power and wellbeing; they are therefore subject to change. Parenting styles are also influenced by a range of political, economic, socio-cultural and interpersonal factors.

Based on the typology presented above, the following three parenting dimensions have been identified which are of relevance for this study (Baumrind, Barber et al, 2005 in Proteknôn, 2017): parental support (including affection, nurturing, compassion, sensitivity and safe warmth); psychological control (referring to attempts to change the thoughts and feelings of children and adolescents), and behavioural control (including monitoring and knowledge of children’s activities) (Halpenny, 2010 in Proteknôn, 2017), setting limits and structuring adolescents’ lives by their parents (Robila and Krishnakumar, 2006; Durrant, 2016 in Proteknôn, 2017).

In line with the typology, it is important to note that the World Health Organization (WHO 2007b in Proteknôn, 2017) looks at parental roles in relation to five dimensions: connection (love and acceptance); behaviour control (limit setting); respect for individuality (developing a healthy sense of self among adolescents, distinct from their parents); modelling of appropriate behaviour (providing examples of behaviour and attitudes that are deemed to be appropriate), and provision and protection (provision of the essentials for living).

2.3. Parenting support programmes

The UNICEF Innocenti Research Office highlights that the family support programme should be distinguished from the parenting support programme, which constitutes a segment of the former. Namely, family support includes a set of services and other activities aimed at the better functioning of the family, embedding parenting and other family activities into the system of conducive relationships and resources (formal and informal). On the other hand, parenting support implies a set of services and other activities aimed at improving the way parents deal with and exercise their role and at enhancing their parenting competence.
(including their level of information, knowledge, skills and social support) (Dali et al, 2015 in Proteknôn, 2017).

The lowest common denominator for the classification of parent support programmes is that they: (a) target parents and focus on their parenting roles; (b) provide services rather than financial assistance or parental leave; and (c) seek to enhance their parenting competences and resources.

Since parenting support programmes are aimed at obtaining better developmental outcomes for children, the CRC underlines the obligation of states to respect the responsibilities, rights and duties of parents to provide appropriate guidance to their children (CRC: Article 5 in Proteknôn, 2017). It is highlighted that parenting support programmes should adopt a constructive rather than a punitive approach, focused on establishing and strengthening a supportive environment, instead of relying on narrow interventions and problem-focused services (CRC GC 20: para 15 in Proteknôn, 2017). Parenting support programmes also need to be relevant for the lives of the parents and adolescents they are intended to assist. They should engage the “complementary capacities of the State and civil society, including non-governmental and community-based organizations, religious leaders and the media” (UN GAC: para 34 in Proteknôn, 2017:23), “actively involving the participation of families as partners, combining their resources with those of the community and the carer” (UN GAC: para 34 (b) in Proteknôn, 2017:23).
3. METHODOLOGICAL FRAMEWORK

3.1. Research questions

The aim of the study is to answer the following four research questions:

1. **How is parenting understood and practised by the parents/caregivers of adolescent boys and girls (including the most vulnerable) in Montenegro?**
   - What does it mean to be the parent/caregiver of an adolescent compared to the parent/caregiver of a younger child from the perspective of their life course?

The question has been considered in relation to the following concepts:

- Attachment and connection;
- Communication;
- Decision making;
- Roles and responsibilities;
- Autonomy;
- Attitudes and practices around discipline;

Parental engagement with education, health (including sexual and reproductive health); psychosocial wellbeing; protection from violence; and prevention of risky behaviour.

2. **From an ecological systems perspective, how do individual, interpersonal and macroscopic factors (at the political, economic and socio-cultural levels) affect parenting dynamics and influence parenting styles and practices, including in the most vulnerable families?**
   - How are parenting roles and responsibilities delegated between mothers, fathers, grandparents and other significant persons in the household, and how is this influenced by gender and intergenerational relationships?
   - How are parenting styles and dynamics related to gender, disability, ethnicity, poverty, chronic illness, migration, etc.?
   - How are the social norms that are associated with parenthood reflected in everyday parenting practices and attitudes?

3. **Where do the parents of adolescents and adolescents themselves turn to for formal and informal support?**
   - What supports do parents and adolescents build for themselves and provide for each other?
   - What informal forms of support are available for parents in local communities?
   - What parenting support programmes are available for the parents/caregivers of adolescents in Montenegro (particularly for the most vulnerable and marginalized) and what are their forms and modalities in relation to education, health, social welfare and protection sectors?
4. How can parenting policies and programmes be strengthened to meet the needs of the parents of adolescents?

- Do parenting support programmes address the needs of the parents/caregivers of adolescents and of adolescents themselves, particularly the most vulnerable, and how can they be improved?
- What are the lessons learnt from the implementation of these programmes?
- What support do the parents/caregivers of vulnerable adolescents still need?

These issues have been considered in relation to the following:

- Rights-based perspective,
- Gender perspective;
- Intergenerational relationships;
- Equity; and
- The strengths of parents/caregivers and adolescents.

The methodology used to collect data to respond to the research questions above is described below.

3.2. Research methods and techniques and sample composition

This is a descriptive study, based on qualitative methods and techniques that ensure a better understanding of the phenomenon under scrutiny; however, these limit the capacity for the quantification and formulation of conclusions which would be representative of the overall population (generalization). The qualitative research methods used in this study include: a desk review, semi-structured interviews and focus-group discussions.

The sample-planning stage focused in particular on the inclusion of all relevant key informants – the representatives of institutions, non-governmental and civil-society organizations, experts and practitioners working directly with parents/caregivers – but also parents/caregivers and adolescents from the general population (whether from complete/incomplete or foster families), and vulnerable groups (such as the Roma and Egyptian population; adolescents with disabilities and their parents/caregivers; adolescents living in institutions and/or placed in alternative care). Due to the limited availability of some vulnerable (sub)groups, including fathers from the Roma and Egyptian population, parents/caregivers and adolescents from the LGBT population and adolescents without parental care living in institutions, the relevant data needed to be collected indirectly, that is, through interviews with experts/practitioners working with these (sub)groups.

3.2.1. Desk review

The review and analysis of a large quantity of secondary data (studies, reports, etc.), of strategic papers and the legislative framework and of the political-economic and socio-cultural context provided an overview of the factors and conditions related to understanding the concept and practice of parenting in Montenegro.

3.2.2. Gathering of empirical data

The field research was conducted in October 2017, over the course of three weeks. It involved a diverse group of stakeholders and it used qualitative, semi-structured methods and techniques adjusted to their individual characteristics, with the aim of ensuring full participation and of developing a sense of ownership.
3.2.2.1. Semi-structured interviews

Qualitative semi-structured interviews were conducted on the territory of Montenegro (in the northern, central and southern regions) with the following categories of key informants: a) decision makers (representatives of institutions); b) representatives of non-governmental and civil-sector organizations, and c) experts/practitioners working directly with parents/caregivers.

The key informants were selected based on criteria that included knowledge and/or involvement in the development of policies and laws that concern, either specifically or in a broader sense, parenting support (for the parents of adolescents), and knowledge of and/or involvement in the implementation of the programmes and services intended to support parents/caregivers at the national and local levels, in particular vulnerable and marginalized groups.

The semi-structured interviews were implemented to interview representatives of the institutions involved in policy design or implementation, representatives of the public institutions working with beneficiaries, including secondary and primary schools and resource centres, Professionals from Social Welfare Centres and Primary Healthcare Centres, representatives of institutions protecting children with behavioural problems and children in conflict with the law, and representatives of non-governmental and civil-society organizations working with the general population of parents/caregivers, vulnerable groups and individuals, or those concerned with children’s rights, LGBT rights, the rights of persons with disabilities and domicile and displaced Roma and Egyptians.

The field research conducted in Montenegro included 15 interviews with 16 respondents (in line with the standard set by the Regional Research Team, namely at least 10 interviews with key informants). Most semi-structured interviews (12) took place in the central region, since most of the competent institutions/organizations are situated in the capital city (Podgorica); two interviews took place in the northern region, and one in the southern region. The interviewees were experts/practitioners working directly with parents/caregivers.

The guide on conducting semi-structured interviews was consistently applied in the discussions with different relevant interlocutors.

3.2.2.2. Focus-group discussions

The focus-group discussions were organized on the territory of Montenegro (in the northern, central and southern
regions) and relied on the guide designed by the Regional Research Team, which was adjusted to the following target groups: a) adolescents (age groups 10–13 and 14–17); and b) the parents/caregivers of adolescents.

The set standard referred to at least eight focus-group discussions with adolescents (with at least eight participants per group). In total, nine focus groups with adolescents were held in Montenegro, with their participants disaggregated by age group (10–13 and 14–17), gender (girls, boys and mixed groups), region (northern, central and southern), the place of residence (rural and urban) and their vulnerability. The focus-group discussions involved a total of 72 girls and boys (a maximum balance with regard to the ratio between the different subgroups, in line with the socio-demographical variables mentioned earlier). The proposed guide for focus groups with adolescents was adapted to ensure that the implemented activities suited the respondents’ age and developmental status. A participatory approach, together with application of visual and role-play techniques, contributed to a high level of trust and enthusiasm among the respondents, which ultimately resulted in the high quality and large quantity of the gathered information.

The focus-group discussions with parents/caregivers of adolescents (eight focus groups in total) involved 60 participants, disaggregated and balanced in terms of gender (men, women and mixed groups), region (northern, central and southern) and the place of residence (rural and urban). The proposed guide for focus groups with parents was slightly adapted to ensure a conducive atmosphere of trust and to facilitate exchange (individually, in pairs, smaller or larger groups or in panels).

### 3.3. Ethical standards

The research within this study was planned and conducted in line with strict ethical principles and protocols for child protection, aligned with the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis (UNICEF 2015:11–12, in Proteknôn, 2017). Child protection was a priority also in the selection of national researchers, who were required to sign and adhere to the rules of conduct and child-protection policy (Proteknôn, 2017; Annex A4).

Particular attention was devoted to making sure that the parents/caregivers and adolescents taking part in the research were not exposed to harm, stigmatization or further marginalization or discrimination in the course of, or as a result of, their participation in the research. The ethical principles were rigorously applied during the process of identification and recruitment of participants, choice of venues for and methods of facilitation of focus-group discussions. Particular attention was also paid to training the researchers on appropriate methods of communication and avoiding any marginalizing, stigmatizing or patronizing language (ibid.).

The ethical protocol included also several provisions on informed consent, confidentiality, anonymity, the right to withdraw at any stage and data security (ibid.).

The researchers made sure that the adults and adolescents understood the nature, intention and results of the research process, so that they could provide informed consent and be aware of the possibility to withdraw it at any time. Informed consent is voluntary and implies that the individual has freely consented to take part in the research, is aware of the rules and of the subsequent use of
the obtained information. It includes also the respondent’s consent to participate in the research without any remuneration. For individuals who, due to their age, maturity or mental disability, were not able to legally provide their informed consent, such consent was provided by their parents/caregivers (UNICEF 2015: 2; see also Innocenti Research Brief 17–05).

In line with the Ethical Protocol (Proteknôn, 2017; Annex A4), researchers were trained to respond to situations when a participant expressed a child-protection concern and to ensure that protection of the identity of anyone who might have experienced or perpetrated violence, neglect, exploitation or abuse or anyone asking for emergency social welfare. Training of the members of the National Research Team included scenarios that prepared them to address sensitive ethical dilemmas so as to safeguard the rights and ensure the dignity and wellbeing of all respondents and researchers. National researchers were also trained to facilitate focus-group discussions with adolescents and the parents/caregivers of adolescents in an ethical and methodologically correct manner. It is important to note that no suspicious or undesirable events were recorded in the course of implementing the research in Montenegro nor were there any instances where the Ethical Protocol was invoked.

Given the insufficient level of awareness concerning child-protection issues and the limited access to community-based social support services, this research process was perceived not only as a data-collection exercise, but also as an opportunity for the research team to inform the respondents about some priority service providers or specific childminding and support services.

In line with the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis, appropriate measures were taken to ensure confidentiality and to protect the privacy of participants, without the final research outcomes that presented the findings and recommendations which could not be attributed to any individual participant.

Rigorous measures were also put in place to protect electronic data; following primary data analysis, national researchers were required to delete their copies of files and hand over all the notes and audio recordings to the UNICEF Montenegro Country Office.
4. CONTEXT

4.1. Political and economic context

Following the restoration of independence in 2006, Montenegro formally joined the international community as the 192nd member of the United Nations on 28 June 2006 and as the 47th member of the Council of Europe on 11 May 2007. The country formally applied for membership of the European Union in December 2008; two years later, it obtained the status of candidate country. In mid-2017, it became the 29th member of the North Atlantic Treaty Organization (NATO).

Given the above, it is clear that the framework for progress and development of the Montenegrin economy is determined by the obligations stemming from the process of Euro-Atlantic integration. The global economic and financial crisis, however, showed that the traditional sources of growth and economic policy tools had been exhausted, with the global and European economic scenarios evolving. In relation to this, the Government of Montenegro identified the following three strategic development directions: smart, sustainable and inclusive development (Development Directions 2013–2016 and 2015–2018), after the Europe 2020 Strategy. “Smart development” refers to innovation, digitalization and youth mobility; “sustainable development” refers to better resource efficiency and industrial policy; “inclusive development” serves to boost employment and reduce poverty.

The overall objective of Montenegrin economic policy for the period 2016–2018 is intensive and sustainable economic development, along with job creation. The 2016 Progress Report (EC, 2016:5) suggested that Montenegro was “moderately ready” to develop a functional market economy and noted some progress in the field of finance, improved business environment and labour market management. Preliminary data shows that the real GDP growth rate in the second quarter of 2017 was 5.1% (following the figure of 3.2% for the previous period), considered to represent the biggest increase since the end of 2013.

The available indicators concerning the average wage and consumption trends in 2013 showed that a declining poverty rate, which had dropped to 8.6% compared to 11.3% in 2012, was the anticipated result of the economic trends. Since developments in the international markets have a major influence on the macroeconomic trends in Montenegro’s economic development, along with job creation.

3 Montenegro’s GDP in the second quarter of 2017 was €947 million, compared to €880 million in the same period the previous year (MONSTAT, 2017).

4 In 2008, Montenegro’s National Statistics Office (MONSTAT) for the first time published the results of the poverty analysis for 2005 and 2006, carried out in cooperation with the World Bank and supported by the Ministry of Health, Labour and Social Welfare. The statement from 2013 presented the results of the poverty analysis for 2013, together with some principal trends for the period 2011–2013. This is the latest available report on this topic in Montenegro.

5 Real GDP growth in 2013 was 3.3%, with a 3.8% drop in the real average wage (exclusive of the taxes and contributions). Total individual consumption (according to HBS, the monthly average per household) dropped by 2.6%, with a consumer price increase of 2.2% (source: MONSTAT, 2013).
open economy, it may be noted that they also influence its \textit{regional development}. Significant disparity with regard to the \textit{degree of poverty} has been identified between the southern region and the rest of the country, with the poverty rate almost three times as high in the northern (10.3\% in 2013) than in the southern region (3.8\%). Twenty-five percent of the total population live in the northern region, but that includes 30.1\% of the total population that are living in poverty (MONSTAT, 2013).

The UNICEF study on “Child Poverty in Montenegro” (UNICEF 2012) suggested that \textit{families with children were hit worst by the economic crisis, and that life was hardest for children living in the northern region}: almost one-quarter of the children living in the rural areas grew up in poverty; less than one-third of all the children in the country lived in the northern region (29.22\%), but that included more than half of the children living in poverty (54.58\%). Close to one-third of the children in Montenegro lived in rural settings (32.84\%); that category, however, included three-quarters of the total number of children living in poverty (74.87\%).

The same study also suggested that \textit{one in ten children in Montenegro (approx. 14,500 children) lived in poverty}. Poverty indicators suggested that children were particularly vulnerable and more frequently affected by poverty than adults, and that children younger than 5 years of age who lived in single-parent families and those from families with three or more children were most vulnerable to poverty and inequality (UNICEF 2012). The study stated that child poverty strongly contributed to the marginalization and social exclusion of children, undermined equity and contributed to the worse health, nutrition, education and general wellbeing of the children living in the poorest households.

In addition, poverty caused multiple deprivations in day-to-day life by reducing access to health care, education and cultural activities.

This UNICEF study also indicated that \textit{poverty is an intergenerational problem and that breaking the cycle of poverty depends on the government, civil society and families investing in children’s wellbeing and equality}. It was highlighted that no society has managed a major cut in poverty without significant and constant investment in children. It was stated that strategic investment in children, especially during early childhood, contributes to long-term economic development (which is of particular importance, given the negative demographical trends in Montenegro\textsuperscript{6}).

\textit{Using all children’s potential to grow and contribute to economic and democratic development is a precondition for a more secure and better future for the country. This is sound economic investment with a high rate of return (UNICEF, 2012). Nevertheless, it is important to note}

\textsuperscript{6} According the 2011 Population Census, the number of children under the age of 18 in Montenegro was 145,126. Their share of the overall population was 23.4\% – a drop compared to the 2003 Census. According to the 2011 Census, the older age group prevailed within the total population of children. Thus, children aged 15, 16 and 17 accounted for more than 6\% of the total population. The gender breakdown showed 52\% were boys (75,367) and 48\% were girls (69,759). According to the 2011 data, the girl–boy ratio was 100 to 108. In the population of those aged 15–17, 10\% of Roma children, 6\% of Egyptian children and 2\% of Bosniac children were married. In the other population groups, the share of children aged 15–17 who were married was around 1\%. The 2011 Census data indicates that 13\% of the total number of Roma girls, 10\% of Egyptian girls and 4\% of Bosniac girls were married. In the age group 15–17, the number of girls who were married was higher than that of boys. In the age group 15–17, 1.7\% of the total number of children of this age were working (UNICEF and MONSTAT, 2011).
that there is a lack of information on the impact of poverty on adolescents in Montenegro.

4.2. Socio-cultural context

Montenegro’s transition from a planned economy to a market economy affected universal access to basic social, education and health services; however, it also led to reforms across all public-policy sectors, including an ambitious legal and judicial reform agenda aligned with international commitments, based on improving legislation and putting in place an institutional set-up for the protection of human rights. One of the key areas of the Government of Montenegro’s action in partnership with the UN system under the strategic outcome of enhancing equal access to quality, inclusive and mutually reinforcing system of health, education, protection and decent work (by 2021) includes strengthening the social and child protection system to reduce inequalities and facilitate social inclusion of vulnerable children, young people and families (UNDAF, 2016: 45).

The social welfare and childcare reform in Montenegro included adoption of a number of strategic papers and laws aligned with various international documents, primarily with the recommendations of the UN Committee on the Rights of the Child, and aimed at the country making progress in the exercising of the rights guaranteed under the Convention. The social welfare and childcare reform in Montenegro, implemented by the Ministry of Labour and Social Welfare (MLSW), relies on a holistic and systematic approach to social welfare and childcare, with the vision of Montenegro as a humane and economically stable society which ensures the development and continuity of quality social welfare and childcare, based on the needs and best interests of the beneficiaries (MLSW, Strategy for Development of the Social Welfare and Childcare System 2018–2022). The overall objective of the recently adopted Strategy is a better quality of life for the beneficiaries of social welfare and child care and their being empowered to live independent and productive lives. The specific objectives address the following: a better normative framework on social welfare and childcare; a better quality system in social welfare and childcare; better social welfare and child care services; and putting in place the preconditions for further deinstitutionalization (see Sections 6.2, 6.3 and 7.1.4).

EU standards in the field of social policy and employment include the minimum standards of labour laws, equality, occupational health and safety and non-discrimination. Montenegro achieved some progress in harmonizing with the EU’s acquis communautaire in this regard in 2016; however, the need for further reform processes is still highlighted, with a view to improving the services to citizens. Inclusive growth, as a priority development direction, is aimed at boosting employment across all social groups by strengthening both active and passive labour market measures, lifelong learning and civic culture, in order to improve social cohesion, prevent social marginalization and reduce poverty. In relation to this, in the upcoming period, Montenegro should increase the allocations for the active labour market measures targeting youth (15-30), women and hard-to-employ people and repeal the legislative measures discouraging women’s participation in the labor market (EC 2016).

Research (ILO, 2016) shows that young women, people with low education levels, young people living in rural areas and young people with limited social networks were more likely to
be at risk of social exclusion than the rest of their peers. It also confirms the presence of the traditional segmentation of gender roles among young people in relation to their education, choice of profession, working hours, wage levels, as well as leaving the labour market for family reasons. This emphasizes the need to invest additional efforts and support women in overcoming the limitations preventing them from entering the labour market and competing on equal terms. In addition, the need was identified to develop a policy to help the family–work balance to diminish gender disparities for young people and more specifically for young women.

Education plays a critical role in fostering economic and social development and competition and innovation; hence, the ongoing reform processes need to be based on advanced knowledge and skills in several areas. The reform processes in higher education need to result in better economic and social wellbeing in the country, since the higher education system, inter alia, plays a vital role in preparing young people for the labour market. The measures and activities in pre-university education focus on establishing a quality, flexible education system which offers each individual equal opportunity for personal and professional development and social inclusion. Quality emerges as an important component of education, which needs to respond to the highest degree to the actual needs of the society. Given the poor average performance of Montenegrin students (31 out of 100) in the latest PISA (OECD, 2015) reading, science and mathematics tests (OECD, 2015), further activities will follow aimed at an improved quality of primary education, specifically improved student achievement and skills that children and young people need for their further academic and professional advancement.

The review of the general curricula for primary schools and general programme high schools (gymnasiums) and the curricula of the teacher training university departments focusing on key competences indicated that teaching focused more on the content and less on the development of such competences. The formulation of objectives and the outcomes in the curricula were not sufficiently precise and clear. The results indicated an absence of internal coherence in the curricula, lack of alignment between the objectives and outcomes within and across different education levels and across different elements of the curricula for specific subjects (subject goal–objective–suggested activity–outcome). The teacher training departments’ curricula largely neglected the following: development of key competences among students and training future teachers to develop the key competences of their students (preparation for entering the profession). Marketable competences were not being sufficiently developed across the curricula at different levels; as for the vertical dimension, the higher the level of education, the fewer key competences were included (the most in primary schools, the fewest at university) and there was a lack of coherence and consistency in their development (Pesikan and Lalovic, 2016).

Matching young people’s educational achievements with their parents’ education levels (ILO, 2016:14) highlighted intergenerational trends and the superior achievements of the younger generation in Montenegro, in particular regarding tertiary education (31.4% of young people had higher education levels, and 14.0% had lower

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7 The study of the socio-emotional and key competences in the primary and secondary school curricula and teacher training departments in Montenegro was carried out as part of the UNICEF Montenegro project titled ‘My Values and Virtues’. Study authors: Pesikan and Lalovic, 2016.
education levels than their fathers; 50.6% had the same level; 42.1% had higher, and 7.2% lower education levels than their mothers).

The data (NHDR, 2013) also suggests the significant influence of parents on young people’s choices of profession in Montenegro. Parents mainly preferred their children working in the public sector (78.8%), with only 14.8% of them preferring private companies. Most parents preferred the field of finance (17.4%), even though the country’s chief development sectors are energy, tourism and agriculture (only 7.4% of parents preferred the energy sector; 7.2% tourism; 6.2% agriculture, forestry and water management). The low rate of active job seeking (14.3%) among unemployed young people (aged 15–24) was explained by private family responsibilities; 5.4% stated that they had refused job offers because their families disapproved of the jobs (5.1% boys and 6.1% girls) (ILO, 2016:44).

Since the study focused on vulnerable groups, it should be noted that Montenegro has completed several legislative reforms to further harmonize itself with European and international human rights standards and that it has ensured adequate mechanisms for the protection of at-risk groups from discrimination. However, various sources indicate that the implementation of such legislation remains weak, among other things due to insufficient institutional capacities and a lack of a coherent policy for sanctioning human rights violations.

The Roma and Egyptian minority remains the most vulnerable group in a number of areas of life; thus, the Progress Report (EC, 2016) stated that much more needs to be done concerning the social inclusion of Roma and Egyptians. Child labour and begging were highlighted as particularly sensitive issues in this field.

Obstacles to social inclusion are related to the fact that Montenegro does not have universal health service coverage, since access to health services and medicines largely depends on the ability to afford. This particularly affects some at-risk groups, such as drug addicts, people living with HIV, young people engaged in unhealthy lifestyles and in general all those living in poverty or at risk of social exclusion and those living in sparsely populated rural areas with fewer, more distant, less well-equipped or less properly staffed healthcare institutions (UNDAF, 2016).

Numerous factors affect the overall position of persons with disabilities in Montenegro, hindering their integration in the society. These include the following: tradition (prejudice, stereotype, conservative attitudes and intolerance); the lack of a registry of persons with disabilities in the country; inadequate access or lack of access (physical environments, institutions, textbooks, information, etc.); a lack of access to information; a lack of awareness of the problems encountered by persons with disabilities, their capacities and abilities; family crises; a lack of competent staff (decision makers and institutions); insufficient interdepartmental cooperation; inadequate allocation of funding to organizations of persons with disabilities, etc. In terms of reaching EU standards in this field, the integration of persons with disabilities in Montenegro includes: taking action towards protecting and enhancing the rights of persons with disabilities through an efficient system of legal redress; preventing discrimination; providing the conditions for the full and active participation of persons with disabilities in all areas of social life on equal terms, by developing and implementing an equal opportunities policy, in particular in employment, labor, education, culture and housing;
providing social, health and other services to persons with disabilities in line with their actual needs and in line with the international standards and the state’s capacities; ensuring access to their living environment, public transport, institutions, services, communication systems and information by means of the planned and intentional removal of barriers and the building of accessible facilities and services; sensitizing the society to the problems and rights of persons with disabilities through systematic and planned education, information sharing and elimination of current stereotypes and prejudices (Ministry of Labour and Social Welfare, 2016).
5. LITERATURE REVIEW

5.1. Factors influencing parenthood and adolescence in Montenegro (macroscopic, interpersonal and individual)

Research into the psychosocial characteristics of the parents of (13-year-old) adolescents which was based on the ecological systems model and implemented in the Republic of Croatia\(^8\) highlighted the strong social relevance of the model. It provided insight into parents’ attitudes on the forms of social support that they need when working on their capacities for “positive parenting” (Council of Europe, Recommendation (2006): 19) and on the preferred forms of such support from the state and the environment. A brief overview of the results shows that parents (of 13-year-old adolescents) in the Republic of Croatia stated that the measure they required the most in fulfilling their parental responsibilities was improved general treatment of children and families in the society through greater social sensitivity and acknowledgement of the needs of children, young people and parents in different spheres (Pecnik and Tokic, 2011). One of their priority needs furthermore refers to improving relationships between children in school and improving the relationships between teachers and the children (Pecnik & Tokic, 2011:265)

Among the priority measures of parental support, parents also mention more things for children to do during their free time (both in the community and at school); the availability of psychologists in the school and further training of teachers for working with adolescents and their parents. Judging by the selected priority measures, expert counselling support is only one of the few necessary interventions to support parenting.

Widespread parenting community support includes measures aimed at material living conditions, quality education, balancing paid work and family responsibilities, the development of the social values of adolescents and parents, and their application in everyday life (ibid.).

However, there is still no research available in Montenegro that would explicitly and comprehensively cover the ways that the concepts of adolescence and parenthood are understood in the society, examine the influence of different factors on parenting dynamics and practice and identify the preferred models of support.

The available data (UN HDR, 2013) suggests that, at the individual level, the citizens of Montenegro assign great value to family relations and largely rely on the networks of family members and friends, and that they are largely satisfied with their family lives (7.98 on a scale of 1 to 10, with 1 being the lowest and 10 the highest score).

The way that preservation of the family is valued among the general population is reflected by the data (IPSOS, 2016) showing that a significant share of the citizens of Montenegro (53%) perceive

\(^8\) Ministry of the Family, Veterans’ Affairs and Intergenerational Solidarity, Zagreb, 2011.
the family as a unit which cherishes the values of the society, the core value of each individual and the most important unit an individual may take part in. These attitudes clearly indicate the strong value component attributed to the family; at the same time, 30% of citizens of Montenegro mention home, caring and security as the terms that best describe the family (ibid.).

Data (IPSOS, 2016) also indicates that, in times of crisis, a considerable proportion of the citizens of Montenegro (41%) assign the priority to the preservation of marriage and family above individual rights. The majority perceive the issue of domestic violence as important, assigning it a lower or higher degree of priority. Although domestic violence is often perceived as an important issue, more than a half of the citizens of Montenegro (55%) believe the public pays little attention to this problem. Slightly less than half (47%) believe that domestic violence is frequent in Montenegro. The gender component is significant, with women predominantly perceived as the victims (79%), and male family members, in particular spouses, perceived mainly as the perpetrators (77%). Children are also often perceived as victims (55%), while other family members are much less frequently mentioned.

When assessing citizens’ attitudes towards raising children, the survey on Violence against Children and Domestic Violence (IPSOS, SOS Niksic, Centre for Women’s Rights, UNICEF, KAP 2016) showed that the society, although not always declaratively, was still oriented towards traditional and patriarchal models. Almost 61% of respondents thought that current methods of raising children were lenient, while almost a half thought they should be stricter. On the other hand, 34% thought that the current models were strict, while 53% stated they were exactly as they should be or that they should even be stricter. Their comments on their personal experiences with their parents indicated that the strict model that they experienced was often transferred into their own parenting practice – out of the 60% of parents who stated that they had been raised in a strict fashion, 33% stated that they applied the same model now as parents.

Although most parents thought that the gender component did not play a very important role and that boys and girls were treated with equal strictness, adolescents (aged 15–18) reported the presence of gender disparities, both with regard to upbringing and punishment. The most frequent indicator of disparity had to do with the degrees and types of bans. It seems that even the act of punishment corresponded to a significant degree with the traditional norms which generated different expectations from boys and girls, leading directly to somewhat different degrees and frequencies of punishment. When they presented their own experiences and those of people close to them, adolescents reported that such differences mainly involved more frequent physical punishment for boys, but that girls were more likely to receive punishment.

Family upbringing, as well as parent–child attachment (love, attention, understanding and patience) are perceived as the most important factors for a child’s healthy development, with family upbringing very often identified with unquestioned parental authority – even among the group of parents who perceived themselves as lenient and liberal, a large share (77% of citizens) considered that a child is not allowed to question parents’ decisions (ibid.).

In comparison with 2013, a significant increase was recorded in the number of citizens who preferred reward (55%)
to punishment (3%). At the same time, the share of those who did not approve of physical punishment also rose (in any situation: 41% in 2013; 49% in 2016) (ibid.).

For most adolescents (aged 15–18), a balance between strict and lenient upbringing was the preferred model. In other words, adolescents preferred a positive upbringing, namely children having sufficient freedom, boundaries being set and children learning on their own, through conversations with their parents, what is allowed and what is not. When comparing conversation and punishment, e.g. deprivation, most adolescents reported that considerably fewer parents, in particular in their immediate environment, talked to their children when problems occurred; instead, they more frequently resorted to punishment. According to their own statements, parents assumed these forms of behaviour when their children were teenagers; this was perceived as a consequence of parents not having sufficient patience and time to properly deal with their children. The parents who disapproved of physical punishment in any situation stated as their chief argument their fear of the consequences for the psychological and physical health of children, especially those in the older age group (ibid.).

It is important to mention that school featured as the main socialization factor for Montenegrin high school students (especially in smaller communities with few activities intended for young people). Most of them stated that, when making important decisions in their lives (such as the choice of school, friends and profession), their parents, and family played a key role. It was stated that high school students from the northern region of Montenegro were somewhat more conservative about making decisions and choices and considerably more influenced by their parents (Forum MNE, 2017).

Finally, it is important to refer to the Knowledge, Skills, Attitudes and Practices survey of Montenegrin citizens concerning youth employment and participation (IPSOS KAP, 2013:33), which indicated that family support was the predominant factor in the views of almost a half of the citizens (45%), prompting young people (aged 15–24) into becoming active participants in the development of the society. This factor was followed by support from the municipality or municipal district where they lived (15%); their own initiative and interest were seen as the poorest motivating factors (15%), ultimately illustrating the low level of intrinsic motivation. One survey (IPSOS KAP, 2013:34) also indicated that citizens agreed that youth participation could contribute to improving all areas of public life, in particular culture and leisure (90%), ecology, (89%), humanitarian issues (89%), human rights (89%) and education-related issues (88%) (KAP, 2013). However, two-thirds of the citizens of Montenegro (66%) still thought that it was of critical importance for young people to obey their elders, with almost a half supporting the idea that important decisions should be made by adults rather than young people, and that young people did not belong in the world of politics. Two-thirds of citizens (67%) also thought that young people had no say in the decisions made by the official authorities which concern them, either at the local or at the national level; still, the majority (more than 90%) thought that young people’s opinions should be acknowledged when making decisions, regardless of the area concerned.

To empower young people to take an active role and to change the society’s attitudes towards young people, the UN team in Montenegro
is implementing the Joint UN Youth Empowerment Programme, with the UNDP, UNICEF, UNHCR, ILO, WHO and IOM, working together with the Ministry of Sport/Directorate for Youth and Sport, the Ministry of Labour and Social Welfare and several other national institutions and organizations. The Programme focuses on creating an environment that empowers and motivates young people to create and use opportunities for personal and societal growth with passion, integrity and competence in an ever-changing world, through two main areas of action: a) support an enabling environment for youth development (upgrading policy and the legal framework and capacity building); and b) contributing to the improvement of the skills and attitudes of young people by using innovative approaches to training and learning. The Joint Programme seeks also to build partnerships and networks with several stakeholders, including youth organizations, government authorities, donors, foundations and the private sector (UNDAF, 2016:54).

Under the new Programme for 2017–2021 (focusing on social welfare and childcare, quality education, empowerment of adolescents (aged 10–19), monitoring child rights and access to justice), the UNICEF Country Office in Montenegro has placed more emphasis on the second decade in life through formal and non-formal education programmes and the development of skills in primary and secondary schools and through securing (research-based) support from the Government towards curriculum reform and the systemic development of social and emotional skills for the 21st century among both students and teachers. In partnership with the Government of Montenegro, the Country Office is also implementing a three-year programme seeking to empower the adolescents (girls and boys) including vulnerable groups (such as ethnic minorities, especially the Roma and Egyptian population, those living in rural areas, or facing any type of developmental challenges) for civic activism and informed decision making concerning their own lives and futures by means of developing their social, emotional and cognitive knowledge and skills. The Programme includes setting up a Youth Innovation Laboratory “Kreaktivator” (focused on adolescents aged 13–19) aimed at promoting innovation and the social engagement of young people and developing social and emotional skills. UNICEF also used a behavioural-science approach to deepen understanding of the barriers to and improve the services supporting employment and the employability of young people during their mid-adolescence.

5.2. Parental engagement and adolescents’ outcomes: education, health and social welfare

Given the lack of research directly addressing this topic in Montenegro, this section will give a brief overview of the results of the Capacity Gap Analysis of the Education, Health and Social Protection Systems in Relation to Supporting Adolescent Development in Montenegro, implemented by the UNICEF Montenegro Office together with its national partners. The data relevant for the study particularly refers to the institutions’ attitudes and general practices towards the adolescent population and to the involvement of/relations between the parents of adolescents and social welfare and childcare institutions, healthcare institutions and the education sector.

5.2.1. Education

The results of the analysis show that adolescence, in the educational context, is recognized as a specific
developmental stage characterized by numerous changes in the physical, psychological and behavioural functioning of adolescents, identified mainly around specific levels of education (secondary and primary school). However, what distinguishes teachers’ approaches to adolescents from the approaches taken by health or social workers is that the former devote much more attention to the psychological characteristics of adolescence, thus also seeking to understand and support these young people (IPSOS, 2017).

The complexity of the division of roles between schools and parents in the education process during adolescence is reflected in most parents shifting their responsibility for adolescents’ education onto schools. However, they mainly support the teachers’ view that the education reform process has resulted in an imbalance between students’ rights and responsibilities, resulting in turn in students being very well informed about the former, but not the latter (IPSOS, 2017). Parents believe that schools “should be stricter to the students and punish some misbehaviour more rigorously” (Reskovac and Besic, 2012). Data also suggests the existence of numerous challenges and barriers in school–parent communication which considerably hinder their cooperation. These are mainly caused by a lack of motivation, unrealistic expectations and protective behavior by parents/caregivers, but also by socioeconomic barriers (a lack of time and efforts to secure a living). On the other hand, schools tend to inadequately respond to the needs of families, owing to a lack of flexible working hours (which would suit parents), a lack of arrangements to overcome language and cultural barriers, and a lack of extracurricular activities and community-based programmes that parents could take part in (IPSOS, 2017).

5.2.2. Social and child protection

The results of the analysis (IPSOS, 2017) show that most representatives of the Social Welfare Centres in Montenegro identify adolescents with minors, primarily due to their competences being focused on adolescents younger than 18. Still, the experiences of the Social Welfare Centre representatives indicate that the developmental changes (emotional, cognitive, etc.) related to adolescence should be taken into account while drafting the regulations on juvenile liability, suggesting that the existing upper age range (18 years) should be extended to 25 years of age.

Cooperation with parents and adolescents in the field of social welfare and childcare is generally seen as unsatisfactory, with Social Welfare Centre staff emphasizing that adolescents or parents rarely turn to this institution themselves. It is important to emphasize that all the institutions that the Centres work with engage in informal contacts with their beneficiaries (including parents) and that formality is additionally impaired by the absence of clearly defined codes of conduct in the situations involving adolescents, except in cases of violence (IPSOS, 2017:68). The Social Welfare Centres believe that greatest responsibility for early detection of problems in adolescents lies primarily with educational institutions, and to a lesser extent or to almost no degree with the other actors in adolescent socialization (including parents).

5.2.3. Healthcare

Although adolescence is perceived by health workers as a separate developmental stage which entails changes in the adolescents themselves and in the way the society treats them, and in their responsibilities and
obligations, adolescents do not have a specific status in the healthcare system, at least not in the formal sense. Depending on their personal perception of adolescence, health workers approach a person of this age group as autonomous, in most cases judging them as not sufficiently mature to make responsible decisions concerning their health, and thinking that such decisions have to involve their parents.

Health workers rarely take part in early identification of developmental problems in adolescents and believe that this should be the responsibility of their parents. They mainly think that proper family upbringing is a preventative measure for the most problematic behaviour; thus, the responsibility for risky and undesirable behaviour occurring in adolescence (which parents and teachers see as natural and expected aspects of behaviour at this stage of development) is being shifted back and forth between parents and teachers. Health workers and decision makers in the health sector thus believe that, given the overall context and interplay of a range of factors driving socialization and the development of a psychological identity, parents are the most important factor guiding the life course of adolescents, without considering the overall context and the interplay of a range of factors of socialization and development of their psychosexual identity or the fact that parents’ capacities as agents of socialization are in many aspects limited and that there are no adequate programmes and support for their improvement (IPSOS, 2017: 52).

It is important to note that very little attention is devoted to the mental health of adolescents, so that despite the existence of competent services in the Mental Health Counselling Services of Primary Healthcare Centres, this topic is largely neglected and secondary to physical health issues. Data suggests that adolescents and parents are often unaware of the Counselling Services and that the services provided by them need to be communicated better (IPSOS, 2017).
6. LEGAL POLICY FRAMEWORK

6.1. International framework

States’ obligations to provide support in parenthood are firmly rooted in international law. Article 18 of the UN Convention on the Rights of the Child (1989) acknowledges that, although parents and legal guardians have the primary responsibility for the upbringing of their children, states have to provide appropriate assistance to parents and legal guardians in implementing their child-raising responsibilities. Likewise, the UN’s International Covenant on Economic, Social and Cultural Rights (1966) requires the states to “accord the widest possible protection and assistance to the family”, in particular “if responsible for the care and education of dependent children” (ICESCR: Article 10 in Proteknôn, 2017).

With regard to parental roles, Article 18 of the UN CRC (1989) particularly highlights the principle of parents having common responsibilities for the upbringing and development of the child, in line with the child’s best interests. With regard to adolescents, the Committee on the Rights of the Child confirms that the role of parents and caregivers in providing security, emotional stability, encouragement and protection to children remains important during adolescence (CRC GC 20: para 50 in Proteknôn, 2017).

In addition to the general obligations of states to provide support to parents concerning their responsibility for raising children, states are required to ensure targeted support for parenthood in some policy sectors. The Council of Europe’s Lisbon Declaration (2006), titled “Changes in Parenting: Children Today, Parents Tomorrow”, recognizes that parenting should be defined as a policy area and all necessary measures should be taken to support parenting and create the conditions required for positive parenting. Positive parenting is defined as “parental behaviour based on the best interests of the child which is nurturing, empowering, non-violent and which provides recognition and guidance which involves the setting of boundaries to enable the full development of the child” (para 1; see also Lisbon Declaration: 9–10 in Proteknôn, 2017).

The Council of Europe Recommendation (2006) on the Policy to Support Positive Parenting aims to “create the necessary conditions for positive parenting in the best interests of the child” (preamble). The forms of recommended parenting support include: formal services (including better access to public services, which include free-of-charge helplines and counselling services); semi-formal services (such as empowering parents’ associations and activating a range of self-help services), and non-formal services (which seek to strengthen the social ties between parents and their families, friends and neighbors (para 6.1.ii, ibid.).

The European Commission Recommendation (2013) on Investing in Children adopts a structural approach linking children’s abilities to do well in school, enjoy good health and realize their full potential later in life with the prevention of poverty and social exclusion (preamble, para 2). In relation to this, an integrated
strategy is proposed to tackle children’s hardship that combines three categories of parenting support: access to resources, access to services and participation.

### 6.2. National legislative framework

The section below presents a summary of the legislative and strategic framework directly or indirectly addressing the obligations of the state and of parents/caregivers to children as well as adolescents in Montenegro.

<table>
<thead>
<tr>
<th>The Constitution of Montenegro</th>
<th>does not set an age limit, but provides for special rights and responsibilities of members of the community with regard to caring for children.</th>
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<tbody>
<tr>
<td>Article 72</td>
<td>Parents are obliged to take care of their children, bring them up and educate them; children are obliged to take care of their parents in need of assistance.</td>
</tr>
<tr>
<td>Article 73</td>
<td>Maternal and child protection: Mothers and children enjoy special protection. The state creates conditions that encourage the birth of children.</td>
</tr>
<tr>
<td>Article 74</td>
<td>Children’s rights: Children enjoy the rights and freedoms appropriate to their age and maturity. Children are guaranteed special protection against psychological, physical, economic and any other exploitation and abuse.</td>
</tr>
<tr>
<td>The Constitution stipulates a ban on discrimination on any grounds (Article 8), the protection of children with disabilities (Article 68) and the right to healthcare (Article 69).</td>
<td></td>
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<table>
<thead>
<tr>
<th>Family Law</th>
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</thead>
<tbody>
<tr>
<td>The Family Law regulates marriage and marital relations, parent–children relations, adoption, family placement (foster care), custody, support, property relations within the family and the procedures of the competent authorities concerning marital and family relations. The law stipulates that everyone is required to be guided by the best interests of the child in all child-related activities. The state is required to respect and promote children’s rights and to take all necessary measures to protect children from neglect, abuse and exploitation (Article 5).</td>
</tr>
</tbody>
</table>

| Article 2                      | Defines the family as a community of parents, children and other relatives who have mutual rights and obligations in the sense of this law, as well as other fundamental units where children are cared for and raised. |
| Article 4                      | Regulates parent–children relations, which should be based on mutual rights and duties: parents are in particular obliged to ensure protection of children’s interests and wellbeing and are responsible for raising, bringing up and equipping children for independent living, while children are obliged to take care of their parents and treat them with respect. |
| Article 6                      | The rights and duties of parents and other relatives towards children, and the rights and duties of children towards their parents and relatives are equal, regardless of whether the children were born in or out of wedlock. |
It is important to note that the existing laws neither directly address the needs of the parental support programmes, nor offer programmes and support services to the parents of adolescents. They are also not concerned with regulating a specific relationship between the parents of adolescents and the adolescents themselves.

- The Law on Social and Child Protection\(^9\) which stipulates the rights from the area of social and child protection aimed at improving the quality of life and empowering for the independent and productive life of an individual and family. Towards achieving the aims of social and child protection, this law states that (inter alia) a single parent with a child without family support and adequate living conditions is in particular need of protection (Article 4). The rights from social and child care are the basic material benefits and social and child care services (Article 11). Social and child care activities are performed by institutions of social and child protection, in accordance with the Law, which can be established as public or private. Public institutions are: Centres for Social Work, institutions for children and young people, institutions for adults and the elderly and institutions for rest and recreation. The specific services regulated by this Law are foster care and family accommodation (so, if a child is placed in an institution, support should be given so that it supports the child in the process of returning him/her to his/her biological family, living in another family

| Article 7 | Each person is entitled to freely decide on having children; as parents, they are to create opportunities and ensure conditions for their healthy psychological and physical development in the family and society. The state ensures the conditions for free and responsible parenthood through measures of social, health and legal protection, the system of upbringing, education and information, employment policy, housing and taxation policy, and the development of all other activities to the benefit of the family and its members. |
| Article 9a | Subjecting a child to physical punishment or any other cruel, inhumane or degrading treatment or punishment is banned. The ban from paragraph 1 of this Article refers to parents, custodians and all other persons taking care of the child or coming into contact with the child. The persons mentioned in paragraph 2 of this Article are required to protect the child from the acts mentioned in paragraph 1. |

A minor becomes an adult upon turning 18 years of age. Some rights can be accessed upon turning 15 years of age: insight into the birth registry and other documentation related to their origin; the possibility to decide on which parent the child wants to live with and on maintaining personal relationships with the other parent; giving consent for a medical procedure, etc. The Family Law stipulates that a person may enter marriage upon turning 18. Exceptionally, the court may allow a minor who is 16 years of age or older to enter marriage.

\(^9\) Official Gazette of Montenegro 27/13, 1/15, 42/15, 47/15, 56/16, 66/16, 1/17, 31/17, 42/17 and 50/17.
or preparation for independent living). In accordance with the law, the Social and Child Protection Institute (2014) and the Inspection of Social and Child Care (2015) was established.

- **The Law on Protection against Domestic Violence**\(^{10}\) indicates the importance of the special assistance to and protection of child victims. The Law established a systemic multidisciplinary response to domestic violence, which affects the quality of life of children (and adolescents, although this category has not been explicitly mentioned). The Law prescribes various forms and ways of providing assistance and protection against the endangering of a person’s physical, psychological, sexual or economic integrity, mental health and the tranquility of another family member (Article 8). If the victim is a child, the victim assistance plan also contains measures for the protection of the child in accordance with the law governing family relations (Article 11). According to Article 18 of this Law, protection shall be exercised in accordance with the Strategy of Protection against Domestic Violence, which shall include: 1) an assessment of the situation and identification of the key problems in social and other types of protection; 2) the objectives and measures for the improvement of social and other types of protection, in particular in relation to raising the awareness of citizens about the problem of violence and shaping attitudes about the unacceptability of violence; development of a programme for the prevention of violence; supporting the family in the prevention of violence; further development of the normative framework in the field of protection; strengthening cooperation between bodies, institutions, organizations and other legal and physical persons involved in protection; acquiring new knowledge and skills of all those involved in protection; improving the system for collecting and analysing data and reporting on cases of violence. **Protective measures** are imposed by this Law (Article 19) in order to prevent and combat violence, to eliminate the consequences of the violence and the taking of effective measures to deal with the perpetrator of violence and eliminate the circumstances that favour or encourage the implementation of new violence. These include their removal from the apartment or other living space; exclusion orders; prohibition of harassment and arrest; and mandatory treatment of addiction and psychosocial treatment (Article 25). The protective measure shall last until the reason for which it is pronounced is removed, but no longer than six months.

- It is also worth noting that **adolescence** as a separate category and developmental period spanning the ages of 10 to 19 has not been considered as such in official documents, although the existing policy documents and legislative regulations referring to children (0–18) and young people (15–30) actually cover the age range of adolescence. Montenegrin legislation (**the Law on Youth**\(^{11}\)) defines a young person as a person aged 15–30 and stipulates the measures and activities at the national and local levels aimed at improving the social position and conditions for meeting young people’s needs in all areas. The main tool is the youth policy based on scientific evidence and the principles of choice, equality, volunteerism, solidarity, partnership and ability. Per data based on the last census in Montenegro in 2011

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\(^{10}\) Official Gazette of MNE 46/10, 40/11.  
\(^{11}\) Official Gazette of MNE 42/16.
(MONSTAT), there are a total of 128,280 people in the country aged between 10 and 24 in three categories – from 10 to 14, 15 to 19 and 20 to 24 years. Among people aged 10 to 19, making up 13.78% of the total population (85,464 persons), the 2011 census determined a full structure of 41,260 females (14%) and 44,204 males (13%) of the total population of women and men.

- The other relevant laws addressing adolescents (although not explicitly) are briefly listed below:
  - **The Labour Law**\(^\text{12}\) prohibits anyone younger than 15 years of age from taking employment; it also stipulates that a person younger than 18 years of age needs to provide a general health certificate in order to take employment.
  - **The Law on Health Insurance**\(^\text{13}\) and the **Law on Health Care**\(^\text{14}\) stipulate that all citizens are equal in terms of obtaining access to health care, regardless of, \textit{inter alia}, age; there is a general safeguard which envisages priority measures until the end of compulsory schooling of children and young people under the age of 26. **The Law on the Conditions and Procedure for Termination of Pregnancy**\(^\text{15}\) stipulates that a minor’s pregnancy may be terminated only with the written consent of the parent, custodian, adoptive parent or custodial authority.
  - Criminal justice and misdemeanour liability of minors are regulated by the **Law on the Treatment of Juveniles**.

  - **The Law on Primary Education**\(^\text{19}\) reflects on the rights and quality of life of adolescents since it highlights the value of not just universally accessible education but the obligation to develop students’ personalities and equip them for independent judgment, respect for diversity in the society and development of tolerance and cooperation. **The General Law on Education**\(^\text{20}\) further guarantees versatile development, equality, inclusion and participation without discrimination. **The Law on Vocational Education**\(^\text{21}\), **Law on General Programme High Schools (Gymnasiums)**\(^\text{22}\), **Law on Education of Children with Special Needs in Education** and **Law on Higher Education**\(^\text{23}\) promote the concept

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12 Official Gazette of Montenegro 49/08, 26/09, 59/11, 66/12, 31/14 and 53/14.
13 Official Gazette of Montenegro 06/16, 02/17 and 22/17.
14 Official Gazette of Montenegro 03/16, 39/16 and 02/17.
15 Official Gazette of Montenegro 53/09.
16 Official Gazette of Montenegro 64/11.
18 Official Gazette of Montenegro 46/10, 40/11, 18/14 and 42/17.
19 Official Gazette of the Republic of Montenegro 64/02 and 49/07 and Official Gazette of Montenegro 45/10, 39/13 and 47/17.
20 Official Gazette of the Republic of Montenegro 64/02, 31/05 and 49/07 and Official Gazette of Montenegro 4/08, 21/09, 45/10, 40/11, 45/11, 39/13, 44/13 and 47/17.
23 Official Gazette of Montenegro 044/14, 052/14, 47/15, 40/16 and 42/17.
of equal opportunities in education, modern practices, models and services of basic and supplementary support, and anti-discrimination.

6.3 National strategic framework

With regards to the situation in Montenegro, two general strategic documents address the treatment of adolescents, or at least, by cross-referencing several areas, enable a projection of the activities which chiefly or completely relate to the adolescent population. The two documents are the 2017–2021 Youth Strategy and the 2013–2017 National Action Plan for Children. Montenegro also issued a number of strategies concerning specific national policies; to a varying degree, these can also impact the status and rights of adolescents as beneficiaries. It is once again important to stress that the terms adolescent and adolescence in general do not appear or only sporadically appear in strategic documents, as well as parental support services targeting the parents of adolescents.

- **The 2017–2021 Youth Strategy** addresses economic and social security through access to the labour market and employment, quality education, motivated and proactive participation in decision making, community development, policy design and implementation. In addition, it also covers health, safety, cultural activities (young people as designers and participants in such activities), together with the framework for implementation of youth policy. Although the family has been recognized as one of priority areas of the previous National Action Plan for Youth (2006–2011), the newly developed strategy shifts the focus and does not have any reference to the family or relationships between young people and adolescents and the parents of adolescents.

- **The 2013–2017 National Action Plan for Children** is based on the four key principles of the UN CRC and thus covers the areas of the judiciary, public administration, education, health care, family relations, social welfare and culture. The first strategic objective of the Strategy refers to the establishment and implementation of effective coordination between all key stakeholders (including parents) in planning, managing and evaluating the performance of public policies towards children. Related measures and activities focus on the realization of promotional and educational campaigns on children’s rights which are adapted to different target groups (children, parents, the professional public and the wider community). For example, one of the measures within Specific Objective 2.3 envisages that, by the end of 2017, in the framework of cooperation with parents of children of preschool, elementary- and secondary-school age, an educational programme for parents about the importance of respecting children’s opinions should be implemented.

- **In the field of social welfare and child care**, adolescents and their parents/caregivers are not recognized as a specific target group; however, through this sector reform conditions have been put in place for designing new innovative services which also support at-risk families (family assistant, see Section 7.1.4.). The overall goal of **The Strategy for Development of Social Welfare and Child Care System for the period 2018–2022** is improvement of the quality of life of social and child protection beneficiaries and their empowerment for an independent and productive life. Its specific objectives are: 1) An enhanced
normative framework in social and child protection; 2) An improved quality system in social and child protection; and 3) Enhanced social and child care services and prerequisites for continuing deinstitutionalization. The latter includes (inter alia) measures indirectly targeting children’s parents (and the parents of adolescents, although they are not explicitly mentioned), such as: The mapping of users’ needs in order to improve strategic local planning; Continuation of development and establishment of services at the local level; Continuation of deinstitutionalization, family support and promotion of non-foster care; Establishment of innovative services (encouraging the development of innovative social and child care services at the state and local levels, in line with the funds provided from the budget and other sources). Importantly, the Strategy notes the trend of development of social welfare and child care services in Montenegro, the most important ones being the following: placement of children without parental care and children whose development is impaired due to their family circumstances; placement of persons with intellectual disabilities and disabilities from the autistic spectrum; family placement–foster care and family accommodation, accommodation in small group homes (for the purpose of more adequate protection of children with disabilities and developmental difficulties who are without parental care), and daycare centres (daycare for children and young people with disabilities and developmental difficulties).

Other relevant strategies in the field of social welfare and childcare are also the following: 2016–2020 Strategy for the Integration of Persons with Disabilities; 2017–2021 Strategy for the Protection of Persons with Disabilities from Discrimination and the Promotion of Equality; and the 2013–2018 Strategy for Improving the Quality of Life of LGBT Persons. As an illustration, the Strategy for the Integration of Persons with Disabilities indicates the importance of early intervention and support for the family in general.

- The 2016–2020 Strategy for Protection against Domestic Violence indicates the importance of prevention of violence and social values, gender equality and non-violence, and of a victim-oriented approach.

- The 2017–2021 Strategy for Prevention of and the Protection of Children from Violence seeks to put in place the conditions for the optimum growth and development of children, including investment in parenting competences. Within the Specific Strategic Goal Improving the institutional framework for professional, quality and more efficient care and protection of the child (MLSA, 2016, p.23), one of the activities envisaged refers to designing positive parenthood programmes, including parent counselling and “parent helplines”. Such programmes, and the parent counselling, are expected to be designed and available to all by 2019, and the helplines by 2018. The expected outcomes of these activities are as follows: parents empowered for positive parenthood practices; fewer cases of abuse and neglect; and a lower risk factor for child abuse and neglect. This is intended to be implemented through a partnership between the public and the non-governmental sector.

- In the field of healthcare, existing strategies address the different risk factors related to adolescence (although none of them explicitly deals
with adolescence), while a very small number of them systematically deal with the family. The most important strategies in this area are the: 2012–2017 National Strategy for Improving the Quality of Healthcare and the Safety of Patients; the 2013–2020 Strategy for Preserving and Improving Reproductive and Sexual Health; the 2013–2020 Strategy for Drug Abuse Prevention; and the 2015–2020 National Strategy against HIV/AIDS, etc.

- The 2016–2020 Strategy for Social Inclusion of Roma and Egyptians supports continuous education from the earliest age onwards and greater access to healthcare, preventative and field actions, information and awareness raising. It envisages greater employment; fighting domestic violence and violence against women; the prevention and reduction of begging and human trafficking; and the prevention of child marriages. It identifies a number of tools, including education, information and campaigns on the statutory measures for preventing child marriages; the integration of measures to improve the situation of Roma and Egyptians in the Local Action Plans (LAPs); the strengthening of the role of mediators in the social inclusion of Roma and Egyptians.

- **Education** is strategically oriented towards development and continuous acquisition of key competences to enhance employability, social inclusion, lifelong learning and mobility. The **Strategy for Inclusive Education 2014–2018** focuses on *quality and accessible education* of children with special educational needs in line with their interests, capacities and needs. The inclusive principles of strategic importance refer to: the right of the child to grow up in a family; development status, characteristics and preserved capacities as the basis for developing the individual development and education plan; parents seen as partners, etc. In line with the Strategy, children with special educational needs need to be provided with access to and continuity of quality education to equip them for independent living and work. The right of a child to grow up in a family has been fostered through the transformation of special schools into resource centres, which, inter alia, provide early intervention services that involve the treatment of children in the presence of parents who learn how to work with them at home. Furthermore, parents are seen as partners in the process through their direct involvement in the development of an individual programme of developmental education (IROP), which builds upon and complements this section of the Individual Transition Plan (ITP). The latter is implemented in two stages: at the end of primary school and at the end of secondary education. During the first stage, cooperation between primary and secondary schools is established and the responsible persons and cooperation mechanism are identified. This stage focuses on the exchange of information, identification of the child’s potential and affinities, with the aim of transitioning to the next level of education which should prepare him/her for independent professional life.

This Strategy also indicates the **importance of support for parents** through early detection, intervention, learning and psychosocial support for them and their children. One of the basic tasks of the Inclusive Education Strategy is: Conduct early detection, intervention, learning, development and psychosocial support of pupils and their parents. In
particular, health professionals need to be strengthened to communicate with parents of children with disabilities. Parents should be psychologically empowered and supported in the proper acceptance of developmental disturbances and this should lead to the successful fulfilment of their parental role. Early support should include intensive, focused, specialized work with a child, followed by support in preschool institutions, cooperation with resource centres. Health institutions need to exchange information with preschool institutions, further to schools for the purpose of consistent learning and development of a child (and their parents).


Finally, and bearing in mind the strategic relevance of the National Strategy of Sustainable Development by 2030, it is worth noting that this assists in the promotion of: (inter alia) healthy lifestyles; reduction of violence; inclusion of vulnerable groups; monitoring birth rates among adolescents; and a reduction of unemployment by means of developing professional and entrepreneurial skills. Unfortunately, this strategy also fails to address parenting support issues explicitly.
In accordance with the survey questions, qualitative data analysis includes four key components in which the results of the empirical research are presented: 1) Understanding, perception and the practices associated with the parenting of adolescents from a life-course perspective; 2) Parenting attitudes, dynamics, styles and practices from an ecological-system perspective; 3) Formal and informal support for the parents/caregivers of adolescents and the adolescents themselves; and 4) Public policies and programmes for the parents/caregivers of adolescents.

7. RESEARCH RESULTS

7.1. Perception and practices associated with the parenting of adolescents from a life-course perspective

This component will explore parenting in relation to the transition and boundaries associated with the stage of life of adolescence (especially in relation to the way in which parents' beliefs and expectations of the children change, as well as (dis)continuity and shifts in parenting styles, roles and responsibilities taking into account the impact of social norms and cultural practices). These parenting aspects will be considered in relation to attachment and connection; communication models; decision making; division of roles and responsibilities; autonomy; attitudes and practices around discipline; parental engagement in the fields of education, health (including sexual and reproductive health); social protection; psychosocial wellbeing; protection from violence; and prevention of risky behaviour.

Data analysis suggests that the term adolescence is generally not used in everyday use (the term ‘teenager’ is more commonly encountered), and that no one is dealing specifically with this developmental period. Adolescence is mainly described through the presentation of challenges, difficulties, problems and unacceptable behaviours, while attention is rarely given to the capacities and resources of adolescents (developmental opportunities).

Parents/caregivers have an awareness of developmental continuity and the importance of investing in early childhood development, stressing that ‘It is very important to raise a child from a young age’ (Father, southern region). They are aware of the fact that the quality of a relationship with a child during early childhood significantly influences their relationships during adolescence. Positive developmental outcomes for adolescents are brought into connection with commitment, understanding, respect, trust, love, time spent together, building positive personal examples (role models), etc.: ‘We are not just talking about life; we are living it with them’ (Mother, central region).

The majority of parents/caregivers connect adolescence with the period of completing primary school, as well as with the period of high school age, recognizing vividly the transitional nature, the developmental changes and challenges of this developmental phase that affect their relationships with adolescents: ‘There is this strong
individualism in this period, with which we all are surprised – they behave differently, they have a different view of life, the family and the environment, they defend their attitudes vigorously and surprise you, but you have to accept it. The child thinks he’s smarter than you, he tests your patience and boundaries, he’s bored of everything you say’ (Parents, southern region).

They often describe adolescence as a period of exploring, struggle and misunderstanding, through which both parents and adolescents go the same way, and which is often accompanied by a sense of loss of control: ‘It’s a period in which you think you hold all the strings, and then you see something new is happening, that there is more and more resistance: I can’t, I won’t, I don’t have to. As much as we are part of the problem, so are those who are growing up’ (Mother, southern region).

The results of focus groups and semi-structured interviews show that both parents/caregivers and professionals/practitioners are caught by surprise at the sudden changes in adolescents and are unprepared to respond adequately to the newly created developmental changes. The attitude of most of them towards adolescence is such that it is ‘implied’: ‘We, together with parents and society, act as if adolescence occurs overnight’ (Service provider, NGO). The majority of parents/caregivers either passively wait for this period to end, or independently explore and experientially learn how to adapt, devising ways to solve the new situations, with an apparent lack of a structured approach: ‘Luckily, there is plenty of literature about adolescents, so we read and learn’ (Mother, central region).

Adolescents also recognize changes in relation to the transition to the adolescent phase of life on an experiential and intuitive level. They identify physical changes that are visible (such as secondary sexual characteristics, growth, voice mutation, etc.) relatively precisely, while facing certain difficulties in recognizing and articulating a number of internal changes, which are primarily related to emotional status (this is especially the case with girls aged 10–13). They describe themselves as more mature, more responsible, more creative, more energetic, more able to decide independently, acquire knowledge, build relationships and feelings of belonging (above all to peer groups), and there is also the ability to resist pressures and environmental influences. The results of the focus groups, however, suggest that even adolescents do not have the specific knowledge and skills to identify and overcome the characteristics and challenges of this developmental period.

Although most adolescents and parents agree that in their relationship there is mutual understanding, support and trust, the decision makers, the implementers of public policies and service providers declare that in many cases parenting is burdened by fears, insecurity, over-indulgence and ambivalence: ‘We approach adolescence from the problem side – we view them as a potential problem, and parents worry and fear the worst that adolescence carries’ (Decision maker, central region).

The results of the focus-group discussions with adolescents indicate that they themselves perceive the insecurity of their parents, but they treat it somewhat conciliatorily and with understanding: ‘Parents do not know everything they need to know – this is why they are afraid, and they do not know how to react; they become paranoid because if they have some experiences it does not mean that we will turn out like that; I understand their concern because we are not mature enough, so I often, to better understand them, put myself in
their position and then I understand their actions’ (Adolescent girl (14–17), central region).

The results of the focus-group discussions with parents and adolescents point to the striking focus and involvement of parents/caregivers in adolescent education, which is often result-oriented (regardless of sex, region and the social status of the parent/caregiver). Often, parents/caregivers are too demanding, and their goal is academic achievement (grades as a benchmark), rather than acquiring real knowledge and skills (quality and capacity for further life). In most cases, parents are involved in the choice of school/occupation, mastering school material (learning and homework assignments – although they also often resort to financing private tutoring due to the pressure to achieve academic success), as well as in the planning of the extracurricular activities of adolescents. It is noted that education is the special focus of all respondents who understand the important role of the education system, but they also have high expectations in relation to children and those who work with them. Parents/caregivers also experience that the schools do not have the influence or authority among adolescents, as well as that the provision of learning content in schools, especially those of a preventive nature, is unsatisfactory. In addition, parents/caregivers are often frustrated with their relationship/cooperation with educational institutions, and their expectations relate to the division of responsibilities, and improvement of the level of expertise of staff in schools: ‘I think that too much is expected from parents, it is important for teachers and children to work as one. Everything is much different when people with appropriate competence work with children’ (Father, northern region). ‘School teachers and psychologists should be on the side of children, not institutions’ (Mother, central region).

When it comes to health and wellbeing, parents are familiar with healthy habits, hygiene and nutrition for adolescents, although increasing attention is paid to external appearance and social status, rather than to individual characteristics, values and the specific needs of adolescents. As already mentioned, parents/caregivers often design and finance extracurricular activities in the field of sports and recreation themselves, which limits the availability of this type of programme to adolescents from socially vulnerable families: ‘We need sports activities for children, reading rooms and the theatre and we need it for free, because in our country every such content either has to be paid for or does not exist at all. We need to design and pay for all leisure activities ourselves’ (Father, northern region). The lack of content for the constructive designing of leisure time (which is especially the case in the northern and southern regions) is also visible to adolescents, who often compensate it with social networks and content on the internet.

Parents/caregivers included in the focus groups have also emphasized that they establish and build communication with their children gradually and patiently in order to avoid blockages and barriers in communication, establishing it on openness, trust, support and interest in current topics and events in the lives of adolescents. Generally, it seems that they intuitively recognize the importance and benefits of an authoritative style of parenting, but there are no conditions for it to be built and practised in a systematic way.

However, it has been noted that in the category of caregivers in larger institutions that care for children, quality and efficient competencies are not developed, nor is an adequate relationship with adolescents established (through the exchange of emotions, states and experiences). The
attitude towards adolescents in this context is uniform, while often adolescents themselves are used as an example for behaviour modelling: ‘If one person does something wrong in the institution, everyone is blamed and everyone is punished. We are prohibited from doing many things and we do not have much company outside the institution!’ (Adolescent in an institution, aged 10–13, southern region).

Parents/caregivers further declare that important decisions are made, in most cases, within the primary family, while adolescents are mainly involved in decision making regarding education (choice of school/occupation) and organization of leisure time. Although parents/caregivers declare that they are generally open to “negotiating”, it is explicitly stated that they always make the final decision. The same applies to rules that are always predefined by parents/caregivers, although there is a certain amount of flexibility in their application. It also seems that the sense of control that parents/caregivers want to retain when raising adolescents does not contribute to the creation of conditions for them to learn and practise responsibility within the family. As for family responsibilities, parents’ expectations regarding the contributions of adolescents are, to a large extent, related to their achievements in school, while their inclusion in the household is reduced to performing simple housework (tidying their room, taking out the garbage, etc.).

In this sense, some parents/caregivers, especially those from the northern region, observe significant intergenerational differences, since in the period of their childhood, children were expected to participate equally and contribute to the household (in addition to school achievements) even by performing difficult physical work (looking after cattle, cultivation of fields, etc.).

The perception of authority among most of the parents/caregivers included in the focus group relates to the traditional authoritarian style of parenting exercised by their parents, which is generally seen as positive because it is linked to work, order and respect towards adults. The results, however, point to the fact that discipline is rarely built on the concept of punishment, since parents/caregivers, at present, believe that punishment would block communication and create a relationship in which children would become closed and conceal facts that could potentially lead them into risky behaviour. When present, punishment is most often based on denying the satisfying of various needs of adolescents by parent/caregivers (such as the use of mobile telephones and other means of communication on social networks, going out, entertainment, etc.): ‘When we break a deal or a promise, or fail to respect domestic duties or do not report our whereabouts!’ (Adolescent girl aged 10–13, northern region). Parents think that boys have more freedom and fewer prohibitions, while girls are exposed to more social pressure in relation to emotions, choice of partners, etc. Adolescents participating in the focus-group discussions (especially those aged 14–17) are of the opinion that discipline is ensured via “unwritten rules”, established and generalized experientially by parents/caregivers who expect adolescents to conform to social norms. Therefore, resistance and confrontation, as the natural and expected characteristics of this developmental period, are rarely tolerated.

The information obtained in discussion with professionals/practitioners who work directly with parents/caregivers also indicate that rigid family systems in which adolescents are controlled block the basic developmental
task of adolescence, that is, their separation from the primary family. Professionals believe that during this period, parents/caregivers should strike a balance between meeting the adolescents’ needs for independence and providing support in the process of gaining autonomy. The statements of adolescents illustrate these views: ‘It is important that parents understand that the experience we acquire is very important for our learning and development; we learn from experience and they should not hinder us’; ‘Children should not be allowed everything; instead, a balance should be achieved right from an early age. When we learn to find the right measure and balance in everything, both puberty and adulthood will be easier. That would better prepare us for growing up’ (Adolescents, aged 14–17, southern region). It is noticeable that parents (in the southern region) support the development of autonomy in adolescents who are preparing for specific professions, such as maritime ones, as they see this as crucial to their life and successful professional development.

The results of the focus-group discussions, both with the parents/caregivers of adolescents from the general population and with the parents/caregivers of children with disabilities, point to the fact that the insecurity and fears of the parents manifest themselves through their need to control and monitor the behaviour of adolescents: ‘It is very important to control the actions of an adolescent, especially nowadays when there are many risky groups of peers and socio-pathological phenomena.’ (Mother, central region). Parental/caregivers’ fears are mostly associated with risks of addiction and the development of risky behaviours in adolescents: ‘We fear drugs the most... There are betting shops near schools and they should be removed from the immediate vicinity of the schools’ (Father, central region). Parents of children with disabilities are especially afraid, because they feel that their children are not able to take care of themselves: ‘I’m actually afraid that someone will take him by the hand and take him somewhere’ (Mother of an adolescent with disabilities, central region).

When it comes to peer violence, parents/caregivers are of the opinion that schools mainly lack support for children with behavioural problems (which often result from family situations), because in those situations where the problem escalates, it becomes obvious that working with potentially violent children in schools is insufficient and inadequate: ‘They had workshops on violence at school, but these are mainly attended by children who understand and are aware of the issue, while those children and parents who really have a problem with it do not attend’ (Mother, northern region).

The parents of adolescents with developmental disorders also indicate that this period of adolescence brings additional challenges for them, as well as that adolescents are more difficult to deal with, because they, as parents, have more fears, worries and often overprotect their adolescents. Due to the general lack of support and accumulated experience from the early developmental period when they worked with children themselves, parents/caregivers generally feel insecure: ‘We worry more because of the disability, scared that something might happen to them; we do not feel confident about letting them out alone; we wonder what will happen when we are not here anymore so we work a lot with them while they are still young, we discipline them then’ (Mother of an adolescent with disabilities, central region). Adolescents also point out that parents’ non-acceptance of disability – due to the patriarchal nature of the community in which disability is not accepted as a
human right, the right to diversity, or the right to personality – which is reflected in the hiding and isolation of children, very negatively affects the formation of personality in adolescents, as well as their independence. Adolescents also notice the great efforts of adults who care about them, but on the other hand they deeply feel their insecurity and fears, which often leads to a conflicting relationship burdened with intimidation and anxiety: ‘They constantly scare us with bad things’ (Adolescent with disabilities, aged 14–17, central region). Adolescents with disabilities also point to the problem of overprotection in such family communities: ‘They scare us more, let us do fewer things, prohibit us from doing more things compared to our peers’ (Adolescent with disabilities, aged 14–17, central region), which additionally restricts the autonomy, creativity, constructiveness, and potential of this group of adolescents.

The results of the focus-group discussions with parents/caregivers and adolescents (especially those aged 10–13) indicate that a major taboo topic – for both parents/caregivers, regardless of sex, ethnicity, region or social status – is the area of sexual and reproductive health. While most respondents find topics that are generally related to personal hygiene and health acceptable, it is evident that they avoid discussion about sexual and reproductive health within the family (mainly because of the feeling of shame associated with these topics), so that adolescents often have no freedom and do not ask their parents/caregivers questions about this topic. Parents/caregivers, on the other hand, postpone the discussion on this subject, waiting for the moment of adolescents’ maturity: ‘When I ask my mum about sexual relations, she says that she will tell me when I’m grown-up enough’ (Adolescent girl, aged 14–17, central region); ‘They always say it’s too early for (sexual) relationships, it’s not the time – they just say when we grow up, get married, not before’ (Adolescent girl with disabilities, aged 14–17, central region). Adolescents talk about sexuality with their peers, or get information online. Parents/caregivers often delegate responsibility for this topic to someone else – most commonly the school (because formal education exists there), or the internet, despite the possible risks and lack of credibility of this type of information. Parents/caregivers also resort to mediation measures – very often, for example, they buy books to avoid direct discussion with adolescents: ‘I bought her a book. In “The Book for All Girls and All Boys” everything is explained’ (Mother, northern region). Children with disabilities also lack support in this regard, being further confused with the topic of sexual and reproductive health, as well as their parents who consider this a very important area for their children, but need more support in overcoming the existing challenges. Because of the above, it is not surprising that most parents/caregivers (regardless of sex, region, place of residence) neglect the importance of developing gender identity in adolescents (including vulnerable groups).

7.2. Parenting attitudes, dynamics, styles and practices from an ecological-system perspective

This study component will be considered in relation to the complex interplay of macroscopic (political, economic and socio-cultural norms), interpersonal and individual factors, as well as their influence on the parenting experience, including in vulnerable families. Specific reference will be made to the cultural practices and social norms associated
with gender and generation, and their influence on parenting attitudes, roles and responsibilities, and how this is played out in interpersonal relationships within the family. This analysis will enable a better understanding of the socio-cultural differences in parenting and patterns of caregiving and will help to identify local practices that promote positive parenting. An important segment is also the analysis of the influence of vulnerabilities associated with poverty, gender, disability, ethnicity, migration, chronic illness, etc. on the parenting of adolescents.

Research findings point to the fact that parenting in Montenegro is burdened with socioeconomic and political processes that are related to transition, so unemployment and material insecurity are reflected in parents/caregivers who are primarily occupied with securing the conditions for existence, lacking free time for high-quality educational work with adolescents: ‘Unemployment is definitely a big problem and parents do not have time for their children’ (Father, northern region); ‘Parents are overburdened with making money and (want) to provide a better life, so they spend little time with their children’ (Decision maker, central region).

The results of the focus-group discussions and interviews indicate that gender stereotypes regarding the division of the roles of father and mother in the Montenegrin family are very pronounced, so family responsibilities between the father and mother are mainly not shared. Parenting, in terms of caring for and raising children, predominantly relies on a mother who carries the burden of responsibility (and often guilt) produced in the close and wider family, and community. ‘If the child does something bad, then the mother has failed to bring him/her up adequately. If the father had had more time, he would certainly have done better’ (Mother, central region); ‘The mother is the one who spends more time with the children, takes care of them and talks to them. When something is wrong, mothers are guilty and both the grandparents and her husband criticize her’ (Father, northern region).

Fathers, however, notice changes in the system of values and practices related to gender roles: ‘I think that this period is doing away with this clear division between the father and mother, as well as the authority of the father and mother we had in earlier times, when the father was the head of the family. That is being slowly eradicated. There are families in which the father has the main authority, but there are also more and more families in which the mother has more authority, and the father is the one who relaxes it all and gives more freedom. So, we think these differences are getting smaller’ (Father, central region).

Parents/caregivers in the general population, as well as professionals/practitioners, recognize the significant influence of individual factors – characteristics, personality traits and the character of the parents/caregivers of adolescents – on the practice of parenting. Crisis events, such as, for example, losing one’s parents (or grandparents) also significantly affects family dynamics, especially through the loss of support that the parents/caregivers of adolescents had in them.

Parents/caregivers’ statements during the focus-group discussions in all three regions indicate that they are often stuck between traditional values (which they themselves adopted during their childhood) and what is being imposed in modern society as a standard when it comes to parenting and raising children. While, on the one hand, there is pressure to continue the ‘traditional’ ways of behaviour, beliefs, values and attitudes
nurtured in the family for generations, but on the other hand, parents/caregivers must adopt new behavioural patterns in accordance with contemporary social trends. Thus, an impression is created that they are **struggling to bring up their children in a contemporary society**: ‘It is a system of twisted values, which is increasingly based on a materialistic culture, leading to identification with celebrities, as well as to contact with a variety of suspicious individuals on the street that can lead them into drug abuse, or trafficking, or into prostitution. They are victims of the subculture, these are rich people who offer everything so easily, but in essence it costs them their health, life and development’ (Service provider in the public sector, northern region). Parents/caregivers are also confused about the values that should be promoted and built in adolescents and perceive significant intergenerational differences in that sense: ‘At their age, I did not even feel it because there was no time. It was a completely different time. The primary characteristics in the household and children were differently shaped and valued back then. They are much more mature, a decade more mature than we were at their age’ (Father, central region).

The data also suggests that society **expects a lot from the parents/caregivers of adolescents**, including the assumption of absolute responsibility for their developmental outcomes, while not providing them with the opportunity to adequately strengthen their parental role in very complex transitional conditions. Parents/caregivers therefore believe that ‘it is more profitable for the state to invest in parents, because in this way we avoid coping with the consequences that occur in children, whether illnesses or bad habits, or something that requires re-socialization and reintegration into society. **The time we are living in requires a parenting school**’ (Service provider, NGO, central region). Professionals also claim that the vulnerable adolescent groups are those who are in families that are at risk of a child being removed from the family because of the difficult situation of the parents, or because of the child’s problems. This is why the rare existing preventative measures mainly aim to financially strengthen the biological family in order to avoid separation. ‘We also have a certain number of foster families that are also very sensitive to this problem, regardless of whether there is a blood relationship or not because they may not be well prepared. Biological parents have difficulty handling these problems, and it is even more difficult for foster families, because these problems are even more prominent in children who do not live with their biological parents’ (Service provider, central region).

The results of interviews with professionals/practitioners working directly with parents/caregivers also indicate specific family dynamics in families with children with disabilities. It is pointed out that marriages often fail under these conditions, so single-parent families develop and additionally increase in vulnerability. On the other hand, parents with disabilities encounter a specific type of financial security challenge: ‘We have parents with disabilities who cannot receive any material assistance from the state or any kind of support that would facilitate them to perform their parental role’ (Service provider, NGO, central region).

In ethnic minorities, for example, in the Roma and Egyptian communities, there is a strong influence of tradition and social norms. While previously they were mostly related to an authoritarian model of upbringing, a ban on the education of female children and the conclusion of early marriages, the statements of practitioners working directly with parents/caregivers in this population indicate
a little progress in these areas. They emphasize, however, that the most critical period related to the adolescence of young Roma and Egyptians, as well as to their families, is the transition from primary to secondary school. The mothers of Roma adolescents, focus-group participants, expressed their desire and the need for their children (of both sexes) to be educated, although on the basis of their statements, the factor of poverty significantly jeopardizes and complicates parenting in this ethnic minority group: ‘The biggest problem is money, how to buy them everything they need so that they do not lack anything. That is why we have to work a lot. Fathers work the most, and we, mothers, bring them up. The biggest problem is that you do not have enough money to provide them with everything, food and footwear and clothes and accessories and everything, and then they see that they are different from other children’ (Mother from the Roma and Egyptian population, central region).

When it comes to LGBT adolescents and their parents, the general social distance and the presence of prevailing social norms that create stereotypes, general non-acceptance and rejection are confirmed. All of this creates direct pressure on parents who, in their relations with adolescents, mostly manifest their own prejudices, ignore the problem, or try to protect their children by sending them messages to suppress and/or disguise their sexual orientation: ‘LGBT children are not supported by their parents because the community does not support and accept this diversity. It is interpreted as a developmental phase that will pass, as mere exploration. If you don’t need to be gay, don’t be gay!’ (Service provider, NGO, central region).

7.3. Formal and informal support for the parents/caregivers of adolescents and the adolescents themselves

This study component will include the agencies and strategies utilized by parents/caregivers to identify or build alternative support forms for themselves and for others (adolescents). In this context, the formal support systems for particularly vulnerable and marginalized families (analysed in more detail in Section 7.4) encompass the areas of education, health and social and child protection.

The views of the professionals interviewed during the research indicate that the modern family has undergone numerous changes in many aspects, including the system of values and the sharing of roles between parents/caregivers, which certainly reflects on changes in the styles of adolescent upbringing. In Montenegro, there is no integrated support model at the moment that would focus on the education and empowerment of parents/caregivers of adolescents.

The results of the focus-group discussions also indicate that most parents/caregivers perceive their role as advisory, although they also express uncertainty in their own capacity to identify problems and respond adequately to the challenges of adolescence: ‘The biggest challenge is to recognize in good time when a child has a problem and to react properly. I am not sure whether I will do what I need to do as a parent. It is usually already too late when you find out about the problem’ (Father, central region). On the other hand, they are aware of their own shortcomings (especially the lack of knowledge about modern technology) and often take steps on their own to overcome their inferior
position: ‘We must understand that they (adolescents) today know some things better than we do, thanks to the internet. So I completed a computer course in order to be on the same level with them, but it is not enough, they still know some things better’ (Mother, northern region).

The society and family generally do not create the conditions for recognizing, developing and directing the potentials of adolescents, which would make this ‘second development opportunity’ more constructive and easier, rather than simply waiting for it to pass. Parents/caregivers involved in the focus-group discussions in all three regions are relatively clear about the strengths and capacities of adolescents, which are mainly reflected in different virtues and values that are seen as desirable (such as obedience, responsibility, honesty, etc.), but these strengths are often not valorised and used constructively: ‘Parents/caregivers do not realize that adolescence is a period that is important for young people and in which they grow a lot’ (Service provider, NGO, central region). On the other hand, adolescents themselves also fail to use and direct their own strengths in a constructive way, which often creates passivity and an escape into technological comfort, or a tendency to create their reality on social networks, in a digital environment, which deprives them of real experiences and relationships.

The results of the interviews and focus groups also point to the fact that most parents/caregivers are not informed and do not recognize the existing institutional sources of support, not knowing who to turn to in case of need: ‘As far as support is concerned, the moment you know who to ask for it, you will probably get it. The problem is that in most cases we do not even know who to contact. Perhaps a school, a pedagogue, a psychologist, a teacher, a general class teacher, but they are limited in what they do. Generally, who do we turn to?’ (Father, central region). A lack of information among parents/caregivers creates a sense of abandonment by the system and society, the feeling of being left to oneself, although the need for formal support is clearly expressed: ‘Of course family is very important for raising and bringing up a child, but so is society’ (Mother, southern region).

Many parents/caregivers therefore rely on various informal forms of support, primarily on the primary family. ‘We live in a fast-paced society. I do not know who among us could even think of relying on something other than the family’ (Father, central region). The problem is sometimes shared in the circle of the closest family and then with the closest relatives and friends: ‘We are their role models, the child is a reflection of the parents, but I rely on the immediate family, seeking help and advice within it’ (Mother, northern region).

Although most parents/caregivers recognize the need for professional support, visiting a psychologist is still perceived as unacceptable, mainly because of prejudice and stigma: ‘We all rely on the elderly, because there are prejudices about people visiting psychologists. We, parents, are under great stress, and we need to have a psychologist with whom we can share everything, and who will understand us, but we are afraid that someone will find out. We are still a provincial society’ (Father, central region).

Professionals/practitioners, on the one hand, recognize the barriers that prevent parents/caregivers from seeking help: ‘You will rarely find parents applying for a consultation with a professional on puberty. This has not come into being in our culture’ (Service provider in the public sector, central region). On the other hand, they also point to the lack of proactive public
services (which are mainly based on parents’ initiative to seek help), as well as to their insufficient availability to particularly vulnerable and marginalized groups, and to the need to improve formal types of support for the parents/caregivers of adolescents.

Decision makers also recognize these restrictions, as well as the flaws in the existing formal support types: ‘Having an adolescent in the family is considered a stressful situation for the family. Parents find it difficult to deal with, since there is no, or at least there was no adequate support’ (Decision maker, central region); ‘Parents come to the centres for social welfare only when invited to, for example when a child is recorded as a delinquent or when a situation escalates in the family. They report only then, but otherwise they very rarely come to the centre voluntarily’ (Decision maker, central region).

Similar attitudes are also expressed by parents/caregivers who say that they seek assistance (and are provided it) mainly in extreme situations, where the severity, risk, or danger require that they contact the institutions of the system for assistance (as in the case of domestic violence, etc.): ‘So, when there are radical situations, then we have safe services because we are forced to seek help’ (Mother, central region). However, parents/caregivers are of the opinion that the reason for this is that their experience shows that neither social workers nor the police react adequately and preventatively to prevent a large-scale problem from occurring in the first place. In this regard, practitioners working directly with parents/caregivers declare that even when they are familiar with the existence of formal support types (such as counselling centres at the Health Centres, Social Work Centres, Daycare Centres, etc.), parents/caregivers question the capacity of these services to provide them with support, as well as the quality of services provided by them: ‘Our experience is that these services are overly concerned with administration. There are also a small number of professional staff’ (Service provider, NGO, central region).

According to the statements of decision makers, parents/caregivers and adolescents themselves very rarely seek assistance from schools’ psychological and pedagogical services, and support in this context is provided in a non-systematic manner: ‘When a child enters a new environment – high school, he/she needs a lot of support and assistance to adapt, but somehow this doesn’t get done systematically, it remains at the level of initiative. So, they are approached in a non-organized way, with no continuity, or action is taken only when there is a problem’ (Decision maker, central region).

The statements of adolescents with disabilities who participated in the focus-group discussion indicate that they do not have the impression that they are offered adequate support or the opportunity to speak openly about developmental challenges, sensitive topics and their needs: ‘I would like to have someone to share some secrets with’ (Adolescent with disabilities, aged 14–17, central region); ‘We need to get help when we have a problem, we need someone to talk to us, we are closed’ (Adolescent girl with disabilities, aged 14–17, central region).

On the other hand, the parents of children with disabilities have developed informal ways of self-support by bringing them to associations for treatment: ‘We have started to bring the children here, but we ourselves have also enjoyed meeting, sharing problems and talking about what is happening to us, it is a relief’ (Mother of an adolescent with disabilities, central region).
Informal networking with a view to addressing specific situations or establishing control over the behaviour and movement of adolescents is also a form of self-support, in the general population of parents/caregivers as well: ‘Usually one of the parents accompanies the child to school or in the town, and we make contact with other parents, to see where the child is going and with whom’ (Mother, central region); ‘If I find out about their (adolescents’) plans, I immediately tell the other mothers so that they can stop them from going out. So, we help each other’ (Mother, southern region).

Participants of the focus groups in the Roma and Egyptian communities at Camp Konik in Podgorica have recognized the parenting support programmes offered to them in the local community as a strong point of reliance and a source of support in performing parental roles. Although the sustainability of most informal support types at the local level is questionable because they rely, to a large extent, on donor financial support, the practitioners emphasize that non-governmental and civil-society organizations are making great efforts to compensate for the lack of formal support types for parents/caregivers (of adolescents), especially vulnerable groups. Informal forms of support identified by the respondents in this Study will be described in Section 7.4.1.

The media and literature are also recognized by parents/caregivers as informal sources of information and support, although many of them also use the internet, which is recognized as a primary means of informing adolescents. Most parents/caregivers think, however, that the number of educational television shows on parenting, especially those intended for adolescent parents, are very limited and insufficient.

7.4. Public policies and programmes of support for the parents/caregivers of adolescents

This study component deals with the identification and analysis of the existing formal types and modalities of support for the parents/caregivers of adolescents, without the ambition to provide a comprehensive map of all existing services and programmes, or to assess the degree of their success or impact. The focus of the analysis is placed on the patterns and modalities through which these programmes are implemented, as well as on the lessons learned that are used to produce recommendations for improving public policies and programmes of support for the parents/caregivers of adolescents, based on rights, equity, intergenerational and gender sensitivity, and recognizing and appreciating their strengths and capacities.

Most interviewed professionals and decision makers point to the fact that there are no legal or strategic frameworks that specifically and clearly relate to parenting in adolescence. They consider that the issue is mostly addressed by the system of social and child protection and education, but also that the existing measures are mostly of an emergency type, because adolescence, as mentioned, is treated from the perspective of a potential problem, and action is taken only when the problem has already escalated:

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24 Camps Konik 1 and Konik 2 were built in cooperation with municipal and state institutions, the Red Cross of Montenegro and humanitarian organizations (INTERSOS, UNHCR and World Vision) for the care of over 4,000 members of the Roma and Egyptian population after the outbreak and escalation of the conflict on Kosovo. During 2003, the management of these camps was taken over by the Red Cross of Montenegro.
'Again, the law provides you with a solution when the problem occurs, but a prevention strategy is missing, and so is preventative action to prevent the problem from occurring' (Service provider, central region). Due to the lack of a systemic, integrated and structured approach, interested professionals and other users have the freedom to interpret the existing strategic and legal frameworks in the way they consider most adequate, as well as to accordingly design and provide support to parents/caregivers.

Based on the statements of the majority of respondents, both decision makers and professionals and the parents/caregivers themselves, the impression is that the offer of the existing (formal and informal) support services for the parents of adolescents in all sectors (education, health and social protection) is limited, insufficiently diverse, insufficiently relevant and inaccessible, especially with regard to parents/caregivers who do not live in the capital city. It is also noted that there is a lack of support services for the general population, and that the existing services are mainly targeted at children, while parents/caregivers are neglected. The existing programmes and services are often inconsistent with the needs of parents/caregivers (of adolescents), and often the number and the level of training of the professional staff engaged in these services is insufficient.

The focus-group discussions with adolescents from the general population also indicate the fact that they recognize the lack of adequate support services for their parents/caregivers that would enable them to improve their capacities in a pre-designed way, spend leisure time in a meaningful and quality way, or learn to cope with stress more constructively, which would ultimately improve the quality of their relationships with adolescents.

The parents/caregivers of children with disabilities particularly lack support in terms of organizing care and quality leisure time for their adolescents: ‘What we need is a day-care facility where I could leave him for a couple of hours, knowing that it is interesting and creative for him, while I would feel safe’ (Mother of an adolescent with disabilities, central region). This is confirmed by adolescents with disabilities who notice that their parents do not have support and that they are therefore insecure, which creates additional pressure on this group of adolescents, which they clearly state: ‘We would like our parents to be alone more, to have time to themselves, not to think a lot about us and not to worry so much’ (Adolescent with disabilities, aged 14–17, central region).

However, there has been some improvement in the education of adolescents with special educational needs, although the number of community-based services to support this vulnerable group is insufficient. Most often, these adolescents are referred to peers from school, the associations in which they gather, etc. Decision makers are of the opinion that, apart from that, there are no adequate social services that would enable this group to have high-quality socialization and social engagement: ‘Most things have been done for them (intervention, treatment), but these services are not sufficient and do not meet real needs’ (Decision maker, central region).

Information collected through semi-structured interviews indicates that in all regions of Montenegro, efforts are being made to implement a significant number of initiatives targeting the adolescents of the Roma and Egyptian populations (for example, desegregated education, education in city schools, scholarships, mediators, social housing, free textbooks and transportation), but the presence of
prejudices against this population can still be seen in practice: ‘The Roma population is still marginalized, although a lot of work is being done, but people’s awareness is still not sufficient’ (Decision maker, Podgorica).

Interviews with professionals also show that within the health system, there are not enough quality and relevant services, which applies to both adolescents and parents/caregivers. The quality preventative and counselling programmes that previously existed within the Primary Health Centres have either been reduced to a certain level or completely abolished, and in this regard, the need for their renewal is identified. There is also a lack of mental health care and support for adolescents with mental problems, especially in terms of psychotherapeutic interventions: therapeutic interviews or counselling work. Therefore, the important flaws of the existing formal support types include their insufficient visibility, transparency, and promotion: ‘We do not have enough time to engage in public relations in the Primary Health Centre, and if information is not published in the media, portals and social networks, then we effectively do not exist’ (Service provider in the public sector, southern region).

There is also a lack of practical implementation of the prescribed forms of cross-sector cooperation (for example, in the field of protection of children/adolescents from violence), coordination, exchange and action, as well as the creation of new, as-yet-missing protocols in this field that would clearly define roles and responsibilities. The practice shows that the implementation of these measures is usually reduced to the personal initiatives of individuals. The results also indicate a lack of commitment, professionalism, initiative, feelings of ownership, responsibility, binding, and sharing of practices among practitioners: ‘They do not show any interest in learning, they approach things as laymen, project ideas from their personal lives, attitudes, perceptions and experiences’ (Service provider in the public sector, central region).

7.5. Mapping the support services and programmes for the parents and caregivers of adolescents

During the research, different types of services and programmes (formal and informal) have been identified, the majority of which are focused on providing support for children and their families, while there are fewer that meet the criteria defining support programmes for parents/caregivers of adolescents (see Section 2.3). In the context of the reform of the social and child protection system, there is visible progress in terms of improving the diversity of services, especially those targeting parents/caregivers (of adolescents). Most of the identified informal services of this type are of an informative/advisory nature (e.g. online services) or an educational type (workshops, support groups, etc.), while formal forms of support usually include advisory and interventional measures, but the number of innovative services that are being implemented in partnership with the non-governmental sector is increasing (see, for example, the Family Outreach Worker programme).
7.5.1. Formal types of support for parents/caregivers (of adolescents)²⁵

Social Welfare Centres²⁶ are public institutions that provide various types of services, some of which (although not exclusively and directly) relate to support for parents/caregivers, mostly through counselling, monitoring, socioeconomic empowerment, etc. Social Welfare Centres in Montenegro perform an assessment of the status, needs, strengths and risks of beneficiaries and other persons important for the beneficiaries; they carry out an assessment of the suitability of the caregivers, foster and adoptive parents; prepare and monitor individual service plans; decide, in the first instance, on the requests for exercising rights in the field of social and child protection; take measures, initiate and participate in court and other proceedings; keep records and take care of looking after the documents of beneficiaries; and perform other tasks in accordance with the law. In Montenegro, there are 13 Social Welfare Centres. In 2015, their reorganization was carried out with the aim of enabling more efficient work and better accessibility to rights in the field of social and child protection.

The Family Outreach Worker programme is a pilot programme implemented by the NGO ‘Family Centre’ from Kotor in cooperation with the Ministry of Labour and Social Welfare (Social Welfare Centres) and with the support of the UNICEF Country Office in Montenegro. The goal of this programme is to protect one of the basic rights of children – the right to live, grow and develop in their families – e.g. preventing the relocation of a child from a family with a risk of institutionalization. The programme is also aimed at: improving the functioning of the primary biological family; providing support for foster families; the prevention of neglect and abuse of children; and improving the capacities of parents/caregivers through the acquisition of new knowledge and skills in the field of parenting. The introduction of this service into the work with at-risk families represents a contribution to the process of de-institutionalization and reform of social and child protection in Montenegro. It is also planned to develop this programme in a sustainable way, and to integrate the Family Outreach Worker service into the system of social and child protection, in accordance with the 2017–2021 Strategy for the Prevention and Protection of Children against Violence. The programme currently provides preventative support for parents/caregivers of children in families at risk of institutionalization in six municipalities: Bijelo Polje, Podgorica, Kotor, Tivat, Budva, and Herceg Novi. Beneficiaries of this service are the families that are registered in Social Welfare Centres, which refer them to the service. The programme involves four family outreach workers, a project coordinator and a supervisor (psychologists and social workers). Home visits by family outreach workers to families, in which there is a risk of relocating a child from a biological family, represent the basic form of service offered by the programme. Each family outreach worker works with 10 families and is obliged to visit them at least once a week. So far, the service has included 75 families with 185 children who are at a high or moderate risk of being relocated from their biological family. The main results of work with at-risk families are the following: all children included...
in the programme have remained in their biological families, which, in terms of the number of children involved, has resulted in the prevention of the creation of another institution for children deprived of parental care in Montenegro. Furthermore, all the children who were involved in this service remained in foster families during the implementation of the service. Also, all Social Welfare Centres in the municipalities in which this service is implemented consider that the family outreach worker service is an adequate and necessary way of supporting families at risk of institutionalization, and that it should be continued. It is also important that this service is several times cheaper than the children's accommodation in the institution. In addition to these activities with families in 2017, the service was presented to all the Social Welfare Centres, which created the basis for expanding this service to other municipalities as well.

Table 3: Analysis of the Family Outreach Worker programme

<table>
<thead>
<tr>
<th>Modality: Preventative</th>
<th>Replicability: Established national network of the public service at the local level (pilot programme in six municipalities)</th>
<th>Participation: Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance: High (it is necessary to expand the target group)</td>
<td>Equity: Targets vulnerable families (at risk of child relocation) and is aimed at the prevention of institutionalization of children</td>
<td>The service is based on a reactive, not proactive participatory approach</td>
</tr>
<tr>
<td>Suitability: Focused on a narrowly targeted population</td>
<td>Ethical soundness: Based on the principles of social and child protection, in accordance with the law</td>
<td>Funding: State budget, UNICEF</td>
</tr>
<tr>
<td>Effectiveness: There is no data on impact assessment</td>
<td>Data-based approach: YES (but a systematic approach is missing in the data analysis and the use of it)</td>
<td>Monitoring and evaluation: Through periodic reporting (implementation of the existing mechanisms is unsatisfactory)</td>
</tr>
</tbody>
</table>

7.5.2. Informal types of support for parents/caregivers (of adolescents)

These support types include the services/projects/programmes implemented by non-governmental and civil-society organizations, in partnership with different stakeholders, offering, in the broad sense, different types of support for the families, while they are only to a certain extent focused on support for parents/caregivers (of adolescents):
The ‘Family Centre’ of the Red Cross of Montenegro has been established in the Roma and Egyptian communities at Camp Konik in Podgorica. At the workshops of the Family Centre, members of this population who live in the Camp participate in programmes that are aimed at strengthening women and their role in the family, improving knowledge of reproductive health, communicable diseases, child health, etc. The centre also organizes advisory activities and gives women (young mothers and future mothers) the opportunity to talk with experts about their problems, as well as to spend their free time creatively by organizing various activities (excursions, handicrafts, etc.).

Table 4: Analysis of the ‘Family Centre’ of the Red Cross of Montenegro

<table>
<thead>
<tr>
<th>Modality: Informal /Educational/ Advisory</th>
<th>Replicability: Limited</th>
<th>Participation: High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevance</strong>: High</td>
<td><strong>Equity</strong>: Limited, intended for a specific target group (mothers and future mothers, members of the Roma and Egyptian population)</td>
<td>Programme based on the needs of beneficiaries</td>
</tr>
<tr>
<td><strong>Suitability</strong>: High, adapted to the specific needs of the target group (community-based service)</td>
<td><strong>Ethical soundness</strong>: High</td>
<td><strong>Funding</strong>: Mixed (state budget and donations); the programme’s sustainability is questionable</td>
</tr>
<tr>
<td><strong>Effectiveness</strong>: There is no data on impact assessment, but (based on the statements by professionals and beneficiaries) the programme contributes to improving the capacities and quality of life of mothers and future mothers.</td>
<td><strong>Data-based approach</strong>: Partial</td>
<td><strong>Monitoring and evaluation</strong>: Through periodic reporting.</td>
</tr>
</tbody>
</table>

27 The Red Cross of Montenegro is a unique, independent and voluntary humanitarian organization operating on the territory of Montenegro as the only recognized national Red Cross Society in the country. The Red Cross of Montenegro consists of Red Cross organizations at the level of municipalities, a total of 23 organizations, with the status of legal entities – 19 municipal Red Cross organizations, Red Cross of the Capital City, Red Cross of the Old Royal Capital and two Red Cross municipal organizations.
Association ‘Roditelji.me’: The National SOS Parent Line was established within the programme of ‘Protecting Children’s Rights through Positive Parenting’, implemented by the NGO Parents in cooperation with the UNICEF Country Office in Montenegro and with the financial support of the European Union. This programme is part of a multiannual regional initiative aimed at improving the protection of children against violence and the social inclusion of children with disabilities, and is implemented through the partnership of UNICEF, the European Disability Forum (EDF), the European Union and the governments of the seven countries in the process of EU accession. The goals of the SOS Parent Line are to provide psychosocial assistance to parents to facilitate their parental role, and provide children with the best possible development, as well as to ensure the sustainability of the service and strengthen the capacity of the line. The line is based on the principles of availability (all activities and services are available to all citizens of Montenegro and are free of charge); confidentiality (the user information is used solely for statistical processing and analysis, and is not available to the public); and the best interests of the child (counselling and support are guided by this principle). In addition to this service, the association Roditelji.me provides various services to parents/caregivers, such as legal assistance (free legal counselling for parents and information about their and their children’s rights); support for single-parent families; social support (support group for socially vulnerable families); etc.

Table 5: Analysis of the National SOS Parent Line

<table>
<thead>
<tr>
<th>Modality: Informal/Informative/Advisory</th>
<th>Replicability: Limited</th>
<th>Participation: High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance: High</td>
<td>Equity: High (service based on the principle of availability for all citizens)</td>
<td>Programme based on the needs of beneficiaries</td>
</tr>
<tr>
<td>Suitability: High (service created in accordance with the needs of the users)</td>
<td>Equity: High</td>
<td>Funding: Mixed (state budget and donations)</td>
</tr>
<tr>
<td>Effectiveness: For now, there is no data on impact assessment</td>
<td>Data-based approach: Partial</td>
<td>Monitoring and evaluation: Through periodic reporting</td>
</tr>
</tbody>
</table>

SOS telephone line for women and children victims of violence, Niksic:
In accordance with the Law on Social and Child Protection and international obligations, the Ministry of Labour and Social Welfare, in cooperation with the NGO ‘SOS telephone line for women and children victims of violence, Niksic’, with the support of UNDP and the EU, introduced in 2015 a unique,
national, free SOS telephone line to help the victims of domestic violence, which is the first and most important contact to support the victims of violence. The work of the NGO ‘SOS telephone line for women and children victims of violence, Nikšić’ is organized through two programme areas: the programme for the protection of women and children from male violence and the socioeconomic programme for vulnerable groups of women and children. Although this service does not directly target parents/caregivers (of adolescents), it is important to emphasize that it empowers and supports, more than anyone else, victims of (domestic) violence through the following segments: emotional support, information on victims’ rights and opportunities, consultation and assistance in crisis situations, referrals to other organizations, institutions and psychological counselling. In the period from 1 January to 30 June 2017, a total of 1,728 calls were received via the line (MLSW, 2017: 14).

Table 6: Analysis of the service ‘SOS telephone line for women and children victims of violence, Nikšić’

<table>
<thead>
<tr>
<th>Modality:</th>
<th>Replicability: Limited</th>
<th>Participation: High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal/Advisory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevance: High</td>
<td>Equity: The service is available to all citizens</td>
<td>Programme based on the needs of beneficiaries</td>
</tr>
<tr>
<td>Suitability: The service targets a specific group of users (women and children who are the victims of violence)</td>
<td>Equity: High</td>
<td>Funding: Mixed (state budget and donations)</td>
</tr>
<tr>
<td>Effectiveness: For now, there is no data on impact assessment</td>
<td>Data-based approach: Partial</td>
<td>Monitoring and evaluation: Through periodic reporting</td>
</tr>
</tbody>
</table>

Advisory Service for Foster Family Support, NGO Centre for Children’s Rights – Montenegro, Podgorica: In cooperation with, inter alia, social partners, it contributes to the better fulfilment of the needs of vulnerable groups of children at the level of the capital city, contributing to the promotion of and respect for the rights of the child. In addition to activities for children from socioeconomically disadvantaged families, the organization also implements educational programmes (workshops) and provides advisory support for foster parents (with the engagement of psychologists and social workers). This NGO is among the first to start activities in the field of foster care in Montenegro. Support for foster families includes: individual and group counselling; and educational and creative workshops on various topics such as: responsible parenting,
upbringing styles, awareness of the difficulties they encounter, improvement of family patterns and relationships, etc. The activity of this service currently includes 19 children and 12 foster parents.

**Table 7: Analysis of the Advisory Service for Foster Family Support**

<table>
<thead>
<tr>
<th>Modality: Informal/Advisory</th>
<th>Replicability: Limited</th>
<th>Participation: Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance: High</td>
<td>Equity: The service is available to all citizens</td>
<td>Necessary improvement of mechanisms for inclusion and user coverage</td>
</tr>
<tr>
<td>Suitability: The service targets a specific group of users (foster families and families with a lower socioeconomic status)</td>
<td>Equity: It is necessary to improve the design for the individual needs of users</td>
<td>Funding: Mixed (state budget and donations)</td>
</tr>
<tr>
<td>Effectiveness: There is no data on impact assessment</td>
<td>Data-based approach: Partial</td>
<td>Monitoring and evaluation: Through periodic reporting</td>
</tr>
</tbody>
</table>

- **Association of parents of children and young people with disabilities, NGO ‘Staze’ – Podgorica**: The founding initiators of the association are the parents of children and young people with disabilities and citizens who want to actively participate in the creation and improvement of policies and practices that provide children and young people with disabilities with a life without discrimination and with full participation in the life of the community. The members of “Staze” are the parents of children and young people with developmental disabilities who by virtue of their membership enable their children to become beneficiaries of the association’s services. For children, an extended stay is organized and the services of special educators, speech therapists, psychologists and educators, as well as occupational workshops, are provided. In addition to providing support for children, which is defined, established and developed based on the parents’ needs assessment, and with their active participation, parental groups are organized under the principle of meeting, sharing experiences and self-support.

- **Women’s Safe House, Podgorica**: As with the previous example, this type of service does not directly target the parents/caregivers (of adolescents), but provides comprehensive support for women and children who are the victims of domestic violence in Montenegro through providing shelter, counselling, psychological and legal-aid services. In addition, through various informal forms of support (mainly of an educational nature),

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28 Source: http://www.nvustaze.me/o-nama.  
29 Source: http://szk.org.me.
women’s right to a life without violence is promoted with the aim of raising awareness in the public and among relevant actors about the right of women to live without violence.

- **NGO Juventas**\(^{30}\) organizes with LGBT persons and their families various (free) forms of informal support that include: meetings, support groups, educational workshops and counselling (with the support of psychologists and according to the needs of the users). **LGBTIQ Association Queer Montenegro**\(^{31}\) puts special emphasis on identifying and solving the real, daily needs and life problems of LGBTIQ persons and their families, through (among other things) providing free legal aid, psychosocial support and counselling; and organizing educational programmes (workshops, courses, lectures, seminars, public debates, etc.).

### 7.5.3. Formal types of support for children and families

This type of support includes services and programmes implemented by public institutions, which indirectly include or provide support for parents/caregivers, although they are primarily addressed to children.

**Pedagogical and psychological services in schools and inclusive education services for children with special educational needs** (such as teaching assistance, early intervention in resource centres, etc.) represent a type of service primarily targeted at children, but also includes parents/caregivers, although they are not directly involved in improving their capacity to perform parental/guardianship roles. Psychologists, pedagogues and special educators are included in the professional services in schools, based on norms (450 children to one pedagogue, 1,000 children per psychologist and, for children with disabilities there is one special educator for the number of children with a referral.

In the late 20\(^{th}\) century, Montenegro started inclusive education through the inclusion of children with special educational needs in regular schools. Special schools have been transformed into resource centres\(^{32}\) that are oriented towards supporting the inclusive education of children through early intervention, mobile activities, education, the use of specialized teaching aids and assistive classrooms, etc. In accordance with the Individual Education Plan (IROP) and the class timetable, the scope of support provided by the teaching assistant is supervised by teachers, the professional service and the school principal. The work of teaching assistants is coordinated by a teacher and monitored by the expert service and school management (one teaching assistant can be engaged for several children).

- **The Ljubović Centre Public Institution** is an institution of social and child protection, in which the corrective measure of referral to an institution of a non-prison type for a duration of between six months and two years is carried out. It is the only institution of social and child protection in Montenegro that deals with the institutional protection of children in conflict with the law. In accordance with the applicable legal provisions, the centre provides acceptance, protection, support, upbringing, education and vocational training of at-risk children and children with behavioural disorders, in accordance

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\(^{30}\) Source: http://www.juventas.co.me.

\(^{31}\) Source: http://queermontenegro.org.

\(^{32}\) The Resource Centres in Montenegro are the ‘Resource Centre for Hearing and Speech’ in Kotor, ‘1 June Resource Centre for Children and Persons with Intellectual Disabilities and Autism’ in Podgorica; ‘Podgorica Resource Centre for Physical and Visual Impairment’. 

with new programme schemes, to correct mistakenly adopted behavioural patterns, and develop and raise responsibility, pro-social attitudes and beliefs that will enable these children to reintegrate into the community as constructive members. Based on the existing data, however, it is evident that this type of service has a relatively low potential for developing (in)formal forms of parenting, primarily because of its limited availability (the centre’s services are available exclusively in the city of Podgorica).

- **Day-care centres for children and young people with disabilities:** the Law on Social and Child Protection defines services in the field of social and child protection, which, inter alia, encompass activities including a daily stay intended for the socio-medical empowerment of children with disabilities. This type of service for children and young people with disabilities provides a positive and constructive experience of staying outside the family (among other things, through resting services, weekend stay, etc.). Although day-care centres predominantly deal with children, they indirectly provide support to parents/caregivers through the (occasional) organization of educational content in the form of workshops, because this is primarily understood by parents/caregivers as a complementary service that provides them with free time for performing other activities on a daily basis.

- **Health centres:** As public health institutions oriented towards primary health care, health centres are promoting the promotion of healthy lifestyles and preventative healthcare as important segments through the work of: Mental Health Centres, Reproductive Health Centres, Centres for Children with Disabilities, Counselling Centres for Young People, Counselling Centres for Pregnant Women and so on. All these services indirectly include working with parents or future parents (although they are not exclusively created for them) and therefore have a relatively high potential to improve (primarily information and advisory) support services for parenting.
Table 8: A summarized overview of the results of the analysis of support programmes and services for parents/caregivers

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support forms and modalities</strong> (Formal/informal, isolated or integrated, individual or group)</td>
<td>The results of the research indicate that the existing support programmes for parents/caregivers are more informal than formal in type. In Montenegro, there is no integrated parenthood support programme, and particularly no support programme for the parents/caregivers of adolescents. The existing formal and informal programmes and services mainly deal with the support and protection of children and families. Most services are implemented within sectors (isolated), while a lack of cross-sector cooperation is evident. The existing services provide both individual- and group-support options, depending on the nature of the problem.</td>
</tr>
<tr>
<td><strong>Support types</strong> (Material, informative, educational, etc.)</td>
<td>The existing formal public services offer different types of services, mainly educational and advisory in type (through the Social Welfare Centres or Health Centres). The services of the Social Welfare Centres are mainly not widely known to most parents/caregivers and are available in a limited number of municipalities in Montenegro. Cooperation with health and security sectors is limited mainly to emergency situations. Within the social- and child-protection sector, different types of material support measures are also prescribed, in line with the existing legal framework. The stigma and lack of information that parents have, as well as the low level of trust in institutions, represent a barrier to the more efficient use of the existing programmes and services (in particular counselling offices). Informal support types are reflected in the provision of informative, educational and advisory services through online services, as well as through free legal assistance to vulnerable and sensitive groups.</td>
</tr>
<tr>
<td><strong>Service providers</strong></td>
<td>The identified service providers in the field of support to parents/caregivers are both state institutions and their services (national and local) and non-governmental and civil-society organizations (especially the Red Cross of Montenegro), which implement the largest number of programmes for sensitive groups. Service providers in the public or non-governmental/civil sector face inadequate training of professionals, particularly in terms of addressing specific adolescence challenges, as well as a lack of motivation, commitment and enthusiasm (mainly due to the burden of administrative procedures, low incomes and lack of responsibility of the competent institutions).</td>
</tr>
</tbody>
</table>
| Accessibility | The results also indicate that the accessibility of the existing programmes and services is insufficient, especially for parents/caregivers who do not live in the capital city (Podgorica), as well as for families with a lower socioeconomic status and persons with disabilities.

A positive example of improving the availability of support for vulnerable families is the piloting and licensing of services in the social- and child-protection sector, which are implemented in community via cross-sectoral cooperation (the Family Outreach Worker programme). |
|---|---|
| Intervention level | Preventative and emergency services (especially in the social- and child-protection sector) have been identified within the framework of the existing support programmes for parents/caregivers through work with families and individuals in the Social Welfare Centres. The intervention is primarily aimed at families at risk.

Most respondents also recognized the lack of preventative programmes that would directly target the parents/caregivers of adolescents, and through which their competencies, knowledge and skills would be developed to identify and address the challenges of adolescence (especially in the field of addiction and risky behaviours).

The need to establish better monitoring of the implementation of the existing regulations and protocols was also identified to improve quality control and cross-sector cooperation. |
| Target group/focus | Public services do not have a clear strategy or a proactive approach to the parents/caregivers (of adolescents), but act reactively.

Informal programmes in the non-governmental and civil sector target both the general population and sensitive groups, compensating for the lack of public services in this field.

Very low participation was identified (especially with regard to formal support types) and the existing services are mainly misaligned with the current needs of the beneficiaries (adolescents or parents/caregivers of adolescents). |
8. CONCLUSIONS AND RECOMMENDATIONS

8.1. Conclusions

8.1.1. Understanding, perception and the practices associated with parenting adolescents from a life-course perspective

Although parents/caregivers, professionals, and decision makers view adolescence from a developmental (life-course) perspective, this period of transition from childhood to adulthood is very often given a negative connotation related to developmental challenges, difficulties, and problems, while very little is known and spoken about its developmental potentials (resources). Most parents/caregivers recognize the importance of the early establishment of close relations and a relationship of trust with their children (based on love and acceptance), so this dimension of parenting is understood as a form of investment in its development in a child’s early years or as a prerequisite for constructive relationships with adolescents. Close relations and relationships are nevertheless mainly established with mothers, who are the main proponents of the role of upbringing, but very rarely with fathers (who are mostly occupied with work outside the home). Some members of vulnerable groups (e.g. children with disabilities) state that the lack of a feeling of acceptance is often an aggravating factor in the formation of the identity of adolescents.

On the other hand, an overview of literature and empirical evidence indicate that the low level of trust of parents/caregivers in the society (in institutions, other people, etc.) is reflected in the lack of confidence in the ability of adolescents to actively act as ‘agents of change’ in the family or community, which negatively affects the development of a feeling of self-confidence and self-efficacy as key protective factors in adolescents. Creating links and close relationships with a peer group (an important source of support) is therefore very important in building the resilience of adolescents.

Intergenerational relationships, and in particular the transfer of power and authority, are often accompanied by conflicts, exploring and testing boundaries in adolescents’ relationships with their parents/caregivers. Delegating roles and responsibilities to adolescents is somewhat less prominent in the modern family compared to the traditional one (and often comes down to meeting school-related obligations, helping with easier household jobs, etc.), which somewhat reduces the space for their participation in the division of roles, rights and responsibilities, but also in the long term for a general contribution to the family/community. Overprotectiveness towards adolescents from parents/caregivers, to a certain extent, limits the development of their competencies and resilience, although from the perspective of parents it has a protective function (primarily from the risks faced by the society, such as addiction and violence). On the other
hand, adolescents themselves express the need for a balance between control and support from parents/caregivers in the process of developing independence and gaining autonomy. Another commonly accepted dimension of parenting practised by most of the parents/caregivers surveyed is providing and protecting (providing for basic living conditions), although many challenges are related to this dimension due to the transitional environment affecting the socioeconomic status of parents/caregivers, but also the risks which adolescents encounter in society.

The dominant fields of parental engagement are the education and healthcare of adolescents (although insufficient attention is paid to mental health), while most of the concerns are related to the area of safety/security. The field of sexual and reproductive health is a taboo topic and lies in the area of discomfort, avoidance and postponement, both for adolescents and for parents/caregivers.

8.1.2. Parenting attitudes, dynamics, styles and practices from an ecological system perspective

Parenthood in Montenegro is burdened with a transitional period – poverty, unemployment and insecurity. Incomplete families, ethnic minorities, families with adolescents with developmental disorders or disabilities are additionally subjected to the impact of macroscopic factors, which makes them even more vulnerable.

Gender stereotypes regarding the division of the roles of father and mother are very pronounced in Montenegrin families, so the role of upbringing predominantly falls to the mother, who carries the burden of responsibility and care. On the other hand, the father is perceived as the supreme authority and decision maker, although (especially from the perspective of fathers) this relation is slowly changing in the modern family.

The results of the research also point to the fact that parenting is practised through a combination of different parenting styles, as well as that parental roles are manifested through several dimensions of parenting.

The dominant parenting style is authoritarian, based on high expectations of the child/adolescent, and the need for them to conform and adapt to current social norms. This style of parenting is also characterized by behavioural control related to setting boundaries, monitoring and supervising behaviour, as well as structuring the lives of adolescents (specifically reported by the mothers who were participants of the focus-group discussions in the central and southern region). This parenting style is also manifested through the implementation of the principles of rules, punishments and discipline, without taking into account the authentic needs or personality of adolescents.

Practices related to parental support (such as affection, nurturing, compassion, sensitivity, safety and warmth), as well as respect for the individuality of the adolescent (through development of a healthy sense of the self), which are recognized by parents/caregivers – are a prerequisite for building an authoritative parenting style in a modern family. It seems, however, that this kind of parental role is recognized and practised by parents/caregivers intuitively rather than consciously, as they encourage children to independently make decisions (while also setting boundaries), encourage their moral reasoning, and provide them with the opportunity to engage in communication.
and rational discussion. This “warm but firm” parenting style contributes to building the character and moral values of an adolescent, and is recognized as being very important for the positive development outcomes of adolescents, especially by parents/caregivers participating in focus groups in the central and southern regions. This style is often combined with **modelling of appropriate behaviour**, where parents/caregivers represent a role model for the behaviour and attitudes that they find appropriate.

A permissive parenting style has been identified in fewer cases, especially when parents/caregivers encourage children/adolescents to be independent and make their own decisions without parental guidelines and boundaries, as a result of tolerant behaviour, neglect or overprotection (with both high and low levels of response to the needs of adolescents).

Due to the strong influence of social norms and the traditional system of values, parents/caregivers are often confused about the way in which (they should) perform their parental role, especially in relation to contemporary standards related to parenting and bringing up children/adolescents. An obvious lack of well-founded knowledge, competencies, skills and resources (free time, money, etc.) among parents/caregivers to adequately respond to the challenges and crisis situations related to adolescence often causes stress and related feelings of insecurity, loss of control, fear, and anxiety. In view of the above, it can be concluded that most parents/caregivers form their upbringing styles intuitively and experientially, relying on a traditional system of values that often does not provide adequate answers to the challenges of the modern society faced by adolescents, but also by parents/caregivers.

The society’s expectations of parents/caregivers are very high and somewhat unjustified in view of the lack of systemic and integrated support. Therefore, the advancement of a parent/caregiver’s competencies should be enabled in the direction of **developing their capacities and increasing their resistance to be able to cope with the developmental challenges of adolescence**. Awareness of the continuity of developmental phases and their interdependence which exists among parents/caregivers can be seen as a good basis for building the skills of positive parenting.

### 8.1.3. Formal and informal support for the parents/caregivers of adolescents and for adolescents themselves

Support for parents/caregivers in Montenegro is realized within the broader concept of family support, or indirectly through participation in programmes and services targeting children (whether formal or informal), while a **lack of integrated and systemic support for parenting** is evident.

The capacities and strengths of parents/caregivers in identifying specific developmental changes in adolescence and making an adequate response to them, have been observed as insufficient, by both professionals and decision makers, and by the adolescents themselves and parents/caregivers, who are mainly aware of the need for professional and systemic support in capacity building for parental roles. However, most of them are often uninformed or held back by prejudices related to the use of professional, primarily advisory, assistance from public services. For this reason, they mainly refer for help to the primary or wider family, relying on their own strengths.
and/or informal support systems (such as the media, literature and the internet), as well as non-governmental and civil-society organizations in which they have more confidence.

The existing services and programmes of support give insufficient attention to the recognition, development and guidance of the potential of both parents/caregivers and the adolescents themselves, in particular when it comes to capacities related to resilience (see the 7Cs model in Annex 1).

8.1.4. Public policies and programmes for the parents/caregivers of adolescents

The existing legal and strategic framework does not explicitly refer to the field of support for the parents/caregivers of adolescents, but some laws and strategies provide a basis that can be used and interpreted towards improving the services in this field. In the context of the reform of the social and child protection system, there is visible progress in terms of improving the diversity of services, especially those targeting parents/caregivers (of adolescents). Most identified services of this type are informative and advisory in nature (online services), and educational (workshops, support groups, etc.) or preventative (preventing the institutionalization of children in at-risk families) in nature.

The existing formal/institutional services provide advisory and educational services but are not directly focused on the parents/caregivers of adolescents, nor are they sufficiently visible, conceptually defined and developed, or effective and efficient. They are very seldom participatory, so they mostly do not respond to the current needs of users, and are often inaccessible to vulnerable groups. Public services are mostly of a reactive and interventional type (based on user initiative, at a time when the family is already in a crisis), while there is a lack of proactive, preventative work on improving the capacity of parents/caregivers (of adolescents), which is, however, usually seen as desirable. Public services are rarely sensitized for the needs of vulnerable groups, and equity and ethics are taken into account only at a declarative level. Employees in professional services within public services are generally not separately trained to work with the parents/caregivers of adolescents, or with the adolescents themselves, although the need to improve specific knowledge and skills of this type is recognized.

The informal programmes and services implemented by non-governmental and civil-society organizations mainly make up for the shortcomings of public services, especially when it comes to services focused on vulnerable groups, although alignment with donors’ strategic priorities often affects their relevance, continuity and sustainability. However, the dedication, competence, enthusiasm and empathy of service providers in these sectors are evident.

It is important to emphasize that all the identified programmes and services (both formal and informal) lack a more efficient implementation of quality control, as well as a data-based approach and better implementation of monitoring and performance appraisal mechanisms.

8.2. Recommendations

The methodological framework of this study envisages three types of recommendations: recommendations to decision makers; recommendations to non-governmental and civil-sector organizations; and recommendations to UNICEF.
8.2.1. Recommendations to decision makers

- Conduct a comprehensive study of the state of play and the needs of the parents/caregivers of adolescents as the basis for creating a systemic and integrated response to the needs of this target group based on data;
- Create an integrated strategic, legislative and programme framework for the promotion of positive parenting and the capacity building of the parents/caregivers of adolescents, including vulnerable groups;
- Create a continuous programme – a school of parenting – including the period of early development (preschool age), pre-adolescence and adolescence, and involving the parents/caregivers of adolescents, professionals/providers of services in the field of education, healthcare, social and child protection, but also the adolescents themselves;
- Create specific services of support for the parents/caregivers of adolescents, in particular for members of vulnerable groups, based on a holistic approach, relevance, efficiency, a participatory approach and equity;
- Improve monitoring of the application of existing quality standards in relation to the implementation of parent-/caregiver-support programmes;
- Sensitize and improve the capacities (number, diversity and expertise) of employees in the public sector for the provision of services related to support for adolescents and the parents/caregivers of adolescents;
- Create the missing protocols for cross-sector cooperation that would specify the roles and responsibilities of individual stakeholders, and improve the mechanisms for implementing the existing protocols and policies at all levels of service delivery (from preventative to interventional) in the fields of education, health and social protection;
- Improve the awareness of the parents/caregivers of adolescents about the importance of using advisory services, as well as their participatory approach, visibility and proactivity.
- Advocate the understanding of adolescence as a phase of life from the perspective of resources and developmental opportunities through improvement of the existing legislative framework, or the creation of appropriate acts.

8.2.2. Recommendations to non-governmental and civil-sector organizations

- Create support programmes for parents/caregivers in the community based on contemporary scientific knowledge and information on the current state and needs of beneficiaries;
- Improve monitoring of the implementation of standards for quality control of implementation of support programmes for parents/caregivers (of adolescents) and/or create new ones if non-existent;
- Sensitize and improve the capacities (number, diversity and expertise) of the service providers in the non-governmental/civil sector, especially in relation to the development phase of adolescence;
- Improve the sustainability of the programmes and services implemented by non-governmental and civil-sector organizations;
- Work, in cooperation with the public sector, to advocate understanding
of adolescence from the perspective of resources and developmental opportunities.

8.2.3. Recommendations to UNICEF

- Advocate, in partnership with institutions and non-governmental/civil-sector organizations, understanding of adolescence from the perspective of resources and developmental opportunities, as well as creating a systemic, comprehensive and integrated response to the specific developmental challenges of adolescence;

- Promote, in partnership with non-governmental/civil-sector institutions and organizations, the importance of positive parenting and improve the capacities of the parents/caregivers of adolescents to implement parental roles on the principles of equity and equality between fathers and mothers (overcoming gender stereotypes);

- Create opportunities for the joint activities of adolescents and the parents/caregivers of adolescents in addressing priority community issues, using participatory and innovative methodologies.
Based on the results of the research and the defined recommendations, the starting basis has been created, as well as ways of advocating broader social changes and strategic strengthening and improvement of the policies and programmes of support for the parents/caregivers of adolescents in Montenegro.

In order to change the public discourse regarding adolescence and to ensure understanding of this phase of life through the perspective of resources and development potentials (not problems), it is necessary to work on raising the awareness of the general and professional public, as well as on improving the information and knowledge of decision makers, professionals, practitioners, the parents/caregivers of adolescents and the adolescents themselves through campaigns, educational programmes, the media and social networks.

In partnership with the relevant institutions, non-governmental and civil-society organizations, and with the support of UNICEF, it is necessary to include the promotion of positive parenting in the priorities and objectives of strategic, legislative and programme documents, as well as to create (new) measures targeting the parents/caregivers of adolescents, with a special emphasis on vulnerable groups.

It is necessary to allocate financial resources and apply a participatory approach, involving all the relevant stakeholders (both institutions and non-governmental and civil-sector organizations) in the creation and implementation of an integrated and continuous programme – parenting school – aimed at improving the competencies of parents/caregivers (of adolescents) and adolescents themselves.

In order to increase the quality and relevance of the existing (formal and informal) services, it is necessary to advocate the development and/or better implementation of the existing quality-control systems, improve the capacities of service providers, and promote the creation of programmes based on data and modern knowledge regarding adolescence.

It is necessary to advocate the improvement of the existing regulations towards creating models and mechanisms of cross-sector cooperation in the field of prevention (especially in the sectors of education, healthcare and social and child protection), with a special focus on support for the parents/caregivers of adolescents (including vulnerable groups).

With a view to ensure their replicability and sustainability, it is particularly
important to consider ways to **establish synergies and knowledge sharing** through the use of good-practice models, created by non-governmental and civil-society organizations, in supporting parents/caregivers (of adolescents) in the community, including vulnerable groups.
10. LITERATURE


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Strategic documents:


National Strategy for Sustainable Development to 2030.


- National Strategy for Sustainable Development to 2030.
ANNEX 1:
Concept of parents’ and adolescents’ resilience – the 7Cs model

Based on the work of Rick Little, the model of young people’s resilience was developed by Ken Ginsburg to prevent risk, promote healthy development and enhance young people’s (adolescents’) responsibilities. The model focuses on how young people act or how they should act in their current stage of life, and on the way they develop along their life course in relation to each component of the model, including the following:

- **Competence**: In order to enhance adolescents’ resilience and “self-recovery”, we need to adopt an appreciative approach in the way that we view their competencies. Research suggests that adolescents’ competence often exceeds adults’ expectations, particularly when one considers the various duty-bearing roles they assume in their households and communities. Nevertheless, parents/caregivers play an important role in modelling their behaviour, as adolescents can learn certain skills from them and model their behaviour (Inhelder and Piaget, 1958; Piaget, 1964; Erikson, 1968; Kohlberg, 1969; Piaget, 1972, 1984 in Proteknôn, 2017).

- **Confidence**: In order to strengthen adolescents’ “creative thinking” it is necessary to encourage them to “engage with the world” and learn how to cope with the challenges that this world poses. In academic terms, this notion of “confidence” is described in relation to self-confidence and self-esteem. Extensive research in developmental psychology suggests that the individual’s level of self-confidence and self-efficacy are the key protective factors for children and adolescents (Garbarino, Kostelny et al., 1991; Gibson, 1991). Encouraging adolescents to see themselves as “agents of change” in their households and communities will help them to develop various “strategies” and “tactics” to cope with diversity (see for example Honwana, 2005).

- **Connection**: The 7Cs model describes connections with people, schools and communities as essential for young people to develop a sense of security. In academic terms, this connection is described in terms of “attachments” and “social supports” across systems or environments. Although parental attachment is extremely important for adolescents’ wellbeing (Seto and Lalumiere, 2010 in Proteknôn, 2017), in many communities extended kin groups, teachers and other familiar adults may be a vital factor in bringing up and creating behaviour models of young people (Svartz and Levett, 1989; Cairns and Daves, 1996; Miller, 1996, Ibid.). Besides adults, peer groups also play an important role in building adolescents’ resilience as an important source of support; it is therefore of particular importance to foster and nurture this kind of positive attachment (Puka, 1989:24 in
Proteknôn, 2017). Within this model, thus, the “connection” with others is seen as a resource which adolescents may use to strengthen themselves, and the ability to forge positive connections is a skill that needs to be strengthened among adolescents.

- **Character:** Referring to the need for adolescents to have a sense of “right and wrong”, the 7Cs model highlights the importance of moral values. Developmental psychologists argue that adolescents are able to base their moral judgments on equity and fairness and other general moral principles, unlike younger children, who view moral problems in terms of immediate rewards and punishments (Kohlberg, 1969, 1984 in Proteknôn, 2017). The literature on parenting suggests that parents can play a role in encouraging inductive and moral reasoning among adolescents, by providing opportunities for communication and rational discussion through an authoritative rather than authoritarian parenting style.

- **Contribution:** The 7Cs model suggests that young people should be acknowledged and applauded for their contribution to the wellbeing of others, and this will encourage them to rely on others. In academic terms, this is understood in terms of adolescents’ roles as “duty bearers” and the “interdependent” roles that they assume in many households and communities. Recognizing this contribution is central to adolescents developing self-esteem and resilience.

- **Coping:** The 7Cs model suggests that young people should be equipped with “healthy coping strategies” so that they are less likely to turn to “dangerous quick fixes when they are stressed”. Research suggests that there are a number of factors that influence the ability of adolescents to cope constructively, but it is important to consider the resources available to adolescents in order to cope (Boyden, 1994: 263 in Proteknôn, 2017).

- **Control:** According to the 7Cs model, “Young people who understand that privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control”. Anthropological and sociological research from different contexts suggests that responsibility, respect and entitlement are a source of great conflict between adolescents and adults. It is essential that parents/caregivers recognize and acknowledge the contribution made by adolescents, offer them respect and ensure the conditions for their autonomy by setting reasonable boundaries.