A set of Methodological Guidelines for the Regional Social Assistance Structures

THE FAMILY SUPPORT SERVICE

PRACTICAL GUIDE

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THE FAMILY SUPPORT SERVICE

PRACTICAL GUIDE

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This guide represents a methodological support that describes the procedures for the provision, organization and operation of the Family Support Service; and aims at explaining the criteria, principles and administrative and operational procedures for the provision of the service in order to ensure the implementation of the Framework Regulation and the Minimum Quality Standards.

This guide is part of a series of methodological materials developed to support the professionals in the field of social assistance:

- Implementation of the foster care service. Practical guide.
- Organization and operation of the Commission for the Protection of the Child in Difficulty (Gate-Keeping Commission). Practical guide.
- Mechanism of professional supervision in social assistance. Practical guide.
- Case management. Practical guide.
- Implementation of the Support to Families with Children Social Service. Practical guide.

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I. THE CONCEPT OF THE FAMILY SUPPORT SERVICE

1.1. Key characteristics

Research and practices over the last few years have shown that a strong and resilient family can provide the necessary care for its children, regardless of the difficulties they face or the unfavorable environment they live in. The development of the Family Support Service (hereinafter referred to as the FS service), in the Republic of Moldova, is in line with the stringent need for family support to prevent and/or help them overcome risk situations. The purpose of the FS service is to empower and support families, so that they can provide a safe and favorable environment for the care, growth and optimal development of their children.

Within this service, **the intervention is family-centered, but has the ultimate aim of ensuring the wellbeing of the child.** All actions within the FS service come to support family consolidation, with a strong focus on parental capacities development, on the development of relationships and social support networks, on connecting families to available resources and on guiding them towards professionals in universal services (health, education), specialized services (public order, social assistance), as well as other resources provided by local public authorities

The Framework Regulation on the Organization and Operation of the Family Support Service defines family support as a service for families with children in order to prevent and overcome risk situations. The FS service includes elements of information and support for families with children in the community, aimed to prevent "entry" into risk situations. For this purpose, primary interventions focused on supporting parents in overcoming the difficulties that arise are carried out as part of the FS service. Thus, in order to ensure the growth and education of the child within the family environment, the service is provided in two forms: primary family support and secondary family support.

The primary family support is delivered through community-based primary prevention activities and programs, according to the needs of families with children, and includes: information and awareness-raising activities on specific topics or risk situations for various groups; activities designed to strengthen parental capacities, such as parental training and guidance and mutual support groups for both parents and children; community activities with the participation of children designed to support their emotional and social development, as well as social inclusion; as well as community activities that offer opportunities for communication and mutual support to families with children in order to help them overcome the difficulties they face.

The FS service is also provided in cases of child reintegration, when the family is supported and encouraged to overcome the difficult situation, so as to be able to care for its child that has just returned to the family and to ensure an appropriate environment and conditions for child's growth and development.

The secondary family support includes a set of activities, as well as financial support (if necessary) for families with children at risk in order to diminish the influence of factors that negatively affect child's health and development, to prevent child's separation from the family or to prepare his/her reintegration into the family. At the same time, the financial support helps solve some of the problems that the family encounters. These given activities are carried out in accordance with case management procedures, which involve consulting child's personal file.

1.2. General Principles of the Delivery of the Family Support Service

Accessibility of the service[1] implies that families with children in the community can participate in activities, organized programs and can benefit from the FS service when the need for support arises, regardless of their socio-economic status, ethnicity, religion, etc. The community social worker will ensure that families with children who need support will benefit from this service.

Another aspect related to the accessibility of the service implies that families with children should not encounter obstacles (related to understanding and availability) in their relationship with professionals and representatives of various structures when asking for support.

Information and awareness-raising[2] implies that families in the community know about the existence of the FS service, understand that there are various opportunities to participate in activities and programs organized in the community and that they can receive consistent support to help them solve the complex problems they face, in order to ensure proper care for their children.

The community social worker, with the support and direct involvement of representatives of the local public authority and of universal community services, ensures that families with children and community members are informed about the opportunities available in the territory: the possibility of receiving support and to participate in the activities and programs available within the FS service.

Informing the community and disseminating information requires explaining the essence of the FS service and the distribution of informative materials (brochures and leaflets), either during individual consultations with families or through the distribution/placement of these materials to organizations, institutions and public places visited by families with children, as well as during service presentation sessions held as part of various meetings and events organized at community level.

The prerequisite for these activities is the use of accessible language, as well as simple and clear information about who, when, how, and where to go to receive the necessary support.

The content of informative materials must be written in a language adapted to the specificity of the region, translated into the languages spoken by the communities in the district, thus ensuring fairness to all ethnicities. In order to ensure the realization of the principle of children's participation, it is recommended to create brochures/leaflets for children too, which are to contain simplified information and a more 'child-friendly' language. It is also recommended to develop these materials in versions adapted to individuals with sight and hearing impairments, as well as to the elderly or those who cannot read. It is also advisable to consult their content with practitioners, but also with service recipients, both children and parents.

In the event of any legislative or regulatory changes to the FS service, the service manager will ensure that community social workers know, apply and inform the population about these and their effects.

The individualized approach[3] implies that each beneficiary of the FS service will be treated individually, regardless of whether he/she benefits of primary or secondary family support, when considering the possibility of their involvement in community-based programs.

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[1] Standard 1, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[2] Standard 2, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[3] Standard 3, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

The individual needs of children and their parents, as well as their cultural, ethnic and religious particularities, their age, and level of development and understanding must be taken into account when providing the FS service. Every action taken within the service must respond to the specific situation of the person, ensuring flexibility and the ability to adapt the support and intervention to the needs of the beneficiary.

The individualized approach must be ensured from the first contact with the child and his/her family and must be maintained throughout the whole delivery of the service. The community social worker will ensure that actions taken in a given case correspond to the identified need and problem will observe the reaction of children and parents to the intervention and will suggest adjusting actions to determine working arrangements and to direct attention and resources towards the priorities and the specificity of the family situation.

The multidisciplinary approach[4] is the principle that reflects the importance of collaboration between the representatives of universal services, the local public authority and the social worker at community level, at all stages of the FS service delivery process: both in preventing risk situations, as well as in assisting cases directly, when risk situations already exist.

In terms of prevention, these actors can recognize certain signs of concern about the wellbeing of children they interact with, as well as their families. The aforementioned actors will react immediately to these concerns, will know what measures to take to support and help the child and his/her family, and will organize information activities and programs within the sector they represent in order to prevent problems.

At all stages of the provision of the FS service, as well as during the monitoring, evaluation and development stages of the service, the **participation of the beneficiary**[5] will be ensured. The key message of this principle is that from the first contact with the family, the service provider must ensure that the beneficiary is part of the process; he/she understands what is the objective of each program or activity within the service, and what are the steps he/she will take together with the community social worker and the multidisciplinary team throughout the intervention.

The internal and external resources available to each member of the family, as well as their opinion on the situation, all matter in the process of assessing the problem and identifying possible solutions to it. As part of the assistance process, parents understand better what is happening to them, what are the causes of the crisis/problem they are facing and what they can do to find solutions to it. The degree of parental participation influences their own strength and motivation to solve their problem, to react adequately to stressful situations, to avoid tensions and to focus in difficult moments.

In order to get parents to engage and participate actively, community social workers need to maintain empathetic communication and show flexibility when working with families. They have to establish trustful relationships with children and parents, without judging or stigmatizing them, avoiding reproaches and concentrating their efforts on working with the family, so that the family understands where the problem comes from and gets involved in solving it.

[4] Standard 4, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[5] Standard 5, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

While working with the family, the community social worker will ask for and document the opinion of the child and his/her parents at all stages: starting with the initial and complex evaluation, the collaboration agreement, the individual assistance plan confirming what was discussed and planned, and finishing with the participation of beneficiaries in making decisions that affect them. The community social worker will discuss with the child and his/her parents in order to understand how they feel, how they would solve the problem and will check whether they agree with the suggestions and solutions proposed, according to their age and communication abilities. It is important for the community social worker to inform the child and his/her parents about the actions taken, as a result of them sharing their opinions, as well as about the reasons why they "disregarded" the child/parents' suggestions, in cases where they violated the best interest of the child, or were not relevant to the purpose and objectives of the FS service.

Confidentiality of information[6] relates to two aspects: confidentiality of the information given by children and their parents in the assessment and intervention process, and the preservation of FS service documentation in safe conditions, in accordance with the law.

First of all, respecting the confidentiality is related to the professional ethics of the social worker and the observance of the professional standards stipulated by the Deontological Code of the social worker. Every social worker must understand that keeping confidentiality is the basic element in creating a trustful relationship with the beneficiary - a very important relationship in the assistance process and vital to getting them involved in making certain changes. In order to accept the intervention, the beneficiary needs to be assured that the information he/she provides about the family history will not negatively influence the attitude towards him/her and his/her children. Otherwise, he/she will not get involved in the assistance process, will be passive, and the community social worker will make an effort to carry out activities that will not have a positive result.

The location where discussions take place is also an important element in ensuring confidentiality. The community social worker must create the right ambience and offer the beneficiary a certain degree of psychological comfort. Even if he/she does not have a separate office to ensure privacy when discussing more delicate topics that require an adequate ambience and the psychological comfort of the parent, he/she will seek opportunities to identify a more secluded space, such as the beneficiary's home, the premises of the local public authority or other local institutions.

Confidentiality limits are another important aspect. It will be explained to the child and the parents until which limits confidentiality is respected and in which cases more professionals will have to be involved. If information disclosure is needed, the community social worker will ask for the consent of the child and his/her parents, depending on the situation. Members of the multidisciplinary team involved in the evaluation or intervention process should be informed about the rules of operation with personal information. They will be offered to sign the confidentiality agreement with regard to the information discussed or documented when dealing with cases (Annex 1).

In accordance with the provisions of the legislation on personal data protection, the community social worker will ensure that the FS service documentation is kept secure.

[6] Standard 6, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

The identity of the child[7] is a principle that ensures child's harmonious personal development and formation of self-identity, based on respect for the child and for his/her parents, regardless of their culture, ethnicity, religion, socio-economic situation or health situations (e.g. disability).

Identity is very important in developing a sense of belonging to a family - culture, traditions and values - that are passed from generation to generation. When communicating with the child and his/her family, the community social worker will appreciate their potential and will help them develop self-esteem, strengthen their confidence, image and self-respect. All these contribute to the formation of personal resilience and the ability to withstand negative influences or stigmatization.

Respecting **the non-discrimination principle**[8] ensures that the professionals providing the service have an empathic attitude, without prejudice, stigmatization and discrimination towards the beneficiaries.

This implies that while providing the FS service, the community social worker will react to the problems and needs of the child and the family and will intervene, without being influenced by linguistic and religious aspects, beneficiary's political opinion or other types of opinion, his/her sex, nationality, ethnicity, social origin, material situation or degree and type of disability.

Respecting one's dignity and right to private life[9] complements the non-discrimination principle and includes respect for private space and unconditional respect for human beings, regardless of physical appearance, socio-economic status or lifestyle. This principle underpins the formation of the trustful relationship between the community social worker and the child or his/her family.

The community social worker will adapt to family's style of communication and perception, and will gradually develop a trustful relationship with the family members, using empathic communication based on positive aspects and the successes of the family, capitalizing on the positive experience, and at the same time, ensuring that the family feels comfortable as a beneficiary.

Developing and strengthening relationships between family members[10] is the principle that ensures the unification of efforts in providing a safe environment for child's care, growth and education. All actions undertaken within the FS service should focus on strengthening the family environment, improving relationships and supporting each other to provide a stable and safe environment for the child. The extended family is a support resource that needs to be exploited to the fullest. Therefore, its involvement, when a problem arises, can play a very important role. Relationships with extended family members can be used as a method of passing on informal knowledge about child's upbringing, setting aspirations for child's future, learning new relationship models, transmitting family values and traditions, and as a way of solving or preventing certain problems. In some cases, the extended family can act as a source of social control, especially in managing certain unwanted behaviors in children, and in some cases also in parents.

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[7] Standard 7, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[8] Standard 8, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[9] Standard 9, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[10] Standard 10, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

Aspects of professional ethics of social workers

The social workers' activity is guided by professional ethical principles (The Deontological Code of Social Workers) that standardize their professional behavior and moral approach towards the beneficiaries of social assistance.

The community social worker must respect the human being unconditionally, regardless of one's socio-economic status, behavior or characteristics. Moreover, the support of individuals, groups and communities must be guided by the intention to overcome the difficult situation and to encourage the full manifestation of one's rights and potential.

Actions and interventions in social assistance are geared towards supporting people experiencing difficult situations, so that they overcome their situation and manifest themselves as members of the society and, respectively, contribute to its well-being, integrate socially and culturally, are good parents, grow and care for their own children, and create positive relationships both within the family, as well as within the community.

In the context of the FS service, the community social worker will encourage each beneficiary to aim for self-realization, to strengthen their abilities of managing their own lives, to learn to generate income, to manage a budget, and to try to overcome reliance on benefits and social assistance services. The beneficiary needs encouragement to assume responsibilities in solving his/her own problems, needs help to understand the risks and consequences of decisions/choices he/she makes. At the same time, the beneficiary needs to understand how these choices and decisions influence his/her own life and those of his/her children.

In order to accomplish these essential actions, community social workers must make maximum use of their human qualities, empathy and intention to help.

The relationship with the beneficiary is based on trust and, in order to achieve this, the community social worker must possess skills such as: honesty, kindness and willingness to help and support the assisted person. This contributes to the formation of social worker's professional image, and the beneficiary will also show respect, as he/she will be convinced that the social worker has the best intentions, is respectful and respects his/her personal space without judging his/her situation.

It is very demotivating when it comes to situations of discrediting the profession. Social assistance and social intervention use, as raw materials, emotions, hope to change the situation and expectations of beneficiaries. If the community social worker compromises these expectations, through his/her actions, his/her intervention will not be successful, and social casuistry will tend to aggravate and relapse.

At the same time, if there is a violation of the legal provision, the community social worker has the duty to bring it to the attention of the responsible/competent bodies. He/she must be resistant to any political or ideological pressure, as well as to other factors that can influence him/her in the exercise of his/her profession.

The community social worker has to update his/her professional knowledge through continuous improvement, individual study and documentation from recent research in the field. Beneficiaries' problems are increasingly complex and the community social worker has to possess new knowledge in order to be able to react as quickly as possible to the emergence (at an early stage) of concerns or the onset of problems. In addition to having a sense of observation and good intuition, the community social worker needs to know the signs that "predict" a risk situation and to be able to

establish collaborative relationships with other actors in the community that will help him intervene as early as possible in order to prevent the aggravation of problems.

In his/her relationships with members of the multidisciplinary team or with other professionals involved in the delivery of the FS service, the community social worker will contribute to the maintenance of the collaboration, will respect their opinions and will appreciate their interventions. However, if the attitude, behavior or professionalism of one of them becomes undesirable, the community social worker will discuss the situation created with his/her supervisor, the head of the Community Social Assistance Service or the FS service manager.

At the same time, the multidisciplinary team members or sector representatives will be informed about the possibility to speak with the FS service manager within the Territorial Social Assistance Structure (TSAS) if they have questions or objections regarding a particular social worker's performance, in situations when the social worker would not manage to solve the issues faced by beneficiaries, would exceed certain moral or ethical limits in working with children and their families or if there would be a concern that the danger to the child's life and health is diminished or underestimated.

II. THEORETICAL APPROACHES AND APPLIED DEFINITIONS IN THE DELIVERY OF THE FAMILY SUPPORT SERVICE

2.1. Strengthening families through protective factors

The purpose of the FS service is to help strengthen and empower families, so that they can provide a favorable environment for their children's development and can take adequate care of them. The need to support families with children, to help strengthen their knowledge about child development and care, arises as the practice of dealing with abused and severely neglected children has demonstrated a direct link between this phenomenon and the (in)abilities and capacities of parents.

Research on child development and family interactions also demonstrates that there is a very close link between child's early life experiences and the environment in which he/she grows. The parent's ability to take good care of the child starting from early childhood can prevent child's traumatization and stimulates his/her brain development, thus laying the foundation for the development of child's thinking skills, memory, language skills and learning abilities.

At the same time, research also demonstrates that traumatic events experienced at an early age and toxic stress have destructive effects on brain development, but also on the achievements of the child throughout the rest of his/her life. Encouraging relationships and support from behalf of an adult can help the child overcome stressful experiences, without letting them have any negative effects on child development. Parents should be encouraged to become aware of these phenomena and learn how to overcome stressful events without changing their attitude towards the child and the quality of care, which the child needs to develop properly.

The same research has shown that intervention by family separation may intensify the negative effects of trauma due to neglect or abuse, which the child has already experienced. Thus, separating the child from the family is not a particularly appropriate solution because it re-traumatizes the child and aggravates the effects of the trauma.

These research results, as well as practical observations, have determined professionals activating in fields that involve child/family interactions, to modify and adapt their ways of working, to pay more attention to the effects of traumatization on child's development and to invest effort and resources to prevent these effects by supporting parents in caring for and forming affectionate relationships with their children, thus focusing on family consolidation.

Based on fieldwork and practical experience, a number of features have been highlighted as **protective factors**, **which are exhibited by** strong families that succeed in life: parental resilience, social support network, parental capacity for child care and development, concrete support as necessary and the ability of parents/carers to develop child's social and emotional skills. Protective factors represent the strengths of families, who manage to confront problems and overcome risk situations, without letting them change their attitude towards the child and the ability to care for him/her.

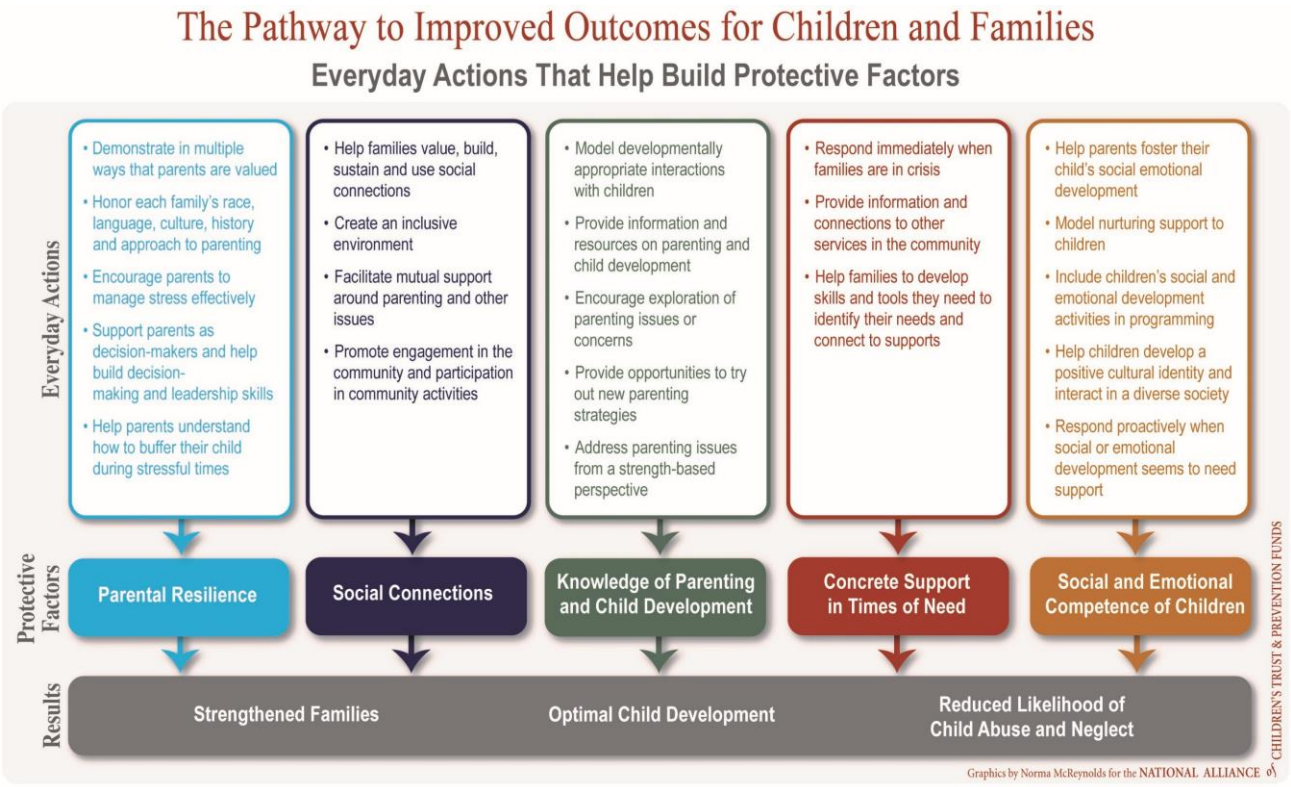
Protective factors are generally applicable to all families, thus avoiding stigmatization and the sense of failure faced by families at risk. Families are supported in their natural environment and are taught to mobilize their internal resources and to seek the necessary support in their immediate environment, including existing systems and services. This is something that is very important for the sustainability of the positive outcomes of the intervention.

The approach based on family strengthening can be applied to all services that involve interaction with children and their families in all sectors, as it provides a common understanding of what is the role of family support in preventing problems and overcoming difficulties. The approach is based on cross-sectorial applicability and requires small, but significant changes in the way the families are understood and approached.

Practitioners and professionals are encouraged to focus on the positive and strong characteristics of families, on their strengths and successes, on their positive results and progress as parents/carers.

The FS service is largely based on the family-strengthening approach, and all activities within this service are aimed at helping parents develop skills and abilities to provide an adequate environment for child's healthy development and to ensure child's wellbeing, while reducing the risk of abuse and neglect.

Figure 1. Family protective factors



Families and children learn to develop **resilience** - in other words, they learn to develop their ability to cope with problems and to acquire skills, qualities, knowledge and relationship skills - which diminishes the risk, especially in stressful life periods related to child's birth and care, namely during early childhood and/or adolescence. Families are helped to go through difficult times and to support each other.

Dr. Mark Katz, a researcher in resilience, defines resilience as "the ability to cope with difficult situations." Resilience is considered to be a life-long process, in which the person grows by coping with critical situations and changes. Resilience is not an innate trait, it is the ability to learn and develop behaviors, thoughts, reactions and actions throughout life.

The family-strengthening approach interprets resilience in two ways: the first being the ability to function well in stressful situations, and the second - the ability to remain a good parent in a stressful situation.

The daily stress of parents is a recognized risk factor in cases of neglect, abuse or ill-treatment of children. It can be caused by changes of residence, loss of employment, the inability of calming the child when he/she is crying, the fear caused by child's illness, the existence of traumatic experiences in their own childhood, the abuse of substances or alcohol in their own family, relational issues or feelings of loneliness or isolation, poverty, belonging to a particular social class or ethnicity, living in a disadvantaged community or region or by natural disasters.

Resilient parents are able to recognize and accept difficulties; they have more patience with their children and there is less risk that their failure will affect their children, thus making them repeat their parents' mistakes in the future. These parents have empathy toward themselves, their children, and others. They maintain a positive attitude, solve problems creatively, react calmly to difficult life situations, advance and learn from the difficult experiences they go through.

Research in the field shows that the effects of stress on parents and their ability to take care of their children depends more on how parents respond to stress, rather than on the stress itself or its intensity. Thus, parents are more likely to succeed in overcoming stressful situations if they have developed their resilience. In other words, parents can manage stressful situations, while maintaining their integrity, despite difficulties, bad experiences or trauma.

This is particularly important for families who are already in a difficult situation and who are continuously going through a crisis. Professionals have the role of helping the family plan their actions while going through a critical situation by providing them with techniques to overcome the crisis and helping them identify actions and strategies to maintain their balance and strength at a time of crisis. This is important for both the wellbeing of parents, as well as the wellbeing of their children

Some stress factors faced by parents, can be easily controlled, enabling the parent to focus on identifying the solution to the problem. For example, they could ask a friend or a relative to pick the child up from school (kindergarten) when they are running late. However, some factors cannot be "removed" so easily. For example, parents cannot "repair" a child's developmental disability; cannot "eradicate" the abuse or trauma they have suffered in their own childhood, or might not be able to change their place of residence if they lived in a disadvantaged area.

Instead, parents show resilience when they are able to mobilize their internal forces to efficiently overcome their personal difficulties and those that concern their children. They can overcome bad events, "repair" the effects of trauma and thrive, due to unique characteristics and circumstances existing in their families. At one point, they observe, they are convinced they have the ability to cope with difficulties in a competent way, but also to make wise choices in order to overcome these difficulties. Thus, they gain confidence in their own strengths and increase their personal efficiency.

Parental resilience has positive effects on parent-child relationships. By controlling stress factors, parents feel better and are able to pay more attention and take better care of their children, which, in turn, helps the child develop a healthy emotional attachment. Through having the experience of proper care, receiving the necessary attention and developing a healthy attachment to parents, children also learn to develop their own resilience when in stressful situations.

Parents, who grew up in stressful environments, in disorganized and problematic families, those that had a childhood with strong, frequent and long-lasting negative events or were deprived of adult protection and

guidance, can be so affected by these circumstances that their ability to overcome stressful situation can be extremely low.

As a result, these parents may experience symptoms of depression, anxiety or other clinical disorders that reduce their ability to respond with warmth and sensitivity to the needs of their own children. Children of depressed parents are at a high risk of developing poor attachments, being neglected, abused, or suffer from negative consequences on their physical, socio-emotional, behavioral and cognitive development.

Numerous research studies show that parents can be helped to overcome depression, anxiety, and their own poor attachment history and trauma. If supported, they can protect their own children from problems and traumas by giving them the care and warmth they need, and by helping them form a strong attachment and grow up healthy.

Research shows that resilience is strongly influenced by one's environment. Helplessness is learned when people are told that they cannot be successful or when they are not allowed to succeed. Ultimately, they do not even try to achieve anymore. Strengthening resilience capacity reduces family vulnerability and creates a positive and successful environment, encourages the mobilization of capacities and internal resources that help people cope with difficulties effectively.

Everyone needs a **social support network** (friends, neighbors, colleagues, families, etc.) that can provide emotional support, necessary information, material or financial support, spiritual support, encouragement, hope and support in what is important for each individual, thus giving them a sense of security.

Constructive social relationships with extended family members, friends, neighbors, work colleagues, community members and professionals, are a source of support for families with children. Through these, families share their own experiences, learn new relational models and reactions, but also learn to change behaviors and circumstances that could lead to situations of risk and child neglect or abuse.

Research has shown that the support that parents receive from social relationships is associated with positive parenting; a positive, careful and responsible attitude towards their children; satisfaction from being a parent; as well as well-being and a sense of competence. Moreover, people receiving this type of support are less likely to get angry, anxious or depressed.

Parents feel protected and confident when they have someone with whom they can share the joy, pain and anxiety about their role as parents. Parents feel a sense of connection when they have around them people who care for them, who have supported them in difficult times and whom they can ask for help.

Conversely, inappropriate, conflicting or unsatisfactory social relationships can be the source of parental stress. Poorly developed social relationships lead to social isolation and loneliness. Isolation and few or poorly developed relationships may indicate a certain risk situation. Social isolation has strong associations with parental irresponsibility and neglect, maternal depression and increased likelihood of child maltreatment. Loneliness can be a major stress factor, which inhibits the ability of parents to take care of, educate and protect their children.

In order to reduce isolation and social loneliness, it is necessary to expand the number of people with whom parents could potentially create and/or strengthen positive and lasting social ties. This could provide them with the social support they need.

Even when surrounded by other people, parents can feel isolated if their relationships are devoid of emotional depth and unconditional acceptance. In this case, parents need opportunities to

communicate, participate in common activities, relate to at least one other person who can provide them with emotional, informational, or spiritual support in a context of trust, and mutual respect and support.

In order to show their parenting skills, families need a **social support network**. Parents need someone to listen to their problems, someone whom they can ask for advice and count on when they need help in solving a problem. This is why the existence of good quality social relationships is an important element in the lives of parents.

There are no parents who know everything about childcare or "perfect parents". **Parental capacity for childcare and development** helps parents understand what they can expect and how they can provide children with the necessary physical, cognitive, social and emotional support at every stage of their development.

Professionals interacting with children and their parents must help parents understand what is meant by having a caring and affectionate attitude towards children, how to establish appropriate expectations for child's potential and development, how to create a suitable and stimulating environment for child's development; they need to learn positive techniques for disciplining and effectively controlling child behavior, at the same time encouraging learning and manifestation of curiosity, and lastly they must know how to recognize and ensure the satisfaction of their child's specific needs.

The knowledge that parents need is situational and cannot always be provided during the training sessions provided to parents, which include a general description of age peculiarities, crises specific to each development stage and general aspects of development. This type of training is not always very effective and does not necessarily lead to changes in behavior. Information needs to be provided when the parent actually encounters difficulties and urgently needs support, and the possible advice and activities must be practical and applicable to real life

The most important aspect of strengthening knowledge is to encourage parents to take concrete action, to become aware of the need for change in attitudes or behaviors. Parents must also be encouraged to make these changes. It is very important for the person providing support to inspire confidence in parents, to ensure them that they will succeed and that they will be encouraged to cope as well as possible with everyday problems, as well as with the challenges of childcare and development.

Empowering families can achieve immediate, as well as long-term positive outcomes, thanks to parental capacity being strengthened, as parents are encouraged to be good carers. This is especially important if the parent had traumatic experiences in his/her own childhood or took over the disorganized model of his/her own family, with relational dysfunctions or elements of neglect and abuse.

In fact, providing informative support (as well as any other type of support) specifically "when families need it" might be the essential way through which professionals interacting with families could pass on to parents that specific knowledge that they want to learn and apply.

The assistance offered to parents to help them identify and receive **concrete support when needed**, contributes to meeting the basic needs of the family: healthy food, protected environment by access to education, healthcare, public authority, as well as access to social assistance services and legal assistance.

It might as well be that all parents might need help in everyday situations. For example, in the daily care of their children, parents need to learn how to relieve baby colic; or in the context of accessing services - parents need to call the pediatrician or other professionals or the emergency service in case of an accident. Parents also need to know how to calm their irritability when they are exhausted or upset.

In difficult situations, when parents face difficult events or are in extremely stressful conditions, such as loss of employment, inability to feed their families, trauma, abuse of substance or alcohol, they need access to concrete support and services to solve their problems and help them alleviate the stress caused by the difficulties that have arisen.

Some parents do not find it easy to ask for help. This might seem embarrassing to them, as the request for help could be seen as an acceptance of incompetence or as a confirmation that they do not know how to solve their own problems or how to take care of their own family and children. In other cases, parents may not seek help, because they do not know where to go or because the necessary services may impose certain stigma, such as the obligation of psychiatric counseling, domestic violence assistance, or the drug and alcohol dependence service. Other parents may not be aware of the need and importance of seeking help because they might be "comfortable" with their current situation. What they do not understand is that help (which they do not ask for) is essential to meet the needs of their own children.

Parents need to be helped to learn about their rights to access services, but also to know the services themselves, to fully understand the service system and be comfortable with its structure. It is important to help parents understand that asking for help is not an indicator of weakness or parental failure. On the contrary, looking for help is a step towards improving their circumstances and situation, towards learning more effective ways to overcome stress, and towards being more effective in acting as a parent, even if they face difficulties, adversity or trauma. When parents ask for help, they actually learn to develop their resilience.

The interaction with professionals, when seeking help, should not increase parent’s stress levels. Support services must be delivered in a respectful manner, with care towards the applicant and his emotions and feelings.

When working with families, professionals need to capitalize and build relationships and interventions based on the strong characteristics of parents/caretakers, on their successes, even the small ones. Basing support and interventions on positive aspects helps parents/carers feel their own value, develop their self-confidence and personal effectiveness. Thus, they feel treated as competent participants in processes that affect them and are informed about the activities they participate in. They develop their own capacities, make progress and, in turn, can help other families in need of support.

As so, the concrete support given when necessary must be accompanied by high-quality services, which respect the dignity of the help seeker and promote the healthy development of the whole family, the resilience and the ability to request and receive the necessary services and resources.

The ability of parents/carers to develop child's social and emotional skills is a protective factor based on child-parent relationships and interactions, on what a parent can do to foster child's social and emotional development, including building strong and lasting attachments.

Early childhood is the period of child development opportunities, but also a period of vulnerabilities. Early life experiences form the basis of a child's well-being. Recent research found a close link

between the social and emotional skills of young children and their cognitive development, speaking abilities, mental health, and later school success.

Social and emotional skills in children include: developing self-esteem and self-confidence; the desire to explore new environments; the belief that they are capable of achieving something; the ability to follow rules, control their impulses and act appropriately, according to the context, to plan and perform intentional actions; the ability to stay focused on a task without losing focus; patience and the desire to try again, when the first attempt failed; the ability to solve conflicts and misunderstandings peacefully; developing communication and understanding skills, as well as learning how to express positive and negative emotions; showing empathy by understanding others' emotions and the ability to respond to these emotions; social skills demonstrated through the ability to make new friends and get along with others; the ability to adopt certain moral norms, as well as the ability to feel what is good and what is bad.

These dimensions do not develop by themselves. They depend on the quality of the attachment between the child and the parent and on the stimulating activities that the parent uses in his/her daily interactions with the child. A child's relationship with a consistent, thoughtful and trained adult, who knows his/her age-specific needs, and ensures the development of these dimensions, is essential for achieving social and emotional outcomes at an early age.

In order to ensure the development of social and emotional skills in children, parents must create an environment in which the child will feel free to express his/her emotions without being embarrassed or afraid of being punished.

In order to respond to a child's actions or emotions, the parent must show an emotional reaction, thus showing to the child an example of communication and reaction that will work as the starting point for understanding his/her own emotions, as well as the emotions expressed by others. Subsequently, this perception of emotions will lay the foundation for empathy toward others, and will allow learning and exercising different states, setting certain limits, learning certain norms and behavioral values. For example, "In our family people do not hurt each other."

Gradually, the child will learn to exteriorize certain emotions, especially negative emotions, but also that some emotions need to be controlled. This awareness will allow the child to differentiate between emotions and actions. For example, "It's natural to be upset, but you must not hit anyone if you're upset."

The parent's role in encouraging and strengthening child's social skills is to provide social behavioral examples that the child can see in their everyday lives, and which he/she will learn by imitation. The child will repeat what he/she sees, learns certain social norms, politeness formulas (greeting others, saying thank you), as well as simple rules applied in communication and relationship.

The child must be helped to understand how to act in different situations, how to communicate with his/her peers and how to interact with them in conflicting situations, how to solve relational problems, by modeling different situations, and shaping certain behavioral responses.

Children who go through such experiences become able to recognize their own emotions and the emotions of people around them. They are able to "put themselves in others' shoes" and understand the difference between appropriate and inappropriate actions.

Conversely, children, in whose lives there are no adults who actively promote their social and emotional skills, may not be able to feel remorse or empathy, may not have durable attachments or

may have underdeveloped language skills or limited cognitive skills. For such children it is very difficult to interact effectively with others.

Research shows that actions based on early interventions and focused on developing social and emotional skills are useful in mitigating the effects of negative experiences, as well as improving cognitive and socio-emotional successes.

2.2. Ensuring child wellbeing within the Family Support Service

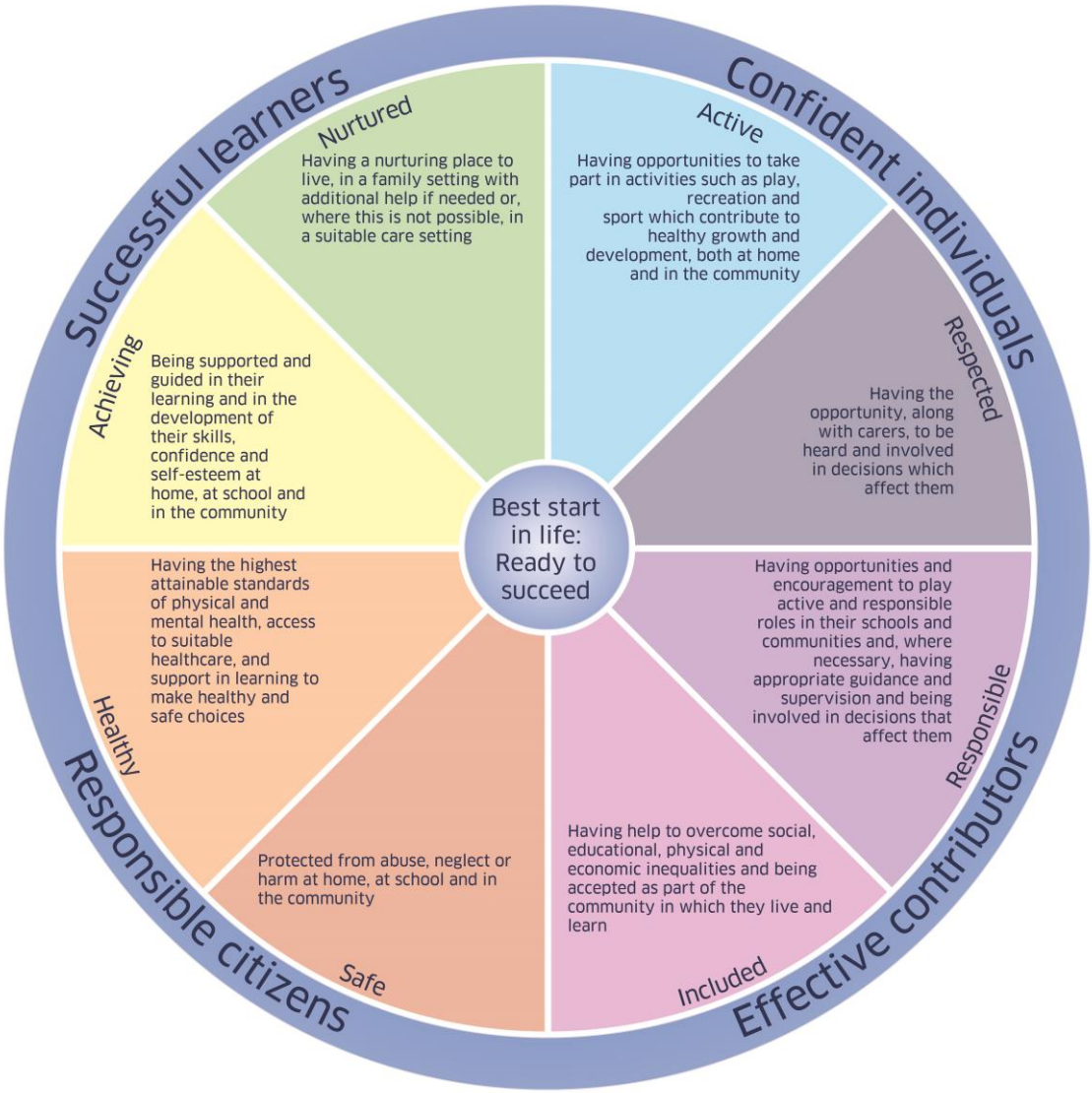
The FS service focuses on strengthening parents' capacity to ensure children's optimal and healthy development and to provide safety, as well as emotional, social and educational support. At the same time, the FS service focuses on creating opportunities in the environments interacting with the child and his/her family. By supporting parents, the FS service ensures child's wellbeing, irrespective of any unfavorable circumstances and experiences, aiming to reduce the consequences of traumatic experiences and improve living conditions in disadvantaged communities or areas.

For child's wellbeing, the family is the most favorable environment that provides daily support and care, that provides the basis for child's later interaction with the external environment and determines how the child will relate to this environment.

Child's wellbeing is defined according to 8 areas of vital importance, which aim to satisfy the basic needs of the child, and namely:

- Being safe - the child is protected against any form of abuse, neglect or harm at home, at school and in the community, and feels safe in these environments;
- Being healthy - the child has access to adequate healthcare and receives the necessary support, depending on his/her health and nutritional needs;
- Achieving, having access to education and developing in all aspects (social, psychological, emotional) - the child develops according to his/her age, and the adults who take care of him/her help him/her develop his/her self-confidence and self-esteem and provide the child with a favorable and stimulating environment for his/her development. The child is accepted as part of the community, has access to education or professional training, is supported and guided throughout the learning process and while developing his/her own skills, according to his/her age and potential;
- Being treated with affection - the child has where to live, in a family environment where adults provide him/her with adequate care, appropriate clothing, and personal belongings that he/she needs;
- Being active - the child has free time to have fun, is involved in various activities at home, at school and in the community, participates in various sports and leisure activities, is encouraged to practice his/her hobbies;
- Being respected - the child is listened to and involved in making decisions affecting his/her wellbeing, his/her opinion is listened and taken into account, according to his/her age and level of development;
- Learning and showing responsibility - the child is encouraged to take on certain tasks and roles; engages in family, school and community activities, exercising empathy for others, understanding and respecting others' emotions, feelings and actions, but also respecting others' personal goods, as well as common goods;
- Being part of and being included in the environment where he/she lives - the child is guided and supported to overcome social, educational, physical and economic inequalities, being accepted as an integral member of the community in which he/she lives and learns.

Figure 2. The child's wellbeing indicators



Knowing these areas helps professionals formulate their expectations for the family and focus their attention on concrete actions that can have positive effects on the quality of childcare. At the same time, the application of the child's wellbeing indicators can be extended to mobilize and provide the necessary support to the child and his/her family in all environments interacting with them in everyday life (school, health center, sports clubs, town hall, etc.).

Understanding wellbeing allows representatives of different structures and professionals working with children, adolescents, young people and their families to adopt a common inter-sectorial understanding of what is good for the child, adopting a common set of definitions, and ensuring joint participation.

Therefore, regardless of the living environment, the socio-economic conditions, the presence or absence of services, the professionals who come into contact with the child must make sure that he/she has the minimum necessary. In this respect, they will help families improve their living conditions and knowledge in order to be able to take appropriate care of the child, and thereby protect him/her against neglect and abuse.

Parents/carers have direct benefits from understanding the child wellbeing indicators. Knowing them, parents understand what the child needs, how they can improve their relationship with the

child, how they can improve the quality of communication to better understand the kind of support the child needs to develop. Thus, parents need to learn to ask for the necessary support from universal, primary or specialized services in order to succeed. These child wellbeing indicators must be embedded in the informational materials and trainings provided to parents.

At the same time, the child wellbeing indicators contribute to structuring the processes of: case evaluation, problem identification, planning, intervention and case-by-case monitoring, ensuring the use of some unique tools, as well as common language and processes.

The child wellbeing indicators are also used to monitor progress at different stages in working on a particular case, making it possible to compare the situation before any type of intervention, even after certain actions have been taken. This is important for community social workers and service professionals in order to assess the effectiveness of the actions taken and to refer cases to specialized services.

As a result, parents understand better what happens to them in the process of assessing the family situation and what the service is about; why different actions are taken and why it is necessary to involve professionals from other fields. Thus, parents feel that they are being listened, that their situation and needs are understood, that they are involved in discussions and in the decision-making process, and, at the same time, they assume the consequences of decisions made. They can rely on the necessary support at the required time - when faced with a problem. They receive a clear and coordinated response from the professionals involved in solving their problem.

In order to apply this approach, community social workers and professionals should use the child wellbeing indicators at all stages of case resolution, regardless of the care environment and the service provided, as follows: situation assessment, problem identification, activity planning and progress monitoring.

Within the **Minimum Quality Standards** of the Family Support Service, child wellbeing is reflected in Chapter III "Child Development and Protection", which describes, in general, the eight wellbeing indicators from the perspective of family support provided within the service.

In terms of the primary family support, the community social worker, with the help of representatives of universal services (education and healthcare), but also representatives of public order, local public authorities, community leaders and last, but not least, families, will take into account the priorities of national programs and the needs of families with children in the community and will organize and carry out activities aimed at:

- Promoting and maintaining the physical and emotional health of the child and his/her family **(Health and Healthy Lifestyle[11]);**
- Promoting child's educational inclusion, his/her right to free time, and involving the child and his/her parents in sports, cultural and artistic activities in accordance with their interests **(Education, Leisure and Activities[12]);**
- Informing and raising the awareness of the community on preventing and combating child violence, neglect and exploitation; on non-violent measures to discipline the child; on parental responsibilities in child protection; on sanctions stated in national legislation, as well

[11] Standard 11, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[12] Standard 12, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

as how to report cases of violence, neglect and exploitation **(Protection against Violence, Neglect and Exploitation[13]**);

- Informing and raising the awareness of families, children and the community through advertising campaigns, about child safety norms, to prevent injuries and trauma in children and to create conditions for child's psychosocial safety at home, at school and in the community (**Safe Living Conditions[14]**).

In terms of secondary family support, when the community social worker opens child's personal file and works with the family, according to the individualized assistance plan, the emphasis will be on the identified problems and on meeting the needs of the child and his/her family members in order to maintain and improve their health situation, facilitate connections with relevant professionals, carry out the necessary health checks, interventions and/or medical rehabilitation, etc.

[13] Standard 13, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[14] Standard 14, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

III. PRIMARY FAMILY SUPPORT

According to the job description, the community social worker has the task of supporting and assisting individuals, groups of individuals and the community as a whole. They help identify and understand problems, guide and moderate the process of identifying solutions to difficult situations and issues, mediate and coordinate cross-sectorial collaboration, identify existing resources, such as benefits and other sources needed to achieve desired changes, maintain the results obtained, and analyze the evolution of cases. All these types of assistance are considered to be part of primary family support.

Mobilization actions and community programs to promote risk prevention topics are aimed at families with children in the community, and especially at families influenced by factors that could lead to the emergence of risks.

The community as a whole benefits from primary family support, because it addresses community issues that affect the situation of families with children living in the given community. These may be problems caused by the existence of certain socio-economically disadvantaged areas or regions, or groups of individuals and families who lead a disorganized way of life.

Support activities and primary prevention programs[15] are developed according to the community needs assessments carried out by community social workers and child protection specialists in communities. Priority issues and needs of the community are transmitted to the Head of the Community Social Assistance Service and the FS service manager, within TSAS, for consideration. This information will serve as a basis for identifying actions and programs to be initiated and implemented in communities, aimed at reducing the risk of emerging problems in families with children at community level.

The community social worker will conduct interviews/discussions with relevant community actors, parents, children and community members to identify community and environmental risk factors that affect and influence parents' capacity to take care of and raise their children safely. These discussions should also help identify possible solutions or opinions about how parents would solve these problems themselves. The parent who is in a dilemma might suggest the most effective and less costly solution to a real problem, as he/she faces such situations daily, compared to someone who does not have this type of experience. Another reason why the community social worker needs to discuss with the beneficiaries about solutions is because people think creatively, because they are not limited by the rigid framework of regulating resource allocation and financing actions.

The subsequent task of the community social worker would be to discuss these ideas at meetings with the Local Commission for the Protection of Children's Rights, with the participation of the mayor, as well as representatives of different local institutions and organizations, local leaders, and, by all means, with the participation of families with children. During these sessions, possible opportunities at community level will be analyzed, such as: universal services and those provided by local public authorities, NGOs, parents' associations, religious organizations and initiative groups active in the community. This group will analyze the human, material and financial resources available in the community, as well as the presence of unused spaces, such as local clubs, libraries, spaces within educational institutions or medical institutions, sports halls and sports equipment, computers, and the existence of unused buildings, which could be allocated to young families or graduates of residential institutions, etc. The community needs analysis sessions will be documented through minutes, which will be sent to the

[15] Standard 16, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

manager of the Community Social Assistance Service, accompanied by the quantitative and qualitative data collected by the community social worker, according to the methodology approved by MLSPF[16].

The information on the needs of families with children is transmitted to the FS service manager, who together with the head of the Community Social Assistance Service and the TSAS professionals identifies primary prevention programs and appropriate targeted programs.

3.1. Primary support and prevention programs for families with children

Primary family support is provided through information and awareness-raising activities and primary prevention programs of risk situations that could affect families with children in the community. These are mostly focused on strengthening parents' knowledge and skills on child education, care, development and protection. These actions and programs come to encourage the use of necessary services and to support the development of the capacity to overcome stressful situations, to make constructive decisions in difficult times, as well as to strengthen and develop communication skills and to expand the social support network of the family.

Therefore, primary family support includes primary prevention programs and targeted prevention programs for groups of families with children prone to face risks or problems.

Community primary prevention programs are not focused on a specific issue and involve strengthening parental capacities through information, awareness-raising and mutual support activities, exchange of experiences, and promotion of certain norms and certain lifestyle, in order to prevent risk situations and ensure child's wellbeing, as follows:

- Information and awareness raising activities and dissemination of thematic materials;
- Programs aimed at strengthening parenting skills - parents' school;
- Community mobilization activities.

Primary prevention and intervention programs are to be implemented with the involvement of local actors. Therefore, their participation should be encouraged starting with the stage of analyzing the problems of families with children in the community, so that they can assume actual commitments and responsibilities in carrying out these initiatives. At the same time, it is very important to have access to human resources, materials and spaces specially designed for such activities, etc.

3.1.1. Information and awareness raising activities and dissemination of thematic materials

The community social worker will facilitate the **access of families with children to support and assistance resources[17]**, by providing information on existing assistance and support at community and district level, primary prevention programs carried out within the FS service, as well as on resources, assistance and services available within the universal services (education, healthcare).

Information and awareness-raising starts right from the first contact with the family and the child, regardless of where this contact occurs: at office, during an audience or in the community, during home visits, when parents usually ask questions about services and benefits they could benefit of or discuss the

[16] Population needs evaluation methodology and tools, approved by Order of MLSPF no.208 of 22.12.2015

[17] Standard 17, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

situations they are facing. The community social worker must respond empathically to any request for help and to the needs of beneficiaries, making full use of the knowledge and materials available.

Primary information may take place in the field, and then the person can be invited to an audience to discuss the details and provide more extensive information.

The community social worker, with the support or even the participation of the supervisor, the head of the Community Social Assistance Service and the FS service manager, will organize *events to present the FS service.* They can also present the service at certain ordinary sessions, for example at parents' school meetings who are attended by parents with children. The expected outcome is that families with children and community members generally know where they need to go to ask for help and who can help them when in need. Such presentations can be organized in preschool and school institutions, medical institutions, public order institutions, and for employees of community social services at their offices.

At the same time, community social workers, representatives of education, healthcare, public order, the mayor and families with children who have already benefited from the FS service, including their relatives, friends, neighbors, become *service promoters*. In particular, the latter can talk about the efficiency of the service and its quality, as they are considered to be trustworthy sources. On the other hand, if the community social worker exceeded certain moral or professional limits while delivering the service, this might damage his/her image and trustworthiness, as well as his/her relationship with the beneficiaries.

Dissemination of thematic materials. The FS service manager, in collaboration with child protection professionals, the head of the Community Social Assistance Service, and community social workers and supervisors, will identify key messages and topics to be promoted and disseminated, including topics suggested by families with children in the community. This information should serve as a guide to parents in certain situations related to their child's upbringing and care, for example: information for young parents; situational practical advice and child care related aspects, by the specifics of different ages (newborns, age-related crises, adolescents); promotion of a healthy lifestyle, correct nutrition and food preparation; development of personal hygiene and home hygiene habits; contacting family physicians and preventing diseases; information on school inclusion and services available at resource centers for children with special educational needs; promotion of family protective factors; understanding child wellbeing; forms and signs of violence, neglect and exploitation, etc.

To this end, the FS service manager, with the support of the child protection specialist, the head of the Community Social Assistance Service, community social workers and supervisors, will develop brochures, flyers, posters, etc.

It is important for the messages and content of these materials to be as clear as possible, and contain practical information and recommendations. It is also important that these brochures/leaflets contain the contact details of professionals who can provide more detailed support or information and additional consultations.

Thematic materials are to be distributed by community social workers and universal services representatives at parents' school meetings and at pre-school and school activities, at support groups meetings or at community events, during parental capacity building programs or during the audience or intervention stage, according to case management procedures. At the same time, these materials must be made available to the general public, displayed in public places, placed on the website of the local public authority, of TSAS or the FS service. TSAS will coordinate the editing of thematic materials.

The head of the Community Social Assistance Service, in collaboration with community social workers and supervisors, and the FS service manager will identify additional sources for conducting thematic information activities, such as existing resource centers part of the healthcare system, NGOs and parents' associations that may have more specific knowledge. These organizations could also contribute to the editing of materials.

The FS service manager could create a web page, forum or communication platform dedicated to the service, which would allow the exchange of information and experiences between practitioners, between practitioners and parents, as well as between parents themselves. This way of communication could serve as a basis for the development of the service, and could act as a source of feedback and suggestions regarding the activities of the service and thus, help improve its efficiency, identify solutions to community problems, and ultimately, ensure the wellbeing of children and families in the community.

This plan is to be sent to the FS service manager, who will compile the annual service dissemination plan at district level (Annex 2). In addition to actions organized at community level, the service manager will also add to the annual dissemination plan information and awareness raising activities through media (radio, TV), local newspapers and magazines. TV and radio programs and articles will be used to disseminate information on child wellbeing and the need for family consolidation, the role of the FS service in family consolidation, and will promote the family as the most favorable environment for child rearing and education.

The FS service manager will make sure that promotional materials, programs, and articles will not contain confidential information and that the identity of the child/family is protected. Photographing or filming children and families should be done with their prior written consent.

The service dissemination action plan and the information campaigns to be carried out will form the communication plan within the FS service, which is to be integrated into the TSAS communication strategy and subsequently included in the TSAS budget.

3.1.2. Parental capacity strengthening programs

The programs aimed at strengthening parental capacity will follow an organized and structured process that has to cover general topics about the role of parents, the ability to deal with specific challenges related child's appearance and care, childcare-specific stress, as well as methods of dealing with behavior issues, age crises, meeting children's needs, age peculiarities, and stimulating child development.

Such programs contribute to improving parents' knowledge of a parent's role in ensuring child's wellbeing and substantially reduce the stress associated with child care and development. It has been proven that a parent who knows the needs of the child and understands his/her behavior is more tempered in his reactions to child's certain behaviors, has realistic expectations from the child, is more flexible in the process of disciplining and encourages his/her child. At the same time, the parent manages to master and manage stress so that it does not affect his/her childcare capacities.

During these programs, parents acquire caring skills and abilities, in accordance with the child development areas:

- ***Communication*** - understanding messages and expressing their own emotions; interpreting verbal and non-verbal expressions and using them in interactions with others;
- ***Social development*** - socializing with other people; expressing emotions and feelings used in interactions with others' creating durable friendships; cooperation and partnership;

- ***Physical development*** - developing child's motor skills, using muscles to make movements (jumping, walking, running, climbing) and developing fine motor skills (writing, crafting, using small objects);
- ***Cognitive sphere*** - learning, understanding, problem solving, argumentation of actions, memorizing and attention focusing and applying all these skills in everyday situations;
- ***Self-care and adaptation skills*** – developing skills for independent living (dressing up, putting shoes on, using the toilet, eating), but also assuming responsibilities.

The activities at the parents' school are to be organized according to the needs identified at community level and the specific problems faced by families with children. For example, parents living in communities without any nurseries can be trained and informed about the specifics of taking care of children under the age of 3, thus giving them the opportunity to learn how to care of young children.

Leisure activities can be organized for both adults - to teach them to spend time with their children, as well as for children - to teach them the relationship models needed for their social integration.

Situation-based consultations, as well as immediate responses and advice for parents turned out to be much more effective. Therefore, information and training activities could be organized in a more flexible and structured way, so that parents can choose the topics and themes of interest.

Taking into account the fact that adults learn better from practical examples - when lessons learned can be used in real life and when they need some particular pieces of information, i.e. in actual situations - the teaching method and the material taught must provide solutions to everyday situations, as well as examples of ways to manage them.

PARENTS' SCHOOL

Objective: *Developing parenting skills and abilities to support the psycho-emotional, cognitive and social development of children.*

Group formation: *Groups are formed naturally. Participation to group meetings is voluntary and is highly dependent on the motivation of parents/carers to participate in such activities.*

Venue required*: The venue must not restrict the movement and communication between parents. If the activity involves the simultaneous participation of parents with children, children's comfort should be ensured (floor mats, baby chairs, toys, school supplies, etc.). If the group activity involves only the participation of parents (without children), then, depending on the specificity of the group, it will be necessary to identify a separate space for the animator and the children.*

Group size*: The size of the group depends on the level of demand, ranging from 12 to 30 people.*

Rules of participation*: The rules are set by participants, with the moderator's guidance.*

Group characteristics*: The group will be flexible, with participants being allowed to come or leave during group meetings.*

Group moderation: *The group will be guided by a pedagogue or psychologist (from a preschool or school), however, speakers from others services and professionals can also be invited to attend, depending on the problem the participants all face or have identified along the way.*

Structure: *The sessions are structured according to a predetermined schedule, lasting up to 2 hours, and each session will have the following parts: Introduction, Content, Conclusion.*

Theme: *Discussion topics are predefined, accompanied by distributional material. Educational groups can be combined with mutual support groups if there is a need to provide details or to explain a specific problem or diagnosis, and the group aims to provide mutual support in the practical application of knowledge. Groups may also have specific characteristics, for example groups for parents who require more information about the medical care of their children. This group does not exclude the need to conduct investigations to determine the diagnosis and the treatment required, but instead it teaches parents how to take care of their child. The role of the moderator of this group is to explain the diagnosis, to clarify medical aspects, as well as the treatment, diet, and certain aspects of rehabilitation. Another example would be groups for parents who require more support in their care of children with mental health problems or behavioral deviations.*

Frequency*: Group meetings are held weekly as long as there is a need for this kind of support.*

Duration: *The duration of the group is unlimited.*

Sessions at the parents' school can be moderated by professionals in psychology, pedagogy, psycho-pedagogy, health, but also by community social workers. It is desirable to organize sessions in venues comfortable for the participants.

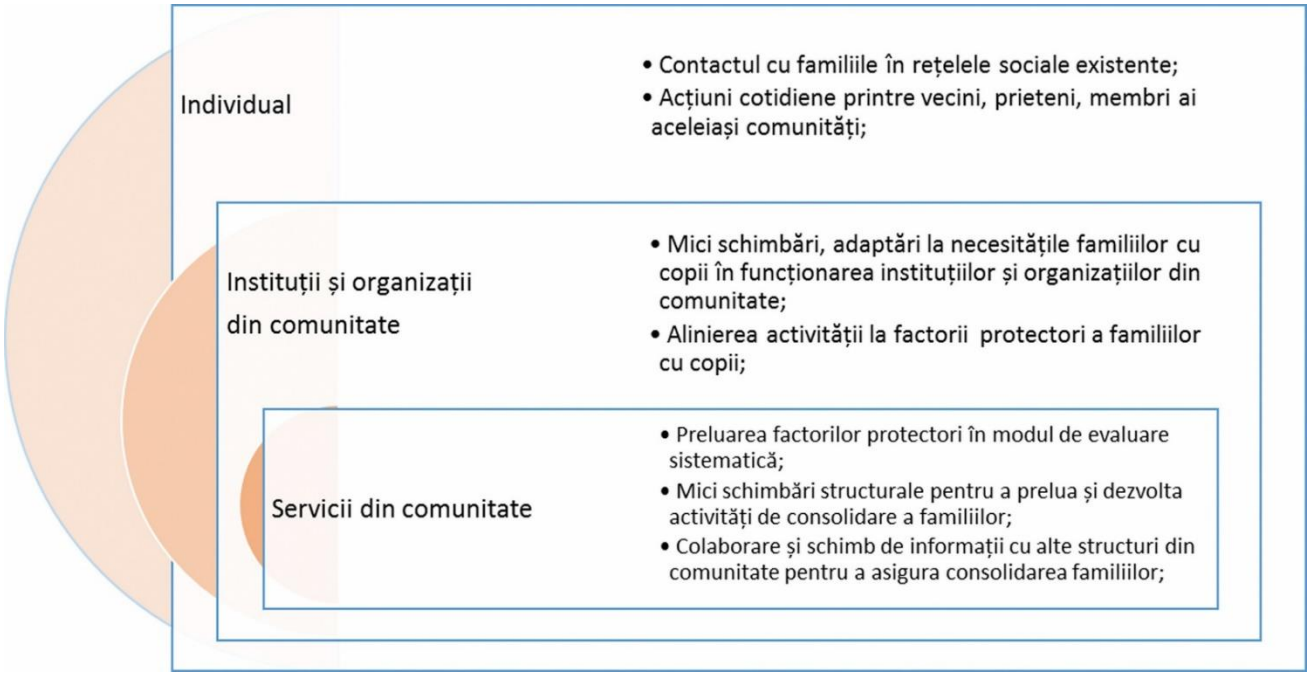
The role of community social workers in training parents is to identify the need for this type of activity, to support the FS service manager in planning and organizing training sessions and estimating the necessary expenses.

For the development of the program, the FS service manager will request support from the General Education Directorate, the Psycho-Pedagogical Assistance Service, psychologists from TSAS, educational institutions, NGOs and other professional organizations. Distributional materials elaborated within the FS service can also be used during the training.

3.1.3. Community approaches

Communities are approached through community mobilization activities that stimulate the creation and establishment of a support system for all families with children in the community, as at some point all families with children may need information or support. Approaching the community can result in small but very significant changes for families with children at individual level, as well as at programs and systems level. These activities are organized at community level and are based on community initiatives - they do not need regulation, but they can attract different partners and community members in an innovative way. Approaching communities can help strengthen families with children at individual level, at the level of institutions and organizations, as well as at community level.

At individual level, families with children are empowered by the participation of community members - neighbors, friends and community members, formal or informal community leaders, agricultural leaders, representatives of religious organizations, parents and carers, young people, adolescents and children - in activities that contribute to the consolidation of families. For instance, there might be volunteer groups that want to solve certain community-specific problems - of a social, economic, or ecological nature that can affect families with children in the community.



In the context of the primary family support, community groups can help strengthen families with children in the community, by participating at community activities where they could approach topics related to a healthy life-style, understanding children's age-specific needs, improving the community environment, as well as diminishing the levels of risk and adversity in the community. Also, the primary family support could include free-time activities for children and their families, aimed at promoting and strengthening families in the community, so that they can care for and raise their children safely.

In general, the application of the family-strengthening principle at community level could be an opportunity to develop relationships, behavior patterns and attachments, as it is based on the relationships people already have, in the places people are currently visiting, through the actions they already do and the issues they are already concerned about.

Usually, families tend to seek support or solutions, first of all, in the immediate neighborhood of the community. Social relationships in the community are more accessible to many families, because they are based on relationships that the family already has or they are easier to develop, compared to services or professionals.

This type of groups can help the local government, without the need of formalizing them, however, they should respect certain rules (confidentiality, equality, non-discrimination), as they would act as powerful partners in addressing and meeting the needs of families with children in the community.

COMMUNITY GROUPS

Objective: *To mobilize the community to create opportunities or to solve the problems of families with children in the community.*

Group formation: *Groups are formed naturally, in response to the suggestions of community leaders.*

Venue required: *Any venue can be used, including public spaces, which allow all interested parties to participate.*

Group size*: The group is formed on a voluntary basis and does not have a maximum number of participants.*

Rules of participation*: Established by the participants to the group.*

Group characteristics: *The group is open; the joining of new members is encouraged.*

Group moderation: *The group is moderated by one of the participants, and is chosen by the rest of the group to manage talks and settle conflicts. The community social worker will support the moderator in guiding discussions.*

Structure*: Group sessions are not structured according to a program.*

Theme: *Topics for discussion are suggested by group participants, depending on the problems faced by families with children in the community.*

Frequency and duration*: Group meetings do not have a time limit.*

"Parents' Cafes" are an example of community groups. They represent a way of bringing parents and community members together and providing them with the opportunity to discuss common issues related to the lives of families with children in the community. By participating in "coffee talks," parents/carers develop their relationship skills, their spirit of participation and support, and provide mutual direct or indirect support.

These cafes have an informal and welcoming atmosphere, and the venue itself imitates a real cafe with tables arranged as usually, which allows participants to move around and discuss with each other. The host of "coffee talks" may be a community social worker, a pedagogue or an experienced parent who has more knowledge of child wellbeing and the role of the family in securing it. The host or, officially, the moderator has the role of directing and supporting conversations to ensure the inclusion and contribution of all participants.

Another example would be to initiate community-based communication platforms using social media (such as, Odnoklassniki, Facebook), and encourage individuals to share ideas about how to help the community support children and their families, or to come up with new ideas and additional actions to be taken in their communities.

At the level of community institutions and organizations that interact with a large number of families with children, opportunities can be offered to apply the family-strengthening principle, as families are constantly interacting with these institutions, even in informal ways.

Support and opportunities must be accessible and as close as possible to families – they should exist in their own communities, in the organizations and institutions they work in, and in the premises that families in the community visit. The participation of families with children in various activities can serve as an opportunity to meet new individuals and build new relationships, or to reinforce the already initiated relationships and learn new behavioral patterns and ways of solving problems.

In other words, the most natural way to stimulate parents to integrate and socialize could be to provide opportunities for communication and socialization, based on a common topic or activity. By participating in joint actions, being part of the community, knowing the group of people they meet, attending certain places they have already become accustomed to and practicing certain activities they consider being important to themselves, individuals strengthen their sense of belonging to the community.

Community partners such as: libraries, cultural homes, cinemas, religious organizations (churches, prayer houses), amusement parks and creative circles, food shops and restaurants, local businesses, economic agents or local entrepreneurs could be involved in organizing community activities. These community institutions are frequented by a large number of families with children in the community. For families that have systematic contact with these institutions, informally, this could act as a way of generating conditions for communication and/or creation of new relationships, without making families feel stigmatized, as the

whole community uses these institutions and so, they are not usually associated with a certain social status or family situation. At the same time, these institutions could provide some opportunities and resources needed to organize activities, for example, they could provide the necessary space for meetings or snacks for children, they could also offer some privileges in the use of the services they provide or discounts.

Another example of involving community institutions would be to promote the family-strengthening approach within religious organizations/churches, by training pastors/priests in the implementation of family protective factors. These, in turn, could discuss with the families in their religious community.

The level of community services includes universal services (healthcare and education) and services specifically designed to support children and families.

- **Universal services** are aimed at the entire population of the community and this allows the extension of the protective-factors approach to all families, thus reducing the risk of stigmatization;
- **Special-purpose services and programs** are targeted at certain groups of the population, usually those at risk, and could include programs to combat domestic violence, programs for parents with children with special needs, and could help strengthen the protective factors to support family groups.

Families see programs/services, as well as all the other things in the community, as part of the world they live in. Mobilized parents may be the most influential actors, when it is necessary to strengthen the different ways of creating family connections. Parents who share information and resources with each other are a way of person-to-person assistance, which no state institution can replace. Organizing activities with the participation of parents can contribute to getting a deeper understanding of the role of healthcare and education services in preventing various difficult issues and situations. Parents do not use universal services until their problem worsens, as they do not know that universal services are the ones that could actually provide a solution to their issue. The same thing happens to the representatives of universal services, who find it difficult to see the services they provide as part of the community life.

Universal services can complement each other; can unite efforts to support families with children in order to prevent problems, but also to improve the results of each service by communicating directly with families with children, who are, in fact, the beneficiaries of all these services.

In order to ensure an efficient functioning, all community mobilization activities must be guided and supported. Thus, within the framework of the FS service, the community social worker will have the role to stimulate and promote this type of activities. At the same time, the community social worker will contribute to organizing and structuring meetings, coordinating existent initiatives, and planning activities. He/she will also help identify additional resources necessary to carry out activities at community level.

The community social worker will initiate the development of the Monthly or Half-Yearly Plan of Activities aimed at mobilizing the community. The plan could be developed on the basis of the family-strengthening approach and family protective factors (Annex 3).

The Local Commission for the Protection of Children's Rights could act as a general body, which will guide and strengthen families at community level.

An essential element in the organization of community activities is the mutual commitment of participants in promoting the wellbeing of children and strengthening the families in the community. Joint activities can help create a shared view of the approach and the role of each implementation partner. Communication and information tools, as well as the activities carried out, improve the understanding of the family-strengthening approach and the jargon associated with it.

3.2. Support and educational programs aimed at groups of families with children at risk

Targeted community programs are aimed at groups of parents and children who are at risk of, or who are already experiencing, emotional, behavioral or social issues.

These programs are aimed at compensating for the consequences of disadvantaged livelihoods, such as: an unfavorable area, affected by poverty, delinquency, alcohol and substance abuse; a disorganized lifestyle; disadvantaged neighborhood; location at the outskirts of the community; parents who had traumatic experiences, which occurred in the past (or at present) and which could lead to a risk situation for the child and his/her family. Community social workers will learn to recognize and provide immediate support for the first signs of crisis but will also have the role to help parents develop the ability to seek and ask for the help they need, as well as to receive and then offer support to other families facing similar problems.

The FS service manager, with the involvement of the professional on children's rights, and other professionals (psychologists, pedagogues), will analyze the problems faced by families with children in the district and will identify the need for targeted programs. The need to create support groups should be consulted with parents/carers, children and the target groups they are aimed at.

The FS service manager will initiate the identification of moderators (pedagogues, psychologists, community social workers, NGOs) to facilitate support groups.

Mutual support groups are focused on a problem and lead to changes in understanding, emotions and behavior once the issue is recognized. Being part of the group helps participants analyze and understand their own problems, as well as find similarities to others' problems and see how they solve them. They learn to find solutions to the same problems together, thus learning new problem-solving or behavioral models. Examples of mutual support groups are: young parents, parents with children in their first year of life, parents with children who are preparing for school or are adapting to school, parents with children with learning difficulties, parents with adolescents or children with emotional or behavioral problems, parents with children with disabilities, etc.

Mutual support groups are one of the tools used to build self-confidence, and especially confidence in one's role as a parent. They result in the reduction of stress associated to childcare and contribute to family strengthening. At the same time, mutual support groups help consolidate the social networks of families, as parents get the opportunity to make new acquaintances, as well as to offer and receive support from the created networks.

Being part of a mutual support group implies sharing common experiences, discussing and analyzing various situations, and providing informational, emotional and relational support to each other at meetings held over a certain period of time. The discussions within the group are held on shared issues, such as how parents take care of their children, managing children's behaviors, managing family budgets, solving everyday problems, etc.

A parent who lives in the same environment and faces the same problem can better understand another parent who experiences a similar situation. This makes it easier for the parent to accept another parent; regardless of the difficulty they face, without judging or blaming them for what is happening to them. Participating in the group makes parents feel ***accepted***, because at least once in their life, each parent has experienced certain experiences for which they felt guilty or responsible for what happened to them and their children.

By sharing experiences and emotions with other people, the feelings of loneliness and tension caused by the problem are overcome. The person feels part of the group, feels like they ***belong*** to this group and

has the opportunity to observe and follow the examples of others, who go through the same kind of situations; and thus has the opportunity to learn through observation new ways of solving problems. This kind of exchange of experiences contributes to the recognition and understanding of things they were not aware of or did not know until they expressed them publicly.

This type of activities is very important, especially for those who do not receive support and understanding from their family members, friends or community. Sometimes, this is because of the lack of similar experiences and understanding of the situation, or fear of the difficulties faced by the family. Parents feel good as part of the support group because they are ***understood*** and do not have to explain why they are experiencing certain problems or difficulties. For example, they do not have to explain to other why their children behave in a certain way or why they (parents) feel tired all the time and sometimes even indifferent to their children.

If parents confront challenges caused by their children's behavior and ongoing stress, they often have no one to talk to or discuss with about this, because of the fear of being rejected or judged. By talking to people in the same situation, they lose the tension caused by stress and misunderstanding. Group participation can be a source of strategies to improve and ***strengthen family relationships.***

Many parents find it very useful that the group gives them the opportunity to ***exchange information relevant*** to the problem they are facing at that moment. For example, they can exchange contacts of various services or professionals, medical consultations, exchange specialists recommendations, learn new terms related to services available and how to access them, as well as learn about actors whom they can ask for help. Also, being part of the group allows parents to discuss issues related to their children's education and stimulation of learning. Most importantly, parents learn to be optimistic and want to solve their problems, as they see others doing it. They learn to trust their own powers, following the role-model of people who have succeeded, and receiving their support to move on.

A problem often encountered by parents is related to the (insufficient) time and resources that they allocate to organizing their ***personal time*** to practice hobbies, interests, and sometimes even to rest. Group presence is an opportunity to get out of the routine, to communicate and learn new things, to overcome stress, to take a break, as well as to apply relaxation techniques when they feel overwhelmed by problems and when they cannot find a way of solving them.

Community social workers will have the role to explain the significance of such groups and encourage the participation of parents, as well as stimulate their desire to learn new things and new ways of solving the problems they face. The participation rate will depend on the arguments used to attract parents, as well as on the ways in which such activity will be promoted. It is therefore important for potential participants to be provided with information on the benefits of participating in mutual support groups.

Parents share information on common areas of interest – this is the kind of person-to-person support that no service can replace. These activities may also be attended by community representatives of various universal services, who could provide useful information, thus helping parents find the right solutions to the shared problems they have previously identified.

At the same time, universal services also benefit from getting involved with such groups. Even if there are certain provisions to act in collaboration with each other, this collaboration occurs only when the issue has already arisen and the family with children has entered the risk situation.

MUTUAL SUPPORT GROUPS

Objective: Achieving positive changes in terms of thinking, emotions, attitudes and behaviors (cognitive-behavioral changes).

Group formation: The groups are formed in accordance with the findings of the initial assessment of the situation of the family with children, which show that the family is prone to risk, or that they are already in trouble and are at a low risk. Parents who already benefit of secondary family support could also be referred to participate in groups with therapeutic elements.

Venue required: The venue must ensure privacy and comfort, encourage openness, and remove communication barriers on various levels.

Group size: Groups should be medium-sized, having 7-9 parents.

Participation rules: One of the most important rules that must be established is that of confidentiality. The parents also need to be explained the limits of confidentiality (the rule is broken in cases of child abuse, exploitation or neglect or if a person manifests self-destructive behavior – self-harming and suicide thoughts).

Group characteristics: The group is a closed one, original members are to participate to meeting from the beginning of the group to the end.

Group moderation: The group is moderated by professionals, guiding the discussions to achieve the desired results and avoiding undesirable effects or consequences (contradictions, conflicts, quarrels), as well as ensuring the inclusion and participation of all members of the group in discussions.

Group structure: The sessions are structured according to a predetermined schedule, lasting up to 2 hours. Each session should have the following elements: Introduction, Content, and Conclusion.

Theme: Discussion topics are predetermined and are accompanied by distributional material.

Frequency: It is recommended for the group to meet weekly, (ideally) on the same day of the week and at the same time.

Duration: The group duration should be limited to 12-15 sessions.

An example of an educational group with therapeutic elements is the ***'PANDA' Child Psychosocial Assistance Program***, which is designed for children living in alcohol-abusing families. The group is built around the experiences and the needs of the child and not around the needs of the dependent parent, thus re-directing the attention from the parent's behavior towards the value and individuality of the child. The child is helped to realize that he/she has the right to happiness, playtime, attention, support and help, regardless of his/her family's attitude towards him/her.

The group intervenes with support immediately, regardless of when, how, or how long the treatment of the dependent parent will be or whether or not the parent will be treated in general. At the same time, with the help of the group, the child learns new behaviors and resilience strategies. The program itself is adapted to the age and needs of the child, and the appropriate working methods are selected.

Simultaneously with the implementation of the program for children from alcohol-abusing families, it is recommend implementing the program for parents. This program can be attended by a non-alcoholic parent and the alcoholic parent can participate, only provided they are in the alcohol abstinence period. Attending group meetings simultaneously creates a feeling of unity and mutual understanding, which is usually lacking in this type of families - thus helping them develop a bond. The parent has the opportunity to learn about and understand his/her child's feelings, emotions and behavior. The therapeutic element for the non-alcoholic parent is to change his/her co-dependence behavior.

Participants in the 'PANDA' Program may also request individual meetings if they need counseling, or if the moderator discovers the need to talk individually with the child or the parent. The program allows participants to come back repeatedly, over a period of time, at different stages of their lives if they feel the need to do so.

3.3. Identifying families with children to benefit of primary family support

Potential beneficiaries of primary family support[18] can be identified in several ways: by the community social worker; by child's or his/her family's direct inquiry; through individuals, institutions, authorities and professionals notifying the service providers; through referral within the child protection system.

Knowledge and awareness of definitions in the field of child wellbeing and family strengthening can determine how community members react to a child's situation, if they are concerned about him/her, or if there are signs that he child is not properly taken care of. The presence of information and access to information at community level will help raise awareness about the wellbeing of the child. This kind of information, presented in leaflets, brochures and posters, is to be distributed and displayed in public places in the community. Through the information campaigns organized in the community, parents will be advised to access programs and attend existing support groups or will be helped to contact the professionals who can help them.

Thanks to the information support provided, beneficiaries will be identified once the ***parents/carers who need help will directly contact the service***, or once the ***children will directly approach*** the community social worker for more information about the services available. It is very good when the family asks for help out of it's own initiative, as participation in the activities organized within the primary family support is mostly *voluntary* and *is based on the person's intention to make certain changes*, in particular to participate in groups and community activities.

Identifying potential beneficiaries for community programs targeting specific groups at risk, or those already experiencing certain problems, does not exclude parents or children directly asking to be involved. Even participation in mutual support groups targeted at a particular group of parents (e.g. parents with children under the age of 3) is also based on the parent's intention to learn new things and to improve his/her parenting skills.

Referral by universal service representatives (education and healthcare) and community members

Representatives of the educational and healthcare institutions in the community will refer families with children for whom there are some concerns or risk factors to which the families are exposed. They are trained to be able to recognize the signs of concern that can be identified in routine work, as they interact with children and their parents daily.

Due to an improved understanding of the terminology related to children's needs, child wellbeing indicators and/or the need to strengthen the family environment, representatives of universal services will identify families with children who need support.

General practitioners and their assistants will be informed and encouraged to identify elements of risk at early stages, during usual visits to families with children, as well as in community preschools and schools.

If the level of complexity is higher and child's needs cannot be fulfilled by the universal services, the representatives of these services will refer child's case to the Community Social Assistance Service, so that

[18] Standard 18, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

the child is included in the existent activities or programs or is offered additional information about the services and/or social benefits available.

If the child is in a risk situation, which may have consequences upon his/her health and development or is imminently threatened (according to the Instruction on the Inter-Sectorial Cooperation Mechanism for the identification, evaluation, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation, trafficking - GD no.270 of 08.04.2014), the representatives of universal services and community members will refer the child to the local guardianship authority for them to investigate the situation of the child and his/her family.

Identifying families through the help of community social workers (ex oficio)

By its nature, primary family support is focused on assistance and intervention, which is carried out at the level of small and large groups. These groups can include families with children and even the community as a whole. Issues related to the social environment and the social integration of children and families with children are discussed within these groups. Respectively, community social workers, already knowing the families with children in the community or/and the problems existent in the community, may recommend and initiate information activities on prevention programs that might help them out.

The early (as early as possible) identification process of families with children, who are prone to risk situations or who are already experiencing certain difficulties, is continuous. This implies that every family with children who comes to the attention of the community social worker in their everyday work, regardless of the way they come in contact, is to be analyzed from the point of view of ensuring the wellbeing of the child. For example, let's take a family that is seeking financial help to buy medicines. If noticed that the given family faces certain difficulties or the parents are affected by certain life circumstances and fail to ensure the wellbeing of the child, the community social worker will carry out the initial assessment to confirm or rule out the presence of risk or possible risk signs, and the possible consequences upon parents' capacity to take care of and educate their children, as well as to determine the complexity of the problem. Child's initial situation assessment is carried out according to the case management methodology, and using the initial assessment form (Annex 4). Based on the results of the initial assessment, the community social worker will establish the type of support the family needs to overcome the problems it faces.

In case of receiving a referral on a case of imminent danger to the child, the initial assessment is made according to the provisions of the local guardianship authority (Law no.140 of 14.06.2013 on the special protection of children at risk and of children separated from their parents).

Case classification

If the referral from universal service representatives, community members or community social workers is not confirmed, it is established that the child's wellbeing is ensured and no intervention is required. In this situation, the case is ranked, and the initial assessment is archived in a separate map.

3.4. Registering and recording the beneficiaries of primary family support

The beneficiaries of primary family support[19] are registered and recorded by the community social worker according to the activity or program the family with children has benefited of.

To track participants in prevention and primary intervention programs, parental capacity building programs, support groups, and activities organized by community initiative groups, as well as groups of

[19] Standard 18, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

people who participated in outreach, awareness-raising and dissemination activities - participants will sign participation lists, which will be made available to them by community social workers (Annex 5). To track the beneficiaries of primary family support, the Register of Annex 6 will be filled in for each child.

The given register reflects: general information about the child, the actions undertaken (with a date indication) within the primary family support and provided within the universal services (education and healthcare); participation in community-based activities and/or programs, requests for material/social help, as well as financial help during the cold period of the year. In the same register will be introduced the decisions taken following the initial evaluation (if applicable): the date when the child's file was created, the date when it was closed, the date and amount of financial aid granted and the recommended specialized social services.

To keep track of families with children receiving individual information, during audience sessions organized by the community social worker at his/her office, the information will be recorded in the audience register, and will include a comment about the reason of the meeting.

In cases in which the initial evaluation was ranked, the date of classification and case comments are to be included in the list attached to the map in which initial evaluations are archived. Additionally, the necessary records will be made in the registers in which the initial assessment process was initiated: in the audience register, if the case originated from an audience session, or the register of referrals, if the case was communicated through a referral sheet.

Subsequently, at the end of each month, the community social worker will calculate the number of people who benefited from primary family support activities, based on the lists, the data included in the audience register and that from the register of primary family support beneficiaries; and will develop statistical reports (Annex 21). Monthly statistical reports will be sent to the FS service manager, and quarterly, half-yearly and yearly data will be included in FS service activity reports.

IV. SECONDARY FAMILY SUPPORT

4.1. Opening child's file for secondary family support

Following the initial assessment, the community social worker will establish the child wellbeing indicator/s which was/were affected and will take the following decisions regarding the child and his/her family:

- To urgently remove the child from the family and create child's file;
- To keep the child in the family, to isolate the aggressor (protection order), create child's file;
- To create child's file (following a complex assessment of the child);
- To provide social assistance (primary family support, without opening a file for the child);
- To establish that there is no need for intervention (the case is classified).

If the initial assessment confirms that the child is in a risk situation, the local guardianship authority decides if the child it to be registered as a child at risk[20] and if a complex assessment is to be carried out (Annex 7).

The secondary family support file is to be opened when the complex assessment starts, when the family with children is at medium risk (see the case management guide) and faces several issues, both in terms of child care and maintenance, as well as in terms of family and community relationships. From that moment, the community social worker becomes the case manager of that precise situation. The complex assessment of the situation of children at risk and children in difficulty is done to determine the needs of the child and the family.

Characteristics. At this stage, children whose development is affected by inadequate care can already be identified, as well as children with emotional difficulties and/or behavioral problems that cannot be managed by parents; pregnant women leading a disorganized lifestyle that may have negative consequences upon the fetus; parents with poor parenting skills, who may not want to receive social assistance, who are drug- or alcohol-dependent, or who have a physical or mental disability; parents in tense, conflicting family relationships; and families where domestic violence is encountered.

The complex assessment is done at the request of the local guardianship authority, with the involvement of professionals in healthcare, education, public order, etc., as necessary. The case manager informs (in person or by telephone) the FS service manager about the decision to open a file, mentioning the reason for initiating the complex assessment of the situation of the child and his/her family, as well as presenting preliminary data about the family and the child (their names, surnames, date of birth and address).

The file on secondary family support is to be created in the name of the child. Thus, if there are two or more children in the family, separate files will be opened for each child. The case manager will number children's files, according to the serial number in the register of beneficiaries of secondary family support.

The following will be written on the cover of the file (Annex 8): child's case number, the date when the file was created, child's full name, date of birth, the full names of his/her parents/carers, child's address and contact details.

The complex assessment of child's/family's situation is carried out within 10 days of the issue of the decision of the local guardianship authority, through home visits and interviews with the relevant

[20] Art.9(4) of the Law no.140 of 13.06.2013 on the special protection of children at risk and children separated from their parents

persons (including the child and his/her parents/carers) using the complex assessment model part of the case management methodology (Annex 10).

Irrespective of the way in which the manager identified the case – either through child's/family's direct contact or though the help of community social workers, and whether or not the family with children has characteristics specific to high-risk situations (see the case management guide) – the case manager will act in accordance with the instruction on the inter-sectorial cooperation mechanism for the identification, evaluation, referral, assistance and monitoring of children victims and potential victims of violence, neglect, exploitation and trafficking - GD no.270 of 08.04.2014.

If the case manager is not sure or has doubts about the level of risk, he/she is to consult the supervisor, the head of the Community Social Assistance Service and/or the FS service manager.

For family reintegration cases, the community social worker will create a separate file for the child, in order to assess the possibility of reintegrating the child into the biological family, the needs of the child and the family, as well as to provide family support to facilitate child reintegration.

If the child is referred to the specialized social services (with temporary placement), the child's file will remain open and the community social worker will continue to work with child's family to prepare for his/her reintegration into the family.

4.2. The complex assessment procedure and situation analysis

The case manager, in collaboration with the members of the multidisciplinary team nominated by the local guardianship authority, performs the complex assessment of the situation of the child and the family according to the case management methodology (Annex 10).

The situation of the child is to be assessed according to the child wellbeing indicators and the family is to be assessed according to its capacity to take care of the child and ensure his/her proper development (see Chapter 2. Theoretical Approaches and Applied Definitions in the Delivery of the Family Support Service).

The complex assessment involves several home visits, as well as interviews with the child (depending on his/her age and ability to understand), with each parent/carer separately, with extended family members, but also with other people relevant to the assessed child and family, such as neighbors, relatives from other localities, etc.

The case manager analyzes the information gathered from interviews, from visits to the biological and extended family, from discussions with persons relevant to the case and from the recommendations of professionals, discussed in advance, and completes the complex assessment form.

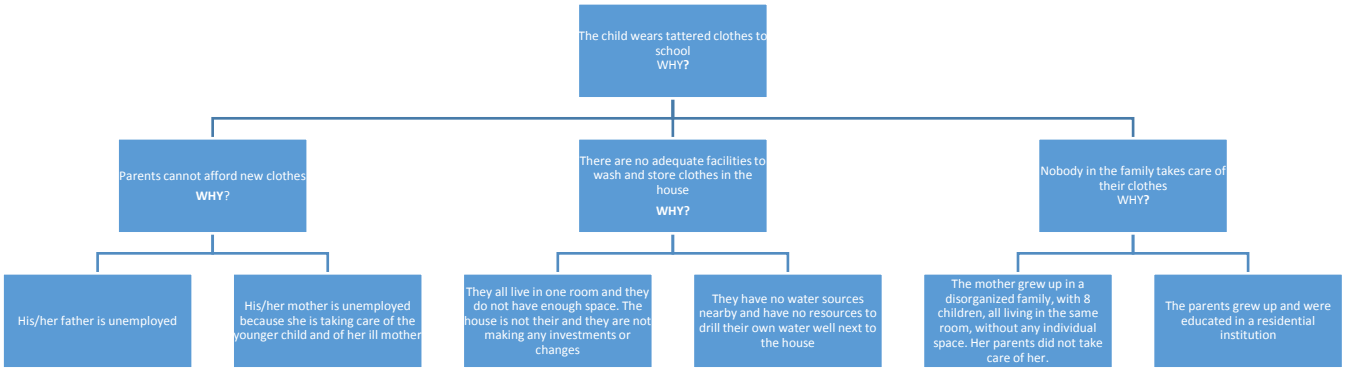
The problem is analyzed in context, thus taking into account the environment, the family patterns adopted by parents from their own childhoods and the traumas they had experienced. It cannot be assumed, even after many years of experience, that the same manifestations that occur in different families have the same causes; and that the family, parents and children themselves will react equally to the actions taken. Each individual has his/her own experiences that influence his/her way of being, and this is why it is very important to take into account the specific experiences of each family and the circumstances in which it has ended up in the problematic situation when considering the family situation. This is necessary to find the right actions that will help and support the person to overcome difficulties.

Case managers must also take into account the fact that they themselves can be influenced by their own childhood experiences and the principles they value, and this could consequently influence their objectivity. This is when the Social Worker's Code of Conduct needs to be revisited, but also the general and specific principles for the provision of the FS service, which include the exclusion of discrimination and stigmatization and suggest approaching each person individually (see Chapter 1, Section 1.2. General Delivery Principles of the Family Support Service). Individually, but also with the support of the supervisor, the head of the Community Social Assistance Service and the FS service manager, the case manager will analyze the issues that could affect his/her objectivity.

When analyzing the problem, the case manager must rely on precise facts rather than opinions or assumptions, as there is a risk of misunderstanding the situation of the family or the child and of estimating wrongly the gravity of the problem. If there is not much information available, some assumptions will have to be made and then, during the next visits, these assumptions will have to be confirmed or denied.

When analyzing family issues, the causes of certain situations and behaviors need to be identified. Focusing on the consequences that occur in a particular case can lead to the risk of investing efforts and resources, and having expectations without getting the desired changes, especially if the parents have experienced traumatic experiences in their own childhoods. These prevent them from showing affection and taking care of their own children, but also from reacting to the supportive relationship that the case manager is trying to establish with them.

To analyze the situation, the problem tree method can be applied. The case manager identifies the main issues. The information obtained from interviews and observations is organized in such a way as to answer the question **WHY** do certain things happen in the given case? Thus, for every problematic situation, the causes leading to the risk situation will be identified.



The causes of each situation will serve as the basis of the support offered to families with children.

4.3. Analyzing issues in terms of the family protective factors

Starting a case (opening child's file) is an emotional experience and can represent a difficult time for parents. This process can cause parents to have doubts about their own ability to cope with difficulties and may reduce their **resilience**. In order to prevent this, the case manager has the role of ensuring that any contact with parents, including the involvement of professionals, both in the assessment process and in solving the case, is as constructive as possible, and does not diminish the role and importance of parents in overcoming the created creation.

When interviewing families, it is important to emphasize their strong aspects, to appreciate and encourage what parents do well. This will help parents capitalize on the success they have in their

roles as parents, thus understanding that they have the necessary capacity to cope with day-to-day issues and childcare issues.

At the same time, parents should be encouraged to analyze their own traumatic experiences from their past (childhood, adolescence, their own family) and see how these experiences influence their understanding, behavior and attitude towards their own children in the present. The case manager will discuss with parents the conclusions he/she reaches in the situation analysis process and will help them understand why problems arise, what causes them and how they can be managed. If parents are not involved in the analysis of their own problems, there is a risk that they will treat the process through which they go as a formality; they will be passive and will not get involved, but will instead wait for someone else to solve their problems.

Another resilience aspect is the desire for personal development. Being absorbed by material shortages, issues with providing for the family and relational issues, parents can become demotivated and unwilling to do anything for themselves. For instance, they have no personal interests; do not devote time, space, and resources to doing what they like and to taking care of themselves. They might consider that it is not appropriate to waste time or resources on themselves, as they may have other priorities. Consequently, this demotivation greatly influences their self-confidence and their hope to succeed, which leads to the emergence of tension and aggressive reactions in situations in which they actually have to focus. In fact, they let the stress influence them and can no longer find a solution to their issue; they do not know what to do, and their ability to take care of their children is diminished.

The case manager needs to analyze these aspects, and understand parents' reactions to stress and how it influences their role as parents. Then, during the intervention process, the case manager will help parents understand the problem, and together they will identify stress control strategies (for example, they will ask someone among their relatives or friends to help them take care of their children; or they will allocate time to practicing their hobbies or to taking care of themselves).

Using assessment methods such as *the genogram* and *the ecomap*, the case manager, with the participation of parents, will analyze their **social relationships** and the quality of these relationships within their own family, their extended family, and in relation to individuals, representatives of institutions and community organizations.

When analyzing the information, it is essential to understand that more contacts do not necessarily imply a deeper and a higher quality communication source, from which the family could receive the necessary support. Sometimes, parents can maintain formal social relationships just to keep up appearances and to be ‘the same as everyone else’. But this does not always mean that parents would ask these individuals for help when faced with a problem or a family crisis. They would do this if they feared to be seen as weak, helpless or unworthy of respect. Parents fear that seeking help could compromise their status in the community.

The case manager should pay attention to parents’ behavior during interviews and be sensitive to changes in mimics or gestures that could "betray" the truth about how the parents actually feel about their environment and the important people in their lives. With the participation of parents, they will identify the individuals or representatives of local institutions that parents have already interacted with and whom they trust in order to involve them in certain actions. These relationships could be deepened and expanded and could serve as a positive relationship and mutual support model, as well as a model of managing and overcoming difficulties.

The community social worker will analyze the needs of the family and will determine what **support it needs at that moment** - information, programs, benefits and/or social assistance services.

The logic behind this is to prioritize family needs and organize activities and the intervention over time. For example, if the family needs financial support to deal with some material problems, but does not have the capacity to manage a budget and use the material aid, the first necessary actions will be geared towards developing family's ability to manage a budget and prioritize spending, in order to get the most out of the financial support that will be provided.

Actions and resources must be maximized to empower the family and develop its ability to act independently, to develop the skills and resilience necessary to make decisions, and to provide adequate conditions for raising and taking care of their own children. The case manager will help parents understand their current situation and will support and guide them to identify the resources they need to change their situation.

In order to understand what parents really feel and what their real needs are, a trust-based collaboration is needed. The case manager will use his/her communication skills, knowledge and flexibility to make parents more willing to collaborate.

Solutions and resources needed to relieve stress and make the necessary changes are to be analyzed in the same way as social relationships. First of all, it is recommended to use family's internal resources, after which (in a hierarchical order) the family's external resources, available within the extended family, afterward those available within the social network and the community, and lastly the resources available within programs, social services and social benefits.

With the participation of parents, the case manager will identify and support the mobilization and appreciation of the resources and skills that parents already have. This will motivate parents and encourage them to seek for change, to be more self-confident and more active in the process of change, rather than passively benefitting of social benefits and services.

By understanding the cause of the difficulties faced by families with children, the case manager could also improve the situation at community level, through encouraging community groups to discuss common problems and identify ways to deals with them. These issues are also to be discussed with the local public authority. At the same time, the case manager will analyze and identify the barriers that families might encounter in accessing the services they need, and will find ways to encourage families to overcome these barriers.

The case manager will analyze parents' **parenting skills, the way in which they take care of their children, as well as whether parents understand their children's age-specific needs**. All elements, including the family environment and parent-child relationships, conditions for eating and playing, hygiene facilities, sleeping conditions, the way parents get involved in organizing their children's leisure time, the way parents support their children in developing new skills, etc. will allow the case manager to observe and identify problematic aspects.

Recent research in the field of brain development proves the importance of taking affectionate care of children and the effects of traumatic experiences and long-term neglect on child development and achievements. The case manager will use any opportunity to thoroughly analyze these issues and will involve pedagogues and psychologists in the analysis of psychosocial aspects, especially if child's parents come from disorganized families or were, in turn, traumatized during their own childhoods.

When analyzing information on parental capacities, the case manager will start from the current situation, the way the parent takes care of the child, as well as the age of the child and its specifics. The most effective way to train parents is to provide them with necessary information precisely when they encounter specific childcare-related difficulties. Thus, the case manager will analyze the problematic issues in order to guide parents towards the support they need.

Research in the field of child development proves the importance of **parents' capacities for the emotional and social development of the child** and for preparing the child for learning, thinking, memorizing and understanding his/her own emotions, as well as those of others, showing empathy, and developing and maintaining lasting social relationships.

Professionals in universal services and case managers will analyze how parents interact with their own children, starting with the child's first few days of life, and how they show attachment to the child and stimulate him/her to express his/her emotions. During the evaluation and planning session, the case manager, in collaboration with pedagogical professionals, psychologists, and educators, will analyze the collected information and the observations of each professional on the family situation, in order to understand the relational model of the family, parents' behavior, as well as child's behavior, and the level of understanding that parents have about these issues.

For the most part, parents need to be helped to analyze their own family and to become aware of the importance of interacting with their children and understanding their needs; to become aware of the impact of trauma on children's relationships with important adults in their lives, and then with their fellows; and to solve issues related to children's behavior. When discussing children's' behavior with their parents, the case manager needs to analyze parents' reactions to their children's different experiences, such as those that make them feel happy, sad, tense or angry. This will help parents identify different ways to react in such situations, as well as shape their reactions and responses to their children's emotions.

4.4. The Individual Assistance Plan (IAP) planning and implementation procedure

Following the complex assessment, each professional involved in the case analyzes the situation of the family from the perspective of the field he/she represents; then, in collaboration with the case manager, completes the form of complex assessment of the child and his/her family. At the same time, they should make recommendations for ensuring child's wellbeing and strengthening the family - recommendations that are to be included in the same form. Starting with these recommendations, the team involved in the complex assessment starts developing the IAP, introducing the recommendations in the form (Annex 11). These are to be presented to parents and subsequently discussed during the evaluation and planning session.

Before taking any further action, it is advisable for the case manager to discuss with parents and their children about professionals' recommendations and to communicate their own thoughts about family's situation, in order to help parents understand their problem and agree on possible actions. This is the time when the case manager needs to show empathy and willingness to help the family by encouraging parents to participate in the assistance process and to be actively involved, as they are the key actors when making decision related to their child's care, their lifestyle and their willingness to change certain things.

At this stage, it is important for the case manager to show tact and respect for the opinions of parents, but also to analyze with them what the consequences of their actions are, what is their role and their responsibilities and what they are supposed to do. Also, the case manager needs to explain the

specifics of the following steps: attending the planning meeting, signing the collaboration agreement, etc.

The case manager will also discuss with children, depending on their age and level of understanding, in order to explain to them in an accessible language what the proposed actions are and what these actions imply, what consequences they would have for them, but also the stages they are going to go through.

The individual assistance plan and the collaboration agreement between parents/carers and the case manager[21]

The assistance-planning meeting shall be convened within no more than 3 days after the completion of the complex assessment.

During this meeting, the multidisciplinary team analyzes the situation of the child and the family; discusses the recommendations, the objectives to be attained and the actions needed to improve the problem areas of child wellbeing, as well as the ways to increase the capacity of parents to take care of the child. Also during this meeting, the need to provide specialized social services or financial aid within the FS service could be discussed, in order to solve current material and financial problems, before the family identifies a stable source of income, or until the requests for social assistance or other benefits for which the family is eligible are processed.

The access to other specialized social services will be facilitated by the FS service manager, in coordination with the head of the Community Social Assistance Service when the case is complicated, or goes beyond the competence of the community social worker, as well as when no solutions were found and the actions undertaken were not effective.

Depending on the situation of the family, it may be necessary to attract other organizations and institutions, which were not initially included in the multidisciplinary team on this case. The need for their involvement will be ascertained following the evaluation. For example, the child or parents do not have any form of proof of identity and so, it is necessary to involve the Civil Status Service (register office); or the parents are able to work, but do not have a job and they need to register with the Territorial Employment Agency; or the place where the family lives is not registered as a property, etc. The case manager will include these actions in the IAP and will then contact the necessary institutions to request their involvement and (possibly) obtain certain discounts or benefits for the family.

If the parents are religious or are members of a public or community organization, the representatives of these organizations will also be invited to the meeting, as they have a certain authority and importance for the family and they are a support resource. This will make parents more likely to open up, get involved and take on responsibilities.

The IAP must be signed by all the professionals who participated in its preparation. In order to ensure the implementation of the IAP, the case manager will sign a collaboration agreement with the child's parents/carers (Annex 12).

[21] Standard 20, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

PROCEDURES

The case manager convenes the *assistance-planning meeting*.

Representatives of the universal services, who are, in fact, the multidisciplinary team for the given case, which was previously involved in the complex assessment, as well as other relevant actors, attend the meeting.

The case manager acts as a moderator.

He/She presents and proposes the IAP to be discussed.

The responsible persons and the deadlines of each action in the IAP will be identified.

Following the discussions, the case manager completes and adjusts the IAP.

Parents and children are also invited to the meeting. The case manager explains and discusses the actions that have been agreed upon, the responsibility of each actor involved, the responsibilities of parents and their role in taking action.

The issues related to children will be explained to them, according to their age and level of understanding. If it is necessary to discuss certain sensitive topics, the child will be asked to leave the meeting, and he/she will be taken care of by a staff member.

Both the parents' opinion and the child's opinion are recorded in the IAP.

Each member of the multidisciplinary team signs the IAP.

Parents are asked to sign the IAP and the Collaboration Agreement, thus confirming and approving the proposed and agreed actions and assuming responsibility for carrying out certain planned actions.

Parents receive a copy of the Collaboration Agreement and of the IAP.

Additionally, the case manager will explain to parents the next stages of intervention, including the monitoring of the IAP with home monitoring visits, in order to check whether planned actions are carried out; as well as visits to the extended family, and to the institutions involved in the implementation of the IAP.

Towards the end of the meeting, the preliminary date for the review of the IAP will be set, which will depend on the level of risk and the severity of the problem. However, it should not be later than 2 months from the approval of the plan.

The IAP and the Collaboration Agreement are attached to the child's file.

The case manager records the date of approval of the IAP in the community family support register and notifies the service manager about it.

Suggested actions for intervention

The key message to be promoted, by both the case manager and the professionals involved, is that parents are the main decision-makers and action-factors – they are first and foremost interested in making certain changes in their lifestyle, but also in achieving certain results in order to improve the lives of their children and ensure their wellbeing.

Even in situations where the **parent does not get involved** for various reasons, including in cases of neglect, the case manager, first of all, will focus on creating a relationship of trust with the parent, helping him/her analyze and understand that there are certain things he/she can do well. Starting from successes, the case manager and the parent will jointly analyze the relationship with and the attitude of the parent towards the child. If there is a parent-child attachment, the case manager will help the parent to become

aware of this attachment and will appreciate that, regardless of the hardships of life, the parent manages to still be affectionate with the child.

Gradually, using parent's affection towards the child, the community social worker will work on raising parent's awareness of the role of parents in the lives of their children, as well as in their growth and development. Thus, the parent will be 'urged' to realize that in order for the child to develop harmoniously and achieve results in life, he/she has certain needs to be met and the family environment is most favorable for him/her.

It is important for the case manager not to "devalue" the parent while conveying the necessary messages to him/her. For example, if the child's physical appearance is untidy and dirty and his/her clothes are not suited to his/her age and the season, the message to be conveyed should be built around preventing the child form getting sick and being socially excluded. The case manager will help the parent understand the consequences of not taking care of the child. The parent will be helped to understand that he/she is not judged for his/her lifestyle, and his/her relationship with the case manager has the role of helping him/her take care of his/her child. The untidy and disorganized appearance of the home will also be looked at in terms of ensuring a child-friendly environment. It is important that there are separate areas for sleeping, eating and sanitation in the home, and it is desirable that they are designed so as not to put the child at risk of injury, to be clean in order to prevent illnesses, and to be delimited in order to provide privacy to family members.

The case manager will discuss with parents about the need to involve them in child's educational process, about learning activities, spending time with the child, creating a stimulating environment for child's development within the family, as well as providing and offering learning opportunities for the child.

Parents could attend some classes in school to understand how they are supposed to help their children with their homework. This will also allow them to repeat some of the classroom activities with their children at home. Gradually, parents will learn support and encouragement skills, which are extremely important to children during the learning process. They will also take on the responsibility for encouraging their children to get ready for school.

The case manager, in collaboration with the head of the educational institution and the mayor, will identify opportunities for organizing extra-classes or providing day services for **children in need of support in their educational and development processes**. They will also establish how to involve parents in these processes.

Parents could make their own contributions through certain activities or contributions to the educational institution or the community. For example, parents could participate in repairing, cleaning, dyeing or landscaping, or may meet other needs of the institution/community, thus creating an interconnection between the institution, the community and the parent. These activities must be organized in a positive, stimulating and non-discriminatory environment, which could also be accompanied by some cultural, artistic, sports activities, etc.

The case manager will discuss the **educational and social inclusion of children with special educational needs** with his/her parents, explaining and facilitating their involvement in their child's educational process. It will require the involvement of teachers to support and 'teach' parents to help the child with his/her homework, to collaborate with child's pedagogues by taking on certain tasks or recommendations from them, to provide the child with additional didactic support, as necessary, but also to ensure the continuity of his/her educational process.

If the necessary **investigations or interventions** are not covered by the compulsory medical insurance policy, the case manager will ask (in writing) the local public authority to request fee reductions/waivers from the relevant medical institutions. If funds are needed for expensive treatments or interventions, the case manager could mention these needs when requesting financial support as part of the secondary family support service; the reason for requesting financial support should also be mentioned.

Social networks should be the first sources of information and support for individuals to access. If parents have **poor social networks**, the objective of the case manager will be to identify potential people and representatives of local universal services with whom parents could develop relationships. In order to stimulate and encourage the development of relationships, the case manager could persuade parents to participate in community programs and mutual support groups, where they will have the opportunity to meet new people, discuss common issues, learn new strategies to deal with difficult situations and to overcome, together with other parents, certain problematic situations related to childcare and household management.

In fact, the purpose of these actions is to encourage parents to overcome anxiety and depression, which are some of the barriers that prevent them from developing healthy social relationships. Gradually, as parents will start developing their communication and relational skills, they will be encouraged to expand and deepen their social networks, from which they could then receive the necessary support, but also the social appreciation and affiliation they need in order to act.

Another aspect of the necessary support is to **encourage parents to seek help** - which involves informing, mentoring and encouraging parents to become comfortable with the complex network of universal services, available in the community, and specialized services available at district level. The case manager will explain to parents the eligibility criteria, will help them with completing forms, or will direct parents to another person who could help them access the services they need.

Much of the stress caused by child care comes from the fact that parents do not know the **specific characteristics of child development** at different ages: how and when basic skills are developed, how to identify age-specific crises and how to react to them as parents, or what strategies to apply in order to set certain limits to discipline and organize children.

This sort of information parents could get from training and support programs for parents, as well as from medical, educational and healthcare professionals. Understanding these aspects helps parents set expectations appropriate to child's abilities and age; at the same time, it also helps parents assert and appreciate themselves as parents.

The case manager will direct the family towards the support programs available, will liaise them with pedagogical, psychosocial and medical professionals and organizations that could improve their parenting skills, by encouraging parents to participate in educational groups that might provide information on child development. The case manager will model behavior management examples and strategies.

At the same time, the case manager will ensure that families with children, especially families at risk, participate in thematic events organized in the community and that they know the necessary risk prevention measures and are able to provide a safe environment for their child's development.

The case manager will encourage and help parents look for information regarding child care and find professionals whose help they could seek when in need. At the same time, community-level opportunities and resources that could develop children's socio-emotional skills should be identified. These could be simple activities - games or books that help children name or recognize their emotions, thematic lessons

at school about emotion manifestation and control, and more intense activities such as psychological counseling.

Family conferences could be organized in order to identify possible solutions, in cases where parents fail to deal with a particular issue, fail to take adequate care of their children, or do not try to make changes. Family conferences involve inviting members of the extended family or people close to the family to discuss the relational, material, or financial problem the family is facing, and to identify possible solutions, to delegate certain tasks or to provide ongoing childcare support to parents.

Family conferences give families the opportunity to meet in order to decide, by mutual agreement, how to ensure child's wellbeing, as a result of which the childcare plan is to be developed. The term "family", in this model, does not refer only to children and their biological families. These meetings could also be attended by members of the extended family, close friends, who play an important role in family's life, as well as professionals involved in the case. This method became popular among families, as it gives them the power and responsibility to make decisions that affect the lives of their children, grandchildren or relatives.

Family conferences are intended to highlight the strengths of the family, in its broader sense, and to encourage the mobilization and use of its own human and material resources, both formal and informal, which are available within it. These beliefs are based on the fact that the family is the best place to raise children, children's families know what is best for them and have an interest in meeting their needs, as well as that families must invest in the safety and success of their children. At the same time, conference participants can identify the type of support the family needs, as they have very good knowledge of the child and his/her family, their situation, as well as the family roles, structure and problematic areas. This helps the professionals working on the case choose appropriate intervention methods and tools.

Family conferences allow group discussions of problematic and potentially conflicting and emotional situations, especially those involving sensitive information, and family secrets, which cannot be revealed to anyone. This informal knowledge empowers the family to make the right decisions and feel 'the best experts' in solving their own problems and ensuring the wellbeing of the child.

PROCEDURES

Family conferences are organized at the initiative of the case manager or at the request of educators, pedagogues, and psychologists interacting with children, or who are part of the planning and intervention processes.

The case manager can act as a facilitator and moderate family conferences.

The facilitator will perform the following tasks:

Before the conference:

To explain to the family the purpose and organization procedures of conferences, so that the family understands the process;

To identify the results the family wishes to achieve, as a result of the conference;

To help the family determine the support they need in order to develop an action plan to ensure the wellbeing of their children;

To analyze the risks and potential impact of the problem on the child, in order to identify the potential resources the family might need;

To identify the service providers that the family needs;

To prepare the professionals, consultants, service providers and persons who will attend the conference, and analyze with them the information available about the children and the family before the conference;

To organize conference logistics, including finding a venue, transportation, and a person to take care of children during the conference, especially young children; it is recommended for children to leave the meeting when delicate issues are discussed;

During the conference:

To facilitate the discussion and help the family understand clearly what the risks are and how the extended family could intervene in order to ensure the wellbeing of the child;

After the conference:

To analyze the actions suggested during the conference, in order to include them in the IAP;

To hold other conferences if the first attempt was unsuccessful;

To send a copy of the IAP to all conference participants;

To plan a review of the actions included in the plan 3 months after the conference;

Permanently:

To remain available for the family if its members need explanations, clarifications or additional information;

To cooperate with the representatives of services that the family benefits of, in order to coordinate the intervention, monitor within-family changes, report or receive reports regarding the intervention, and discuss information and follow-up activities;

To document the impact of the conference upon the family situation in child's file.

4.5. Monitoring beneficiary's situation and reviewing the individual assistance plan[22]

The case manager monitors the beneficiary's situation and implements the IAP during the whole period of working with the case.

Monitoring the implementation of the IAP necessarily involves a number of visits to child's home, as well as pre-school or school; and meetings and discussions with universal service representatives in order to check the progress of the situation and the status of planned actions. During home visits, the case manager will check on child's situation and on the status of actions that parents should have carried out.

During discussions with parents, the case manager will observe and analyze the actions they have undertaken, as well as the progress or its absence; will discuss with parents about how they feel about undertaking these actions, how the child reacts, as well as if certain changes were made and if so, which ones. In general, discussions should focus on what parents can do and the case manager needs to appreciate the effort parents made and the results they achieved, even if they are little. The essence of these discussions is to encourage parents to act and to stimulate their desire to change their situation.

During home visits, the case manager will have to necessarily discuss with the child. If the child is young, it will be necessary to adapt the language or use other methods, such as role-play or drawing to observe and analyze how the child feels, whether parents/carers undertake certain actions and how the child reacts to change.

[22] Standard 21, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

It takes time and encouragement to change something or to learn a new way of organizing things and personal development. How sanitized and clean the home is depends on the behavior that parents had witnessed in their own childhood or their current emotional state. Parents should not be scolded, even if they have not undertaken the planned actions, as there is a risk of losing touch with them, and of demotivating them. The case manager will discuss with extended family members and people close to the family, in order to observe and monitor the actions of parents and what they have managed to change in their lives, to see how these individuals interact with the family, and the support they provide to parents to relieve their stress and help them take care of their children.

The situation of the child and his/her family will also be discussed with relevant multidisciplinary team professionals (if needed). Participants at these discussions should analyze the progress of the family or its absence, adjust certain activities in order to ensure an individualized approach to the case, according the current needs of the child and his/her parents; unplanned actions that were undertaken (if any) could also be discussed.

In order to ensure an effective monitoring process, home visits must be prepared in advance. They must be organized and structured.

If, as a result of monitoring, the case manager finds no progress, he/she will contact the supervisor and/or the FS service manager to discuss the situation and analyze the possible work directions.

If the actions taken are not effective, the case manager will convene an extraordinary meeting of the multidisciplinary team to review the IAP in order to adjust the actions to the specifics of the moment or to change the way the case is approached.

The case manager will keep track of the monitoring visits, according to the case management methodology (Annex 13).

PROCEDURES

The case manager will analyze the IAP, from which he/she will extract the actions that were to be taken in the time period before the monitoring visit.

The purpose of home/institution visits will be to verify whether these actions had been undertaken.

During or after the visit, the case manager will record the details observed and the information collected about the situation of the child during interviews and discussions.

Based on these results, the case manager will analyze the evolution of the situation, the progress registered and the reasons for these results.

The case manager will make recommendations for adjusting subsequent interventions; if necessary he/she will decide upon new actions aimed at meeting the new needs of the child and the family.

The purpose of the visit, the results of the monitoring and the recommendations should be recorded in the evidence form for IAP monitoring visits, according to case management methodology.

The next visit will be recorded in the same form.

After each subsequent visit, the case manager will review the notes of the previous visit. Some messages will have to be checked during monitoring interviews with children, families and professionals. This will allow the case manager to analyze the evolution of the case over time, as it will simplify the visualization of all data collected during all monitoring visits, which is also to be included in the IAP monitoring form and attached to the child's file.

Reviewing the individual assistance plan

If there are no urgent situations, the first IAP review should be carried out 2 months after its implementation, then every 3 months, as well as when necessary. [23]

The purpose of the IAP review meeting is to analyze and discuss the results obtained during the implementation of the IAP, and to adjust or suggest new work directions and actions, depending on the evolution of the case.

For actions that were not accomplished by the set deadline, the reason is analyzed and, depending on the situation, the implementation deadline is extended or the action is fragmented into smaller tasks, which will gradually become more and more complex.

If the priority of the intervention was to strengthen the budget management capacity of the family, or raise awareness about the child's needs or the role of parents in providing a suitable environment for child care and development, during this meeting it may be decided to grant financial aid to the family (depending on the needs of the family).

After reviewing the IAP, parents and children are invited to the meeting. If the topic being discussed is a sensitive one, children will be asked to wait outside the office, and will be left in the care of an employee of the town hall. The case manager will present the changes made to the IAP, such as extending deadlines or involving additional actors relevant to the situation. He/she will make sure that parents understand their responsibilities and their role in implementing the proposed actions. The proposals and changes made will also be discussed with the child, but in a simpler and more accessible way, not without asking his/her opinion. Both the opinions of parents and children are to be recorded in the IAP.

At any IAP review meeting, the decision to close the child's file may be taken.

PROCEDURES

The case manager convenes the review meeting, and invites the members of the multidisciplinary team.

If necessary, other professionals, who may be relevant, or representatives of religious or community organizations in which parents are involved, may also be invited to attend.

The case manager acts as the moderator of the meeting.

During the meeting, the case manager records the suggestions and recommendations of members and writes down the deadlines of actions and the actors responsible for their achievement.

The case manager completes and adjusts the IAP, if new issues or aspects emerge during the discussion with parents.

A copy of the revised IAP is issued to the parents and the original is attached to the file.

The case manager communicates to the FS service manager the date of the IAP review, who in turn, makes the relevant notes in the family support register.

[23] Standard 21, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

4.6. The procedure of granting financial aid within the secondary family support service[24]

The need to grant financial aid to the family might arise immediately after the complex assessment, at the time of the development of the IAP, in order to ensure the urgent satisfaction of child's basic needs for food, clothing, sleeping accommodation and essential objects, that the family does not have. In order for aid to be granted, the case manager needs to demonstrate that he/she has evaluated all family and community resources.

Practice in the field demonstrates that the lack of living conditions and resources is not always a consequence of poverty or lack of income. In the vast majority of cases it is a consequence of family's inability to efficiently manage resources and prioritize expenditures. Without investing in strengthening these capacities, the financial aid granted may be inefficient, as the family might not have the capacity to capitalize on the support provided.

The case manager (an the members of the multidisciplinary team, if necessary) must identify and analyze very carefully the underlying causes of the family's difficulty, so that the solutions and recommendations proposed are primarily aimed at enhancing the resilience of parents and their ability to mobilize themselves to solve their own problems independently.

If the family is disorganized, follows dysfunctional family models, or has relational and psychosocial problems, giving money is not the only appropriate solution to these problems. In such cases, the intervention needs to, first of all, be focused on preparing the family for support and on helping parents realize that what is happening in the family/children's life is a consequence of their lifestyle and that adults need to make effort in order to change the situation - they have to make decisions and assume responsibilities.

Both parents and professionals involved must accept that it takes time, patience, support and continuous encouragement, in order to achieve changes in attitudes and understanding.

To support the family, it is advisable to capitalize on and make more efficient use of the family's own resources, including those of the extended family. Parents must strive to obtain material support, to demonstrate that they have tried to overcome the situation created or they must be supported and guided by the case manager to analyze what resources they could use and to prioritize household expenditures in order to meet their needs.

At this stage, it is important that the case manager does not take over the problem of parents and starts seeking solutions, instead of giving them the opportunity to come up with ideas, solutions and to find resources. This way parents will develop their self-confidence and will start believing that they can do all kinds of things; by finding solutions to their own problems they will self-assert themselves and will begin to appreciate the little they have; they will develop their creativity in finding solutions, thus enhancing their resilience.

Community resources and opportunities, including resources of the local public authority, universal services, local mutual support initiatives, religious or non-governmental organizations, are the second ones to be used to support the family.

[24] Standard 22, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

If these two sources of support are not effective and the problem cannot be diminished without financial assistance, the case manager will discuss with the supervisor and the FS service manager about the necessity of providing financial support, as well as about the way to provide it and its size.

Another issue that needs to be considered when making the decision to grant financial aid is the conditions subject to which it will be granted. If parents get access to resources easily, without making any effort and without taking any responsibility, then there is a risk that they will not appreciate the resources they receive, will not be interested in changing their lifestyles, will not strive to be successful and be able to earn enough resources to ensure their own livelihoods. Being demotivated, beneficiaries develop quickly a dependence on these resources.

When making decisions about the financial aid to be granted, the needs identified during the complex assessment, and the progress registered in the implementation of the IAP shall be taken into account. Consideration will be given to living conditions, seasonal factors that influence family income and the need to prepare the family for the cold season. The family benefiting from social assistance has the right to receive financial support, provided that they prove that they really need it.

The size of the transfer shall be decided according to the needs of each family, but should not exceed the maximum amount established by GD no.889 of 11.11.2013.

The case manager can request a single payment if the family needs a bigger sum (for instance to renovate their home, build a stove, buy wood and coal for the cold season, purchase furniture, domestic animals, clothing, or to cover other family and child needs).

If parents are not employed and have no income, it is recommended to provide the family a monthly payout for a fixed period of time, provided that this period is not longer than 6 months. During this time, parents, together with the case manager, will identify a stable source of income (will apply for the social benefits for which the family is eligible, will register with the Territorial Employment Agency, or will find a job).

If the supervisor and FS service manager confirm the need for financial support, the case manager will request for the case to be examined by TSAS, during the meeting of the Commission for the Protection of Children in Difficulty, in order to decide on the provision of financial aid.

Requesting and receiving financial aid

To request financial aid, the case manager presents to the FS service manager the report on the assessment of the situation of the child and his/her family. A copy of the assessment report is to be attached to the child's file.

The FS service manager records the request for financial support in the register of beneficiaries of secondary family support. The FS service manager will ensure that the requested financial support is reasonable and is essential, at that moment, in dealing with the family issue and the needs identified.

Once registered, the case is to be listed on the case examination list of the Commission for the Protection of Children in Difficulty.

The case manager, representatives of the local guardianship authority, parents/carers and the child must all be present at the meeting of the Commission for the Protection of Children in Difficulty, in order to discuss the case for granting financial aid.

The case manager briefly outlines the results of the complex assessment, the progress and the evolution of the IAP implementation, describes the attitude and the way parents engage in solving the problem and argues the need for financial support.

The representative of the local guardianship authority presents the actions taken on the given case at community level, and proves that he/she has exhausted all resources and options available in the community.

The members of the Commission for the Protection of Children in Difficulty will consult the parents and the child about the process the family is involved in, the actions planned and the need for financial support. At the same time, they will make sure that parents understand their responsibilities and the role they play in the intervention process and that they are aware of the expected outcome and the way their service usage will be monitored.

The members of the Commission for the Protection of Children in Difficulty express their opinions on the actions taken, formulate recommendations, including on the decision of whether to grant financial aid, in the size and method of granting proposed by the case manager.

The Commission issues a decision approving or disapproving the provision of financial support (Annex 14), depending on the case, which is accompanied by a recommendation to harness existing family and community resources, or to re-examine the case if new aspects related to the situation of the child and his/her families are identified.

The decision of the Commission for the Protection of Children in Difficulty is presented to the FS service manager, which he/she then uses to ask the head of TSAS to issue an order regarding the provision of financial support (Annex 15).

The FS service manager records the amount of aid to be granted in the register of beneficiaries of secondary family support (Annex 9). Copies of the decision of the Commission for the Protection of Children in Difficulty and of the order issued by the head of TSAS are sent to the case manager to be attached to the child's file.

Monitoring the use of financial support

The case manager will monitor, at least once a month, the use of the financial support provided, according to the planned actions and, if necessary, will support parents in managing the financial support they receive. In this sense, the case manager will collect receipts or other supporting documents (proof of purchase/note signed by the seller) from beneficiaries, which he/she will then attach to the child's file. At the same time, the case manager will record the way the money was spent in the statement on the use of financial support, which will be signed by the beneficiary and the case manager, and attached to the child's file (Annex 16). A copy of this document will be sent to the FS service manager, who will enclose it with all other documentation related to the case.

Discontinuing financial support

If the case manager finds out that the financial support is used for purposes other than those approved in the IAP, he/she asks the FS service manager to *discontinue the payment of the financial aid* (if the financial support is paid in monthly installments).

The Head of TSAS issues an order to discontinue the financial support (Annex 17) and sends a copy of this document to the case manager to be attached to the child's file.

In cases when the financial support is discontinued, the case manager will continue to assist the family and will reassess the situation of the child and the family (if necessary involving the multidisciplinary team).

4.7. Closing the case[25]

Once the IAP objectives are achieved, and it is found that the risks to the child that have conditioned the provision of the FS service are significantly reduced or diminished; that family relationships are significantly more stable; and that parents take good care of their children and respond adequately to their needs for growth and development, the case manager can close the case.

A case can be closed only after consulting the supervisor and FS service manager, especially when it comes to cases referred from district level or more complicated cases.

PROCEDURES

The case manager convenes the IAP review meeting.

The multidisciplinary team members relevant to the case are invited to the meeting.

The case manager acts as the moderator of the meeting. He/she will present the information gathered during the process of monitoring the implementation of the IAP and will explain the reasons behind the actions he/she recommends, including closing the case.

The participants to the meeting will analyze the progress and evolution of the beneficiary's situation, and explain the reasons behind the actions they suggest. Each member of the team will analyze progress in the field he/she represents.

Parents and children are invited to the meeting after discussions takes place, in order to communicate them the decision to end the intervention and close the case.

If it is established that there is a need for post-intervention monitoring, parents and children will be explained that the community social worker will continue to visit them at home, and their extended family, and will also talk to pedagogues and general practitioners about their family situation.

The case manager asks the local guardianship authority to issue an order to remove the child from the monitoring list of children at risk and close the case (Annex 19). The decision on the case closure is to be attached to the child's file. A copy of this decision needs to be sent to the FS service manager, who records the date when the child's file was closed in the register of beneficiaries of secondary family support, and archives the copy of the decision in the FS service documentation.

Post-intervention monitoring will be carried out after closing the child's file, especially in cases of complex interventions (cases which were referred to district-level specialized social services and subsequently returned to the community). Monitoring results are recorded in the evidence form for child/family monitoring visits in the child's file, according to case management methodology.

The post-intervention monitoring procedure involves keeping the family with children, who benefited from social services, in the watch of the community social worker. In this sense, at certain time intervals, the community social worker will carry out home visits, visits to the extended family, to educational institutions, or to the general practitioner.

The purpose of this monitoring is to provide the necessary support to maintain the stability of the situation, through programs and options available within universal services at community level.

[25] Standard 23, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

It is recommended that during post-intervention monitoring visits, the community social worker analyses the family situation in terms of the child wellbeing checklist, which is also used to identify concerns within the FS service (see Chapter 3, Section 3.3. Identifying families with children to benefit of primary family support).

4.8. Documenting the Family Support Service

4.8.1. Documenting the FS service at community level

The community social worker will keep record of the beneficiaries of the FS service.

The documentation on primary family support, drafted and completed systematically by the community social worker, differs depending on the activities or programs attended by families with children or only by children and includes the following:

Lists of participants in community prevention programs aimed at families with children in the community: groups of people who participated in information, awareness raising and dissemination activities; parental capacity building programs, support groups, and activities organized by the initiative groups in the community;

The audience register, which will contain the reason for the audience, records of families with children receiving individual information, consultation and mediation with universal community services; also used during audiences organized by the community social worker at his/her office in order to record spontaneous contacts with parents/carers, or with children and adolescents; used to keep record of families with children who have applied for material support, support from the Local Population Social Support Fund; or to keep track of families who have applied for social support, without opening a file for the child;

Initial assessments of families with children, for whom it was not necessary to open a case file. They are to be archived in a separate map;

The register of primary family support beneficiaries that will contain all the beneficiaries, who have participated in activities and programs.

The documentation on secondary family support drawn up by the community social worker will include:

The child's file completed according to the case management methodology.

The child's file[26] will be used to archive documents, information and products following the application of the case management methodology. These will be proofs and evidence of all actions taken on a particular case and will allow the interpretation of results and tracking the evolution of the child/family's situation.

CHILD'S FILE
If the case was identified through a referral addressed to the local guardianship authority, then the file will contain:
A copy of ***the referral*** that raised concern about the child's wellbeing;

[26] Standard 24, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

The provision of the local guardianship authority on ***the initial assessment*** of the family that takes care of the child and the composition of the multidisciplinary team that will carry out the home visit along with the community social worker;

If the case was identified by representatives of universal services or the community social worker, then the file shall contain:

The initial assessment form confirming or denouncing the presence of the risk situation and the need for a complex intervention, with the signatures of team members who were involved in the evaluation and those of child's parents;

The provision of the local guardianship authority on ***keeping track/record of the child at risk*** and on carrying out the ***complex assessment*** of the situation, followed by opening the child's file for the FS service;

The complex assessment form of the situation of the child (including certifying documents: copy of the child's birth certificate, the decision to establish guardianship, etc.) and the situation of the family (including certifying documents: identity cards of parents/carers, etc.), signed by parents and team members involved in the assessment process;

The individual assistance plan of the child, which will be completed and adjusted during review meetings, according to the progress of the intervention, signed by team members involved in the planning and review process and by parents;

The family-strengthening action plan as part of the IAP, which will be completed and adjusted during review meetings, according to the progress of the intervention, signed by team members involved in the planning and review process and by parents;

The collaboration agreement between the parent/carer and the community social worker, through which the parent expresses his/her wish to be involved in the implementation of the IAP actions;

Evidence of monitoring visits of the implementation of the IAP based on monitoring reports, which will be filed throughout the whole intervention until the closure of the file;

A copy of the assessment report on the situation of the child and the family, according to the annex to the Framework Regulation on the organization and Operation of the Family Support Service (GD no.889 of 11.11.2013), which is a short summary of the child's file for the FS service;

A copy of the decision of the Commission for the protection of children in difficulty regarding the provision of financial support specifying its purpose, size and method of granting;

A copy of the order of the head of TSAS on granting financial support;

Copies of documents confirming the payment and receipt of financial support;

The document confirming how the financial support was used, signed by parents/carers and the community social worker;

The provision of the local guardianship authority to remove the child from the monitoring list of children at risk and to ***close the child's file for the SF service***;

A record sheet that will be used for the post-intervention monitoring of more complicated cases, reintegration cases, cases where relapse may be possible, after ending the intervention and closing child's file.

4.8.2. Documenting the FS service at TSAS level

The FS service manager will keep record of beneficiaries of secondary family support, including those receiving financial support.

Documentation to be held by the FS service manager:

The register of beneficiaries of secondary family support;

The report on the complex assessment of the situation of the child and the family, to be used when requesting financial support;

The decision of the Commission for the protection of children in difficulty regarding the provision of financial support specifying its purpose, size and method of granting;

The order of the head of TSAS on granting financial support;

Documents confirming the payment and receipt of financial support;

A copy of the document confirming how the financial support was used, signed by parents/carers and the community social worker.

4.8.3. Keeping the documentation

Registers, lists of families benefitting of information support and programs within the primary family support service, archived initial assessments and files of children and families as recipients of the service at community level, are to be kept for 5 years in a safe place, according to the legislation.

The access of other community universal services professionals and representatives of the local public authority to documentation is limited. These people can only have access to files they are personally working on as members of the multidisciplinary team, for which they are directly involved in the process of assessing the situation of the child and the family, or intervening on the case.

It is recommended for the community social worker to install a password on the computer they are working on, in order to secure the personal data of the beneficiaries of the FS service. If several people work on the same computer, it is recommended that access to the service documentation files to be limited by a secure password.

The FS service manager will make sure that community social workers comply with FS service information security rules by undertaking field visits or by finding an IT specialist to inform and instruct service personnel to set passwords, encode data, etc.

Parents and children, depending on their age and level of understanding, will be provided with access to the information in the files, except for information that might affect their psycho-emotional state. For example, information related to the consequences of traumatic experiences, violence, neglect and exploitation.

The FS service documentation will be stored in the TSAS archive for 5 years, after which it should be destroyed.

V. DEVELOPING AND MANAGING THE FAMILY SUPPORT SERVICE

5.1. Developing the FS service

The development and delivery of the FS service is ensured by observing an annual cycle, based on closely related stages, which ensure that in the process of delivering the service, **the objectives** and the expected results are achieved through the **activities** that have been planned with **the allocated resources;** and that there is a reporting procedure that provides essential information for the development of **plans and budgets** required for the next financial year. These stages are: assessing the needs for the FS service, planning service activities, estimating resources and budgeting, the provision of the service itself, monitoring the implementation of the service, evaluating the results obtained and reporting.

The purpose of the FS service is to improve the quality of life of families with children, so as to prevent their "entry" into risk situations and the separation of children from their families. The process of planning and delivering the service must respond to their needs, and all actions taken within the service must contribute to improving the quality of life of families with children in the community, and especially of families experiencing certain difficulties or living in disadvantaged environments. The findings of the monitoring and evaluation of the FS service should be used to improve the quality of this service.

Assessing the needs of families with children for the social support service[27]

The needs assessment is the stage at which the situation of families with children in the community is analyzed, the main problems they face are identified, and the needs of families are established.

In communities, focus-group discussions will be organized in order to discuss the problems faced by families with children in the community, community issues that affect how parents take care of their children, the needs of parents with children, and support opportunities for families with children that

[27] Standard 25, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

may exist in communities, the number of families with children at risk, and the causal chain that conditions this situation. Representatives of the local public authority and universal services, community leaders and parents with children will all participate in these discussions. The community social worker will act as a moderator, guiding participants' suggestions and ideas towards the actions to be taken to ensure children's wellbeing and the strengthening of families.

The community social worker could organize a series of interviews with parents and children with diverse life experiences, including bad experiences, in order to discuss and ask their opinion about their needs. Families could also be asked if they can find solutions to their problems at community level, what are their unmet needs and what, in their view, could be the solution to improve their lives and to be more effectively supported in their role as parents.

Following these interviews and discussions, the community social worker will prioritize the problems identified, as well as the ideas and proposals generated at community level and will report to the FS service manager and the head of the Community Social Assistance Service.

The FS service manager will collect information on community needs and, together with the head of the Community Social Assistance Service, will identify local programs and opportunities that could be developed or strengthened as part of the primary family support, so as to meet the needs of families with children. The results of the needs assessment are to be included in the annual FS service activity plan.

Based on these needs assessments and the level of development of the FS service, the logical framework of the service will be formulated (Annex 20).

In order to establish the objectives of the FS service the following resources will be used: the quantitative data generated at community level (the number of families with children at risk, the number of children separated from families, etc.); the needs of families with children and their common problems at community level; the previous years' results, as well as the results obtained through the systematic monitoring and evaluation of the effects of activities undertaken on child wellbeing and the capacity of families to ensure the wellbeing of their children. The policies and strategic directions existent in the field will also be taken into account.

THE PURPOSE OF THE FS SERVICE:

Ensuring child wellbeing by strengthening parental capacities

The objectives of the FS service:

To provide the necessary support to strengthen parental capacities at community-level;

To strengthen the capacity of universal service representatives to identify early worries and signs of risk to child wellbeing and to act immediately;

To strengthen the capacity of community social workers to identify, evaluate, provide support and mobilize resources in the proximity the child and his/her family;

To mobilize community members to provide support to families with children in the community;

To strengthen the capacity of the local public authority in carrying out cost-effectiveness analyses of community prevention programs and immediate support for families with children who face various problems.

Outcomes/results of the FS service:

Community prevention programs developed at community level;

Communication campaigns to promote the service and raise awareness of the general public;

Professionally assessed and assisted cases;
Motivated multidisciplinary teams involved in all stages of support;
Continuous training for service staff - community social workers, supervisors;
A functional supervision mechanism;
Budget available for organizing prevention programs and providing financial support to families.

5.2. The annual planning of activities[28]

The annual planning of activities is the stage where the FS service manager, in collaboration with the head of the Community Social Assistance Service, establishes the activities that need to be carried out, based on the objectives and expected outcomes of the service.

Subsequently, the activities are analyzed and prioritized, starting with short-term ones, on which the further development of the FS service depends. Activities to be carried out in the following year are identified and included in the annual service plan.

If the FS service has not yet been developed or is at an early stage, the planning will focus on consolidating the service and on actions that will regulate the organization and operation of the FS service at district level, such as: approving the regulation, expanding the number of staff, and approving a minimum budget necessary to initiate the service.

It is recommended that among the first actions planned to be the strengthening of the capacity of the service personnel, starting with the training of community social workers on the provision of the FS service, on moderating groups within prevention programs, on methods and techniques to be used (observation, interviewing and communication, etc.), as well as on using the case management methodology when dealing with personal files. At the TSAS level, the capacity of professionals to provide ongoing consultation and support when dealing with cases will also be strengthened. At the same time, it is advisable to train members of the Commission for the Protection of Children in Difficulty on the specifics of the FS service.

Once the capacities of staff are strengthened, the next stage will be initiated, which will include the promotion of the FS service, the organization of prevention activities and programs, and the continuous training and supervision of community social workers in their work with families.

The FS service manager will make sure that the planning stage reflects the preparation of the service delivery process, including: drawing up the concepts and documents necessary to carry out necessary activities, developing informative materials for distribution and display in public spaces, identifying the professionals to be involved in the process, possibly signing collaboration agreements with universal service representatives or other local organizations and institutions, etc.

Activities will be set according to the expected results in the coming year.

During the budgeting process, the necessary resources for each individual activity will be identified: human and financial resources, equipment, and materials. Estimating the cost of these resources for each activity will help achieve the planned results for the coming year.

Following this model, the annual service provision process is developed and planned at the district level. The Annual Action Plan for the provision of the FS service is to be approved by the head of TSAS

[28] Standard 27, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

and incorporated into the TSAS Activity Plan for the next year, and including for the allocation of the necessary financial resources.

5.3. Budgeting the service

Budgeting involves an annual prediction of the funds required to provide the FS service at district level. The FS service is financed out of the budgets of second-level territorial-administrative units, grants, donations, etc. The budget is drafted according to the spending rules set by the Ministry of Finance, and in accordance with the priorities set by local public authorities and the resources available at local level.

It is known that the budget does not always cover the real needs identified within the FS service, and this will have certain implications: first of all, the need to prioritize actions within the service, to make more efficient use of existing resources, as well as to diversify the sources of funding.

In order to estimate the budget needed to deliver the service, the resources needed to carry out the identified activities will be taken into account.

For example, the resources needed to deliver the primary family support service could be categorized into the following categories:

Informational material (brochures, flyers, posters) to promote the FS service;

Thematic material (promoting child wellbeing, family strengthening, advice for parents, etc.);

Resources for group meeting (snacks, office supplies, etc.);

And the resources needed to provide the secondary family support service could be categorized into the following categories:

Training of community social workers;

Logistic support (equipment and office supplies) to maintain the FS service documentation;

Supervision and continuous training of community social workers in dealing with the case;

Providing monetary support to families with children;

Transport and fuel for supervision and home visits, etc.

Planning the resources needed to initiate community prevention programs could start with estimating the cost of editing the informational and thematic material, planning the necessary expenses of organizing the groups, etc. Organizations and institutions in the community, businesses and community members could be attracted through fundraising campaigns, especially when community prevention programs are to be initiated.

If, as a result of the needs assessment, it is decided to initiate training programs for parents, then the possibility of implementing these programs will be considered, initially in 5 communities. It is recommended that implementation starts in communities where community social workers have more experience in working with families with children, and could replicate the group organization methodology with groups of supervised social workers.

For example, in order to estimate the necessary expenses of organizing ‘parents’ schools’ in 5 communities, for groups of 30 people each, it should be taken into account that informational and thematic materials, office supplies and snacks will be needed for 150 persons.

This exercise can also be used to determine and justify the budget needed to provide financial support within the secondary family support service.

The FS service manager, in collaboration with the head of the Community Social Assistance Service, the head of TSAS, and the TSAS accountant, will estimate the budget needed to provide financial assistance, taking into account the level of development of the FS service and the resources available locally.

To begin with, if the FS service is only being initiated, the service manager, after prior consultation with the head of the Community Social Assistance Service, could set, for example, a fixed number of family support cases that each social worker could work on during a year. Setting this norm does not limit the number of files that can be open, because at community level the social worker opens files and works with cases regardless of the available budget. Moreover, the assessment and assistance processes recommend exploring the resources available within the family, the extended family, and in the community.

Setting a fixed number of cases that a social worker could work on during a year will serve as an initial benchmark for the FS service manager, that he/she could use to estimate an approximate budget. The file-opening rate will also be taken into account. For example, for a district with 30 communities, with 5 financial support files each, it will be necessary – 450,000 MDL, assuming that each child is entitled to 3,000 MDL (GD no.889 of 11.11.2013).

The annual dynamics of the FS service cases that needed financial support and the number of files opened annually by the community social worker, within the service, can serve as a basis for calculating the need for financial support for the following year. If the number of beneficiaries becomes more or less stable, then it could be assumed that for the next year a sum similar to that of the previous year will be required. If there is an annual increase in the number of beneficiaries, it will be necessary to increase the budget for the following year.

Expenses on office supplies, transportation, etc. can be estimated using to the same principle.

The FS service manager, in collaboration with the head of the Community Social Assistance Service, will analyze the specifics of issues and the reasons why families need financial support in order to identify and classify similarities. Classification of reasons can serve as a basis for initiating investigations and studying possible alternatives to financial support.

For example, if there are several families whose issues could be solved by providing building materials, then it is necessary to identify and raise the awareness of companies producing construction materials in order to see if the could make any donations. Or, if the vast majority of families required clothing and footwear for children, then it would be necessary to identify local economic agents, producers or sellers who could offer/donate the necessary goods. It is recommended to sign collaboration agreements with these partners or donors, in order to establish a reporting procedure on the use of donated resources.

Ideally, the community social worker, in collaboration with the local guardianship authority, could initiate partnerships with local producers and leaders. At the level of community mobilization activities, campaigns could be launched to collect food, clothing and footwear, or to exchange them within mutual support groups, while ensuring respect for human dignity and preventing episodes of humiliation for those in need of support.

5.4. Monitoring the implementation of the FS service[29]

Monitoring the implementation of the FS service involves the systematic collection of data and the synthesis of information on the activities carried out, the human, material and financial resources used, the processes and the immediate results achieved.

During the monitoring process the following will be collected:

quantitative data that can be measured and collected based on predefined forms, matrices and reports;

qualitative data, with reference to qualities or features, in the form of descriptive information. These data describe processes and behaviors that occur in the context of implementation (case studies, interviews, group discussions, observations, questionnaires, documentation analysis).

The data collection process requires prior structuring, planning and organization, because it involves different sources and collection methods, various actors involved; there is also time required for the tantalization and integration of the FS service data in the TSAS report. In order to collect qualitative data it is necessary to organize field visits, to interview beneficiaries, involved partners, members of the community, etc.

All service personnel should be involved in monitoring the implementation of the FS service, and everyone should be allocated tasks, responsibilities and roles.

PROCEDURES

The manager of the FS service, with the support of the head of the Community Social Assistance Service shall:

Draft the format of statistical reports for the collection of quantitative data on community prevention programs and on the work with families with children in the secondary family support service;

Elaborate questionnaires for collecting qualitative data;

Plan the data collection process, its periodicity and deadlines;

Collect statistical reports at community level;

Compile and aggregate the quantitative data collected from all communities and those existent at service level;

Verify how the service is delivered, how activities are carried out within the service, and whether the results are consistent with the planned activities.

The community social worker**,** at community level shall:

Complete and send statistical reports to the FS service manager;

Perform interviews using the questionnaires developed within the service and send the completed questionnaires to the FS service manager;

Sends the contents of the complaints book to be analyzed;

Prepares and sends the narrative report on the provision of the service.

[29] Standard 27, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

Periodicity and data collection tools

At the end of each month, the community social worker will complete the statistical report (Annex 22) of the FS service with data from the participants' lists, the audience register, and the register of the beneficiaries of primary family support. The report needs to be sent to the FS service manager, by the 5th of each month.

The statistical report on primary prevention community programs within the primary family support service will contain data on:

Information activities to promote the service;

Information activities;

Facilitating the access of individuals, whose initial assessment was not required, to universal services (education, health), public order services, and those provided by the local public administration, etc.;

Educational groups for parents;

Mutual support groups;

Community groups.

The statistical report on targeted community prevention programs, within the primary family support service, will contain data on:

The initial assessments carried out;

The classification of initial assessments;

Educational programs for children;

Educational programs for parents.

The statistical report on secondary family support will contain data on:

Children's files that are being worked on (excluding new files opened during the reporting month);

Files of new children, opened during the reporting month;

Children's files closed during the reporting month;

Files related to the provision of financial support;

Children's files that were referred to specialized services, but remained open at community level.

In addition to statistical reports, the community social worker will produce a narrative report every year, in which should be included details regarding service provision, personal views on the process and the effectiveness of the activities carried out, an analysis of the problems faced in the process of providing the service, a description of personal findings and conclusions or those suggested by partners, beneficiaries, or community members. These reports are to be reviewed by the FS service manager, synthesized and mentioned in the annual reports on the FS service provision at district level.

In addition to the data collected at community level, the FS service manager will keep track of the files referred for financial support.

The FS service manager will aggregate the information received at community level and that available from his/her own records every 4, 6 and 12 months and will review the progress made.

The qualitative data on the provision of the FS service will be collected annually. The manager will develop questionnaires, which the community social worker will use to conduct interviews with children and parents beneficiaries of the service, representatives of universal services, members of multidisciplinary teams formed to assess the case and implement the intervention, as well as with representatives of the local public authorities and members of the community. The questionnaires will include questions to investigate the interviewee's opinion on the activities carried out within the FS service, their effectiveness, etc. (Annex 23).

In addition to questionnaires, the FS service manager will also use the information gathered from the complaints of families and children who benefit of the service.

5.5. The procedure for making and examining complaints[30]

The reason for initiating the complaints procedure is to provide the opportunity for FS service beneficiaries and community members to express their opinions and complaints regarding the quality of the service they have received, and the activity of the service personnel. This opportunity will help increase the level of trust that families feel towards the service, but also to improve the quality of the service itself.

The reasons why complaints have been filed will be taken into account when assessing and monitoring the quality of service provision. This information will mainly contribute to adjusting and streamlining procedures, methods, and how staff work with family with children, including their attitudes toward beneficiaries, whether they ensure accessibility through information, disseminate information, and have time available to support them, etc.

The complaints submission and examination procedure, approved by the MLSPF[31], must be adopted and subsequently approved at the local level by order of the TSAS chief and implemented within all social services in the district.

PROCEDURES

The FS service manager will help install boxes for complaints regarding the FS service. This box can be installed in the town hall, near the social worker's office. It is recommended to install a box that can be locked to prevent the contents from being extracted.

A panel will be placed next to this box, on which can be displayed the following:

Posters, brochures and leaflets regarding the service (see Chapter 3, Section 3.1.1. Information, awareness raising and dissemination of information);

A brief description of the reason why this box was installed;

Information about the complaints collection and examination procedure by the FS service manager;

Information on confidentiality aspects and a note ensuring individuals that the filing of the complaint will not negatively influence the way they are treated.

[30] Standard 15, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

[31] The guide on the operationalization of the mechanism of managing new complaints, to be implemented by TSAS, approved by MLSPF Order no.208 of 22.12.2015

Simultaneously with installing the complaints box, the community social worker will inform beneficiaries about the opportunity to express their opinion on how they were served or talk about the difficult or problematic aspects of the service, and will encourage them to use the box installed in the town hall.

The contents of the box will be retrieved each month and will be sent to the FS service manager for review.

The FS service manager will create a register for complaints (if the name and address of the person who filed the complaint is indicated), in which will be recorded information on how complaints are examined and the measures taken in accordance with the methodology developed by MLSPF. The problematic issues identified in the complaints will be used to assess the quality of FS service provision. Some of these can serve to initiate changes in service delivery, attitudes, ways of communicating with recipients, and to improve community-level access to the service. It is recommended that topics related to attitude and communication with the beneficiary to be included in the agendas of supervision sessions. To address issues of fairness and moral aspects of relationships with recipients, it may be necessary to undertake field visits to the communities.

5.6. Evaluating the efficiency of the FS service[32]

Evaluating the efficiency of the FS service involves analyzing the information collected (quantitative and qualitative data) during the service implementation monitoring process, in order to identify the progress made or its absence in achieving the objectives, the expected results and the quality of the services provided, etc., according to the logical framework of the FS service.

The data is analyzed by comparing monitoring findings at certain time intervals to highlight changes resulting from service provision or deviations from the original objectives.

The FS service manager will analyze how the service is implemented by comparing the information collected with previous data and information in order to identify trends, dynamics and changes over time. These statistics will be used to detect the issues that emerged during the implementation stage and their cause in order to identify the progress made in time in terms of service implementation. The manager will also analyze information on the opinions and perceptions of children and parents - direct beneficiaries of the SF service, that was obtained from interviews and from the complaints filed regarding the service.

The findings and conclusions regarding the provision of the FS service obtained as a result of the data analysis will serve as a basis for making recommendations for further adjustments and changes, for learning from experiences and for improving management, as well as for planning actions for the next period.

The evaluation of service delivery results will be carried out annually, and it will imply analyzing the effects that the service has had on families with children; whether the activities performed within the service have generated the desired changes and outcomes in the lives of families with children and have led to the improvement of parents' capacity to ensure the wellbeing of their children; and whether they have not aggravated the issues of families, but have instead prevented them from 'entering' a risk situation.

In order to evaluate the results obtained from the delivery process, the FS service manager will use the logical framework of the service. The logical framework is an instrument that provides the opportunity to structure and establish a logical link between the purpose and the objectives of the

[32] Standard 27, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

service, the actions to be undertaken and the resources needed to carry out these activities. This tool offers the possibility to link the activities of the implementation process to the effects of these activities upon families with children. These data will demonstrate whether the service provided led to a reduction in the number of cases of children at risk, as well as to a reduction in the number of cases when the child had to be separated from his/her family.

5.7. Reporting[33]

The FS service manager drafts an annual report on service provision at district level that will contain the conclusions, findings and recommendations obtained as a result of assessing progress, trends and performance in service implementation; the suggestions of social workers; and the opinions of children and families beneficiaries of the service, partner universities, NGOs and religious organizations involved, as well as the views of community members.

The purpose of this report is to inform the head of TSAS of the results obtained, to convince him/her about the adjustments that need to be made to the service delivery process, and to improve the quality of service delivery and staff performance, using as evidence the findings obtained during the monitoring and evaluation processes. This may involve changing the action plan, redirecting resources, and hiring staff.

Ideally, reports could be used to communicate to citizens, local public authorities, local institutions and organizations, donors, decision-makers at central level and other stakeholders about the progress and performance found in the evaluation process, the results obtained and the changes caused by the service.

If necessary, the manager may suggest modifying and adjusting the regulatory framework of the FS service. These suggestions, after being discussed and confirmed with the head of TSAS, shall be forwarded to the relevant directorate of the MLSPF.

[33] Standard 27, The minimum quality standards for the Social Support Service for Families with Children, GD no.780 of 25.09.14

CONFIDENTIALITY AGREEMENT

I, the undersigned,_____,

(name, surname)

position_____, institution

_____

As a member of the multidisciplinary team, I hereby confirm that:

I will preserve the confidentiality of personal information about children and their families, to which I have access during the evaluation process and during meetings, where details of their personal lives are discussed;

I will make sure that the documentation I produce or receive in the context of evaluation and intervention is kept under limited access conditions for other people irrelevant to the case.

At the same time, if I believe that it is necessary to share confidential information, I will make sure that:

The professional or institution, with which the information is shared, is relevant to the issue and situation of the case;

The child, depending on his/her age and ability to understand, as well as his/her legal representative, allows their case to be discussed with or information to be forwarded to professionals relevant to the case;

I will not share confidential information without the consent of the child and of his/her legal representative unless I believe that the situation affects the health and development of the child.

Date:_____

Signature:_____

ACTION PLAN FOR THE DISSEMINATION OF INFORMATION ON THE FAMILY SUPPORT SERVICE AT COMMUNITY LEVEL

No.	Activity	Methodology used	Time needed	Resources needed	Who is in charge?	Expected outcomes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

Annex 3
MONTHLY COMMUNITY MOBILIZATION ACTION PLANFOR FAMILY STRENGTHENING (based on the protective factors)

MONTHLY COMMUNITY MOBILIZATION ACTION PLANFOR FAMILY STRENGTHENING (based on the protective factors)

Month_____ Year_____/ community activities based on protective factors					
Parental resilience	**Family social support network**	**Practical support when necessary**	**Parents' capacity to ensure child's care and development**	**Developing child's emotional and social skills**	**Events**
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Sunday**
1. Organizing a workshop for parents to relieve stress and learn relaxation techniques (e.g. yoga, meditation, self-care) in partnership with: the sports club (or sports teachers), local hairdresser, school psychologist, etc.	2. Organizing an "ice-cream party" for parents to socialize in partnership with the local grocery store.	3. Contacting each service provider in the community to request useful information about the events they organize and about existent facilities for families with children.	4. Distributing informational and thematic materials for the education of parents.	5. Hosting an event on how to organize free time and what games to parents could play with their young children.	7. Organizing a meeting with parents at the church to discuss the difficulties they encounter as parents and to encourage them to overcome these difficulties.

8. Organizing a training on "Empathic listening and communication with parents", for people working with families, in partnership with DSAFP, school psychologist, academics, etc.	9. Publishing a monthly magazine presenting events that families in the community could attend. The magazine will be coordinated with schools, churches, NGOs, libraries, etc.	10. Attracting local economic agents to give to charity (donations of money or goods) and to participate in actions aimed at supporting families with children.	11. Creating a resource library for parents within a community space or on the premises of the local public authority.	12. Getting adolescents and teenagers to prepare a presentation about intimidating children, and helping them find a venue and the necessary informational resources.	14. Organizing a "Community Group" to raise awareness of the protective factors for families with children in the community.
15. Organizing an information meeting at 'parents' café', where parents will receive childcare tips and will share their "best moments as a parent". The activity will be organized in partnership with the nurse, kindergarten educators, teachers, psychologist, NGOs, etc.	16. Coming up with a way of saying 'welcome' to families that have recently moved into the community and organizing an event to meet them.	17. Organizing a meeting with service providers running prevention programs and activities in places visited by parents (libraries, shops, schools) for them to present the services they provide.	18. Organizing public presentations and making arrangements for situational consultations for fathers on childcare and development.	19. Establishing partnerships with local children's stores or libraries to provide families with books (containing stories about children's feelings and experiences) and toys that can be used in parents' common activities with their children.	21. Organizing the community initiative group meeting, with representatives from different sectors (education, healthcare, social assistance and child protection), as well as philanthropists or donors, priests, etc.

22. Creating the community panel "The Panel of Dreams", where families can share their dreams about child care and development. These panels can be good sources of suggestions, which can then be taken over and discussed within community groups and included in the planning of activities.	23. Training local businesses that are in contact with families and developing family-friendly policies.	24. Organizing a 'Community Exchange' event for families, where they can exchange objects and activities, books, school supplies, or clothes. Storage of goods to be later used by families.	25. Organizing thematic group discussions for parents on child care and development, to which teachers or nurses can be also invited.	26. Negotiating with the local library to store videos and brochures or books on the socio-emotional development of children. These materials will be made available to parents for consultation and information.	28. Negotiating with the local library to install a screen next to the children's books section, where parenting information about child behavior, emotions, etc. will be presented.
29. Inviting representatives with academic backgrounds, psychologists, specialized NGOs, physicians to provide support in detecting depression in parents and providing support to overcome critical situations.	30. Organizing meetings with groups of parents and encouraging them to communicate and learn new things about local services.	31. Developing a list of "10 things that can be done for family strengthening", and publishing it, with the help of the local press service, and displaying it in public places, or on informative panels.	32. Organizing a future-parent training workshop for adolescents and young people, where nurses, maternity workers, etc. can be invited.	33. Organizing events with the help of animators to give children theatrical lessons, which are useful for developing their social skills (nicknames, emotion recognition, etc.).	34. Inviting musical, theatrical and dance bands, artists and animators to organize festivals dedicated to families with children.

INITIAL ASSESSMENT[34] OF THE CHILD[35]

of_____20

I. General information:

Child's name and surname_____

Child's date of birth_____

Name and surname of:

Mother _____

Father _____

Carer[36] _____

_____

Address from the child's place of residence, tel. no. _____

_____

Home address (if different from the place of residence, tel. no.) _____

_____

_____

Source of referral:

□ Direct addressing

□ Community social worker

□ Referral file

□ Institution, authority, professional, individual _____

[34] The initial assessment form approved by MLSPF Order no. 96 of 18.05.2016.

[35] The initial assessment is done for all children in the family in separate forms for each child. Initial assessment is done only for children in the biological family or guardianship/trusteeship.

[36] The carer is the person in charge of the child at the time of the assessment (tutor/curator, foster carer, parent-educator, etc.).

II. Reason for performing the initial assessment (to be completed until the family visit): (tick the wellbeing indicators for which there is concern or that are the subject of the referral)		
		Details
Safe	□	
Healthy	□	
Achieving	□	
Nurtured	□	
Active	□	
Respected	□	
Responsible	□	
Included	□	

III. Individuals living with the child at the time of the assessment: (from the discussion with the adult/adults and the child)				
	Name, surname	**Date of birth**	**Kinship to the child, another type of relationship**	**Occupation**
1				
2				
3				
4				
5				

IV. Tick the wellbeing indicators for which you are concerned: (as observed and from the discussion with adults and the child)		
		Details
Safe	□	
Healthy	□	
Achieving	□	
Nurtured	□	
Active	□	
Respected	□	
Responsible	□	
Included	□	

V. Other comments: (mention other aspects relevant to the situation of the child/family that were not previously mentioned)

VI. Conclusions and recommendations: (analyze the information gathered and suggest the necessary intervention for the child and the family)		
Necessary actions	**Tick**	**Reasons** (describe):
Urgently removing the child from the family, opening a file for the child	☐	
Keeping the child in the family, removing the aggressor (protection order), opening a file for the child	☐	
Opening a file for the child	☐	
Providing social assistance (primary family support)	☐	
There are no actions necessary, the referral will be classified	☐	

The signature of the parent/carer:	
Name, surname	**Signature**

The initial assessment is performed by:		
Name, surname	**Position and institution represented**	**Signature**

Annex 5
LIST OF PARTICIPANTS TO THE PROGRAM
ORGANIZED WITHIN THE PRIMARY FAMILY SUPPORT SERVICE

LIST OF PARTICIPANTS TO THE PROGRAM
ORGANIZED WITHIN THE PRIMARY FAMILY SUPPORT SERVICE

_____

Date:_____

Venue:_____

No.	Parents' name and surname	Child's name, surname and age	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

Activity totals - participants:

No. of parents	F	M
No. of children	F	M
Total no. of participants		

Community social worker, name, community _____

Annex 6

REGISTER OF PRIMARY FAMILY SUPPORT BENEFICIARIES

No.	General information				Actions taken	Initial assessment: Date, Recommen-dations:
	Child's name and surname	Day / month / year of birth of the child	Mother / carer	Father / carer		

Annex 7
ORDER ON KEEPING RECORD OF THE CHILD AT RISK AND PERFORMING THE COMPLEX ASSESSMENT

Town hall header

ORDER

of the local guardianship authority (community) _____

ON KEEPING RECORD OF THE CHILD AT RISK AND PERFORMING THE COMPLEX ASSESSMENT

No._____ date _____

In accordance with the provisions of paragraph (4), Article 9 of the Law on the special protection of children in risk situations and children separated from parents no. 140 of 14.06.2013,

as well as the findings of the initial assessment of the situation of the child and the family, which confirmed that the child is at risk, and the following wellbeing indicators are affected: _____

_____

Order:

To keep record and perform the complex assessment of the following child at risk:

(name and surname) _____ ,

date of birth (date, month, year) _____ ,

birth certificate (personal code) _____

The multidisciplinary team that will participate to the complex assessment and the implementation of the individual assistance plan will have the following members: _____

_____

_____

_____

_____

Mayor (name and surname) _____

Signature _____

CHILD'S CASE FILE
(cover)

no. _____ of _____

Child (name and surname):_____

Child's date, month and year of birth:_____

Family (name and surname of parents/carers): _____

_____

Address (village):_____

Contact details (tel.):_____

REGISTER OF SECONDARY FAMILY SUPPORT BENEFICIARIES

No.	File number	General information				The date the file was opened	Financial support beneficiary (amount)	The date the file was closed
		The child (name and surname)	Child's date/ month /year of birth	Mother / carer	Father / carer			

COMPLEX ASSESSMENT[37],[38]

Period of assessment: from_____ to _____

A. The complex assessment of the child[39]

I. General information:	
Child's name	
Date of birth	
Gender	□ F □ M
Address (child's place residence at the time of the assessment)	
Child's IDNP / birth certificate number (if he/she has no IDNP)	
Child's status: □ temporary without parental care; □ without parental care; □ separated from parents because of migration; □ separated from parents because of an imminent danger; □ undetermined status; □ not applicable.	

[37] The complex assessment form approved by MLSPF Order no. 96 of 18.05.2016

[38] For children in residential institutions, placement centers, foster care, family type homes, only section I (General information) and section II (Details on child's contact with community services) are to be completed at the stage of preparing for their reintegration.

[39] The complex assessment is done for all children in the family, in separate forms for each child.

<table>
<tr><th colspan="4">II. Information on child's contact with the following services:</th></tr>
<tr><td colspan="4">Education</td></tr>
<tr><td>Current situation</td><td colspan="3">Previous experience</td></tr>
<tr><td rowspan="8">1. The child is enrolled in the following educational institution:
□ kindergarten
□ primary school
□ gymnasium
□ lyceum
□ college
□ vocational school
□ special school
□ residential institution
□ is not enrolled in any educational institution.
Name of the institution:
Enrollment date:
Year of study:
Current personal tutor/educator (name):
Contact details:
The child has SEN □ Yes □ No
Confirmed by (name, no. of the document)
_____</td><td colspan="3">Educational institutions previously attended by the child[5]:</td></tr>
<tr><td>Institution</td><td>Child's age at enrollment</td><td>The reason for transferring the child to another institution</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

2. The child benefits of inclusive education:[4] □ total □ partial □ home training Teaching support staff (name): Contact details: Individual Educational Plan (IEP) developed: □ Yes □ No The date the IEP was elaborated _____	
Health	
Current situation	**Previous experience**
1. The medical institution where the child is registered: _____ _____ 2. General practitioner/nurse (name): _____ _____ Contact details: _____ _____ □ Is not registered with the GP, because: _____ _____ 3. Is registered with the specialist doctor, because of: □ disability □ chronic diseases □ other health problems Name and profile of specialist doctor: _____ _____ The date of the last visit: _____	The child has benefited of treatment with the following regime: □ stationary, duration _____ □ sanatorium, duration _____ □ rehabilitation, duration_____ □ ambulatory, duration_____

The reason for visiting the specialist doctor: □ Is not registered with the specialist doctor: _____ _____	

Social Assistance	
Current situation	**Previous experience**
The child benefits of social assistance: □ social services □ benefits □ the child does not benefit of social assistance	The child has benefitted of social assistance: □ social services □ benefits □ the child has not benefitted of social assistance
Separation from the biological family	**Previous experience of separation from the biological family**
The child is separated from his/her biological family: □ Yes □ No □ foster care □ family type homes □ guardianship□ residential institution	The child was separated from his/her biological family: □ Yes □ No □ foster care □ family type homes □ guardianship□ residential institution

Public order	
Current situation	**Previous experience**
□ the child is registered with law enforcement authorities □ the child is not registered with law enforcement authorities Field officer (name): _____ _____ Contact details: _____ _____	□ the child was registered with law enforcement authorities □ the child was not registered with law enforcement authorities

III. Child's wellbeing: (tick option for each child wellbeing indicator and give explanations)				
1. Safe				
The child feels/is safe at home (is not exposed to domestic violence, parents/carers use non-violent methods of child discipline)		Yes □	No □	Partially □
The dwelling of the child is adequate for his/her growth and development (it is connected to electricity, heats up, the roof is not leaking, there are adequate sleeping conditions, etc.)		Yes □	No □	Partially □
The parent/carer ensures the necessary safety conditions, protecting the child from traumas and accidents at home (the rules for the use of stoves and electrical or gas-powered equipment are respected, etc.)		Yes □	No □	Partially □
The child feels safe at school/kindergarten (is not subject to violence, discrimination by children and/or adults, there is no risk of injury, trauma)	Not applicable □	Yes □	No □	Partially □
The child feels safe in the community (he/she is not afraid to walk in the community/in the case of young children and those with disabilities - goes out with a companion)	Not applicable □	Yes □	No □	Partially □
The disabled child who is incapable of taking care of himself/herself or the child aged 0-5 years is always under the supervision of an adult.	Not applicable □	Yes □	No □	Sometimes □
The child has someone to talk to when he/she needs to.	Not applicable □	Yes □	No □	Sometimes □
The parent/carer always knows the location of the child (when the child is not at home) .		Yes □	No □	Sometimes □

Provide details for the situations when you answered "No", "Partially", "Sometimes"				
2. Healthy				
The child has individual personal hygiene items (toothbrush, comb, towel and underwear) that are kept clean in hygienic places.		Yes □	No □	Partially □
The child has formed habits to maintain personal hygiene, clean his/her clothes and room.	Not applicable □	Yes □	No □	Partially □
The child with health problems undergoes regular investigations and treatment/rehabilitation	Not applicable □	Yes □	No □	Partially □
The child is fed regularly, and accordingly to his needs.		Yes □	No □	Partially □
The child knows and understands his/her health needs and has the ability to take care of them (drug administration, diets, etc.)	Not applicable □	Yes □	No □	Partially □
The child adopts a healthy lifestyle (does not consume drugs, alcohol, practices sports, eats healthy)	Not applicable □	Yes □	No □	Partially □
Provide details for the situations when you answered "No" or "Partially"				
3. Achieving				
The child has been given conditions for development and learning, according to his/her age (toys, books, textbooks, space, etc.)		Yes □	No □	Partially □
The child makes an effort to complete the task (knows how to find solutions, overcome difficult situations)	Not applicable □	Yes □	No □	Partially □
The child attends the educational institution	Not applicable □	Yes □	No □	Partially □
The child is progressing according to his/her potential;	Yes □	No, but makes efforts □		No □
The child receives additional support at school when necessary	Not applicable □	Yes □	No □	Partially □

The child is supported and encouraged by parents/carers to develop new capacities, to do his/her homework, to practice various activities	Not applicable □	Yes □	No □	Partially □
The child is learning to be independent	Not applicable □	Yes □	No □	Partially □
The child has aspirations for the future, wants to continue his/her studies, practice a profession	Not applicable □	Yes □		No □
Provide details for the situations when you answered "No" or "Partially"				

4. Nurtured				
The child is attached to at least one parent / carer / other person		Yes □	No □	
The child knows an adult person with whom he/she can talk, share emotions and feelings	Not applicable □	Yes □	No □	
The child receives affection from those close to him/her (hugs, emotional warmth, cuddling)		Yes □	No □	Partially □
The child has a neat look (clean and seasonally adequate clothing, combed and trimmed hair)		Yes □	No □	Partially □
The child is optimistic, sociable and positive in his/her relationships with others	Not applicable □	Yes □	No □	Partially □
Provide details for the situations when you answered "No" or "Partially"				

5. Active					
The child is involved in leisure activities (rest, sports, dance, music, etc.)	No □	Not applicable □	With the family □	At school □	In the community □
The parent/carer encourages child's participation in activities, in the family, a school, and in the community (cultural and sports activities, games, interest-based activities)		Not applicable □	Yes □	No □	Partially □

Parent/carer ensures a balance between learning activities, household responsibilities and recreation	Not applicable □	Yes □	No □	Partially □
Provide details for the situations when you answered "No" or "Partially"				
6. Respected				
The child feels respected, listened to and taken seriously (in the family, at school, in the community)	Not applicable □	Yes □	No □	Partially □
The child feels involved in making decisions that affect him/her (in the family, at school, in the community)	Not applicable □	Yes □	No □	Partially □
The child is encourage to express his/her own opinion (in the family, at school, in the community)	Not applicable □	Yes □	No □	Partially □
The child respect people around him/her and their opinions; he/she helps others	Not applicable □	Yes □	No □	Partially □
The parent/carer respects child's privacy and personal space	Not applicable □	Yes □	No □	Partially □
Provide details for the situations when you answered "No" or "Partially"				
7. Responsible				
The child feels responsible for his/her actions, can differentiate the good from the bad	Not applicable □	Yes □	No □	Partially □
The child respects rules and follows instructions – in the family, at school and in the community	Not applicable □	Yes □	No □	Partially □
The child has responsibilities adequate for his/her age and potential, in the family, at school and in the community	Not applicable □	Yes □	No □	Partially □
Provide details for the situations when you answered "No" or "Partially"				

8. Included				
The child communicates with his/her fellows, and feel that he/she belongs to a group (friends, colleagues, neighbors, community)	Not applicable ☐	Yes ☐	No ☐	Partially ☐
The child is in systematic contact with important adults that support and trust him/her	Not applicable ☐	Yes ☐	No ☐	Partially ☐
The child participates in family activities and events	Not applicable ☐	Yes ☐	No ☐	Partially ☐
The child with SEN is supported in his/her development and learning process	Not applicable ☐	Yes ☐	No ☐	Partially ☐
Provide details for the situations when you answered "No" or "Partially"				

IV. Conclusions		
Wellbeing indicators affected		**Actions undertaken before the complex assessment (by the family, community, universal services)**
Safe		
Healthy		
Achieving		
Nurtured		
Active		
Respected		
Responsible		

Included		

Child's strengths	Child's weaknesses

V. Child's view on his/her current situation (to be completed according to child's understanding and maturity levels, irrespective of his/her age)

VI. The opinion of parents/carers about the current situation of the child

B. The complex assessment of the family[6]

I. General information about the family of the child (this table is to be completed for the family of the carer too)					
Family type	Biological family ☐		Extended family ☐	Third parties ☐	
Family status	Complete by marriage ☐	Complete by cohabitation ☐	Incomplete by divorce / separation ☐	Incomplete by death ☐	Single mother ☐
Type of social assistance previously received by the family	Social services: - - -		Cash transfers: - - -		
Family problems: ☐ unemployment ☐ alcohol, drug abuse ☐ family violence ☐ health problems in parents ☐ social assistance dependence ☐ parents are registered with law enforcement authorities Reason: ☐ Other (describe):					

II. Family composition (including other people who live with the family)					
Name and surname	IDNP	Date of birth	Kinship with the child, other type of relationship	Occupation	Describe (place of study or work, whether unemployed, registered with the territorial agency for employment, etc.)

III. Other relevant individuals that interact with the child (including biological family members that do not currently live with the child)					
Name and surname	IDNP	Date of birth	Kinship with the child, other type of relationship	Occupation	Describe (place of study or work, whether unemployed, registered with the territorial agency for employment, etc.)

IV. Living conditions and family wellbeing				
The family's property is	Owned □	Shared wit the extended family / other people □	Temporaril y rented □	Temporary not rented □
Living space	No. of bedrooms _____		How many of them are heated _____	
The property needs	Minor repairs □	Major repairs □	Details:	
The property has adequate conditions for the child to do his/her homework	Yes □ No □			

There is room for the child to play in the property	Yes □ No □				
The property is connected to electricity	Yes □ No □				
The property is sanitized	Yes □ No □				
The property is equipped with household equipment: (stove, fridge, etc.)	Yes □ No □				
Family income	<u>Salary</u> Yes □ No □	<u>Pension</u> Yes □ No □	<u>Benefits</u> Yes □ No □	<u>Remittance</u> Yes □ No □	<u>Occasional income</u> Yes □ No □
The family has enough funds to pay their bills (electricity, gas, etc.)	Yes □ No □				
Family history (describe the evolution of child's biological family by analyzing important events in his/her family life, including serious relational crises and traumatic events that could influence child's development, analyze the predominant psycho-emotional situation of the family and their relationships - harmonious relationships, mutual support, spending time together, etc.					

V. Evaluating the protective factors of the family in which the child grows and develops									
1. Parental resilience (tick the right answer/answers that correspond to the family situation)									
	Mother/carer					**Father/carer**			
Has the right skills to solve everyday problems	Yes □	No □	Partially □			Yes □	No □	Partially □	
Can control his/her emotions in stressful situations	Yes □	No □	Partially □			Yes □	No □	Partially □	
Takes care of himself/herself	Yes □	No □	Partially □			Yes □	No □	Partially □	
Maintains the household in good order	Yes □	No □	Partially □			Yes □	No □	Partially □	
Acknowledges that he/she needs help to take care of the household and the child	Yes □	No □	Partially □			Yes □	No □	Partially □	
Acknowledges that he/she has problems with alcohol/drug abuse and is aware of the need to treat his/her alcohol/drug addiction	Not applicable □	Yes □	No □	Partially □		Not applicable □	Yes □	No □	Partially □
Knows how to plan and manage the family budget	Yes □	No □	Partially □			Yes □	No □	Partially □	
Is responsible, working, and looks for opportunities to gain sources of existence	Yes □	No □	Occasionally □			Yes □	No □	Occasionally □	
Conclude on family's resilience (family's capacity to deal with problems):									

2. The family social support network (draw up the ecomap (Annex 11) in order to identify the social actors and the relationships they have with those around them or the institutions that support or stress out the family)						
	Mother/carer			**Father/carer**		
Is sociable, can create and maintain relationships	Yes □	No □	Partially □	Yes □	No □	Partially □
Has friends and gets along with the neighbors	Yes □	No □	Partially □	Yes □	No □	Partially □
Knows how to ask for the help of friends, neighbors when confronted with a problem and accepts the support received	Yes □	No □	Partially □	Yes □	No □	Partially □
Communicate with and asks the advice of other parents, who have children of the same age or face the same child care issues	Yes □	No □	Partially □	Yes □	No □	Partially □
Supports other people	Yes □	No □	Partially □	Yes □	No □	Partially □
Participates in community activities	Yes □	No □	Partially □	Yes □	No □	Partially □
Conclude on the family's social support network:						

3. Parental capacity for child care and development						
	Mother/carer			**Father/carer**		
Knows and understands child's developmental and behavioral needs	Yes □	No □	Partially □	Yes □	No □	Partially □
Has adequate expectations from the child	Yes □	No □	Partially □	Yes □	No □	Partially □
Communicate with the child without barriers	Yes □	No □	Partially □	Yes □	No □	Partially □
Can effectively manage child's behavior without applying violent forms of discipline	Yes □	No □	Partially □	Yes □	No □	Partially □
Always knows where the child is	Yes □	No □	Partially □	Yes □	No □	Partially □
Looks for information/advice on raising and educating the child	Yes □	No □	Partially □	Yes □	No □	Partially □

Attends parents' meetings, communicates with teachers, participates in child's pre-school or school activities (helps with the homework, reads with the child, etc.)	Yes □	No □	Partially □	Yes □	No □	Partially □
Gets involved, encourages and supports the interests and occupations of the child	Yes □	No □	Partially □	Yes □	No □	Partially □
Conclude on the parental capacity for child care and development:						

4. Practical support when needed						
	Mother/carer				**Father/carer**	
Can defend his/her rights and interests and those of the child	Yes □		No □	Partially □	Yes □	No □	Partially □
Had positive experiences in accessing the necessary services	Not applicable □	Yes □	No □	Partially □	Yes □	No □	Partially □
Needs help in accessing services (illiteracy, reduced perception of information, etc.)	Yes □		No □	Partially □	Yes □	No □	Partially □
Needs new skills to get a job (training, starting a business)	Yes □		No □	Partially □	Yes □	No □	Partially □
Has medical insurance	Yes □		No □		Yes □	No □	
Know where and how to receive medical assistance	Yes □		No □	Partially □	Yes □	No □	Partially □
Conclude on the capacity of parents/carers to contact various services (social assistance, healthcare, education, etc.)						

5. The ability of parents/carers to develop the child's emotional and social skills						
	Mother/carer			**Father/carer**		
Encourages the child to express his/her emotions and responds to these emotions	Yes □	No □	Partially □	Yes □	No □	Partially □

Encourages the child to express his/her opinion and engages him/her in making day-to-day decisions	Yes ☐	No ☐	Partially ☐	Yes ☐	No ☐	Partially ☐
Teaches the child to master aggressiveness	Yes ☐	No ☐	Partially ☐	Yes ☐	No ☐	Partially ☐
Teaches the child to communicate with others	Yes ☐	No ☐	Partially ☐	Yes ☐	No ☐	Partially ☐
Helps the child understand the difference between good and bad and sets clear rules and limits for acceptable behaviors	Yes ☐	No ☐	Partially ☐	Yes ☐	No ☐	Partially ☐

Conclude on the capacity of parents/career to understand the importance of and to contribute to the child's emotional and social development

VI. Conclusions

Affected family protective factors		**Actions undertaken prior to the complex assessment (by the family, community, universal services)**
Parental resilience		
Family social support network		
Parental capacity for child care and development		
Practical support when needed		
The ability of parents/carers to develop the child's emotional and social skills		

Family strengths	Family weaknesses

VII. Signature of parent/carer	
Name and surname	**Signature**

VIII. VIII. The complex assessment of the child and the family was performed by:		
Name and surname	**Position and institution represented**	**Signature**

INDIVIDUAL ASSISTANCE PLAN

Individual assistance plan[40] Date of the multidisciplinary team planning meeting:_____									
I. Individual assistance plan for improving the wellbeing of the child[41] (formulate the problems identified with the child's wellbeing indicators, as well as the actions necessary to solve them based on the results of the complex assessment of the child)				**IAP review date**		**IAP review date**		**IAP review date**	
Name of the child									
Affected wellbeing indicators	**Actions**	**Person(s) in charge**	**Deadline**	**Met** (tick)	**New deadline**	**Met** (tick)	**New deadline**	**Met** (tick)	**New deadline**
Safe									
-									
-									
-									
-									
-									
Healthy									
-									
-									
-									
-									
-									

[40] The individual assistance plan form, approved by MLSPF Order no.96 of 18.05.2016.
[41] The individual assistance plan needs to be completed for all children in the family, using separate forms for each one.

Achieving									
-									
-									
-									
-									
-									
Nurtured									
-									
-									
-									
-									
Active									
-									
-									
-									
-									
-									
Respected									
-									
-									
-									
-									
-									

Responsible									
-									
-									
-									
-									
-									
Included									
-									
-									
-									
-									
-									

People present at the review meeting	**Organization, position**	**Signature**		

Child's opinion on the actions included in the plan (to be completed according to the age and level of understanding of the child)

Parents/Carers' opinion on the actions included in the plan and their agreement to participate in the implementation of the actions established	
Signature	

II. Action plan for family-strengthening (formulate the problems identified in terms of family protective factors, as well as the actions needed to deal with them and strengthen the family based on the results of the complex assessment of the family)				IAP review date		IAP review date		IAP review date	
Affected family protective factors	**Actions**	**Person(s) in charge**	**Deadline**	**Met** (tick)	**New deadline**	**Met** (tick)	**New deadline**	**Met** (tick)	**New deadline**
Parental resilience - - - - -									
Family social support network - - - -									
Knowing and applying the principles of child care and development - -									

Practical support when needed - - -									
The capacity of parents/carers to develop child's emotional and social skills - -									

People present at the review meeting	**Organization, position**	**Signature**		

Parents/Carers' opinion on the actions included in the plan and their agreement to participate in the implementation of the actions established	
Signature	

Participants to the development of the individual assistance plan for the child and the family		
Name and surname	**Position and institution represented**	**Signature**

COLLABORATION AGREEMENT BETWEEN THE PARENT/CARER AND THE COMMUNITY SOCIAL[42] WORKER/SERVICE PROVIDER

Made between

The social worker_____ and

The undersigned_____

I hereby confirmed that:

I participated in the evaluation of the situation of our child and family and in the elaboration of the Individual Assistance Plan and I agree to participate in the implementation of the actions set in the Individual Assistance Plan, in order to solve my family problems and improve the situation of my children;

I agree to share my personal data and information about the situation of my family and my children with other professionals who can help me solve the problem;

I also agree that failure to respect the assumed responsibilities will cause the social worker to cease the intervention.

Date

Signature of the beneficiary

Signature of the social worker

[42] Collaboration agreement model approved by MLSPF Order no.96 of 18.05.2016.

MONITORING REPORT OF IAP IMPLEMENTATION MONITORING VISITS

IAP implementation monitoring visits					
Date of the visit	**Actions envisaged in the IAP**	**Action deadline**	**Progress made**	**Lack of progress and reason**	**Conclusions, recommendations, new needs identified**

Annex 14

DECISION OF THE COMMISSION FOR THE PROTECTION OF CHILDREN IN DIFFICULTY

DECISION
OF THE COMMISSION FOR THE PROTECTION OF CHILDREN IN DIFFICULTY

District/Municipality _____

no. _____ of _____

on the examination of the Report on the assessment of the situation of the child and the family, for the purpose of granting financial aid

no. _____, of _____;

on the family support file opened for the **child** (name and surname, age):

_____
_____;

that is raised and educated by the **family** (name and surname of parents/carers)

_____
_____

Commission recommendations:

1. The size of the financial aid:_____;

2. Periodicity:_____;

3. Purpose:

_____
_____
_____
_____
_____
_____;

4. Others:

_____
_____
_____
_____
_____;

Commission members:

No.	Name and surname	Organization/institution	Signature
1			
2			
3			
4			
5			
6			
7			
8			

Annex 15
ORDER ON THE PROVISION OF FINANCIAL AID WITHIN THE FAMILY SUPPORT SERVICE

TSAS header

ORDER

ON THE PROVISION OF FINANCIAL AID WITHIN THE FAMILY SUPPORT SERVICE

No._____ of _____

According to the Regulation on the organization and functioning of the Social Support Service for Families with Children, approved by the Decision of the District/Municipal Council no.___of _____ and the Minimum Quality Standards (GD no.780 of 25.09.2014),

based on the positive decision of the Commission on the protection of children in difficulty no._____of _____, in order to ensure the wellbeing of the child (name and surname, age) _____
_____

ORDER:

The provision of financial support within the Social Support Service for families with children in the amount of _____ (lei) to the family to ensure the accomplishment of the activities included in the individual assistance plan;

The financial aid will be received by the parent/carer of the child (name and surname, kinship degree)_____
_____;

The usage of the financial aid provided will be monitored by the case manager (name and surname) _____;

It is the responsibility of the manager of the social support service for families with children to control the execution of this order.

Head of TSAS

(name and surname) _____

Signature_____

STATEMENT
ON THE USE OF THE FINANCIAL SUPPORT
PROVIDED WITHIN THE FAMILY SUPPORT SERVICE

no. _____ of _____

This document confirms the use of the financial means provided according to the order of the head of TSAS no._____ of _____ , in the amount of _____lei, on the child's file (name and surname) _____ , residing at _____ _____;

as follows:

1. _____ lei;
2. _____ lei;
3. _____ lei;
4. _____ lei;
5. _____ lei;

The case manager, community social worker (name and surname):

_____

Signature: _____

Confirmed by the parent/carer (name and surname): _____

Signature: _____

Annex 17
ORDER REGARDING THE SUSPENSION OF FINANCIAL AID PROVIDED WITHIN THE FAMILY SUPPORT SERVICE

TSAS header

ORDER

No._____ of _____

REGARDING THE SUSPENSION OF FINANCIAL AID PROVIDED WITHIN THE FAMILY SUPPORT SERVICE

According to the Regulation on the organization and functioning of the Social Support Service for Families with Children, approved by the Decision of the District/Municipal Council no.___of _____ and the Minimum Quality Standards (GD no.780 of 25.09.2014),

ORDER:

The suspension of the financial aid provided within the social support service for families with children, in the amount of_____(lei), provided to the family_____ _____ _____;

The re-assessment of the situation of the child and the family by the case manager (name and surname)_____;

It is the responsibility of the manager of the social support service for families with children to control the execution of this order.

Head of TSAS

(name and surname) _____

Signature_____

EXTRACT FROM THE CHILD'S CASE FILE

The child (name and surname)_____

residing at _____

File opened on:_____

Reason: the affected wellbeing indicators

_____

_____

Actions undertaken according to the IAP:

1.

2.

3.

Progress made on ensuring child wellbeing:

Lack of progress, reason:

Financial aid granted: _____ in the amount of:_____ lei;

Usage:_____

Referral of the case and the reason for referral

_____

_____

Aspects of the intervention to be adopted in the recommended service:

1.

2.

3.

Case manager (name and surname, town hall) _____

Date _____ Signature_____

Annex 19
ORDER ON REMOVING
THE CHILD FROM THE REGISTER OF CHILDREN AT RISK

Town hall header

ORDER

of the Local Guardianship Authority (community) _____

No. _____ *of* _____

ON REMOVING THE CHILD FROM THE REGISTER OF CHILDREN AT RISK

Based on the realization of the Individual Assistance Plan and the progress made in the intervention of the Social Support Service for Families with Children, which resulted in the improvement of the family situation and the capacity of parents/carers to ensure the wellbeing of the child,

Order:

Removing the following child from the register:

(name and surname) _____,

date of birth (date, month, year) _____,

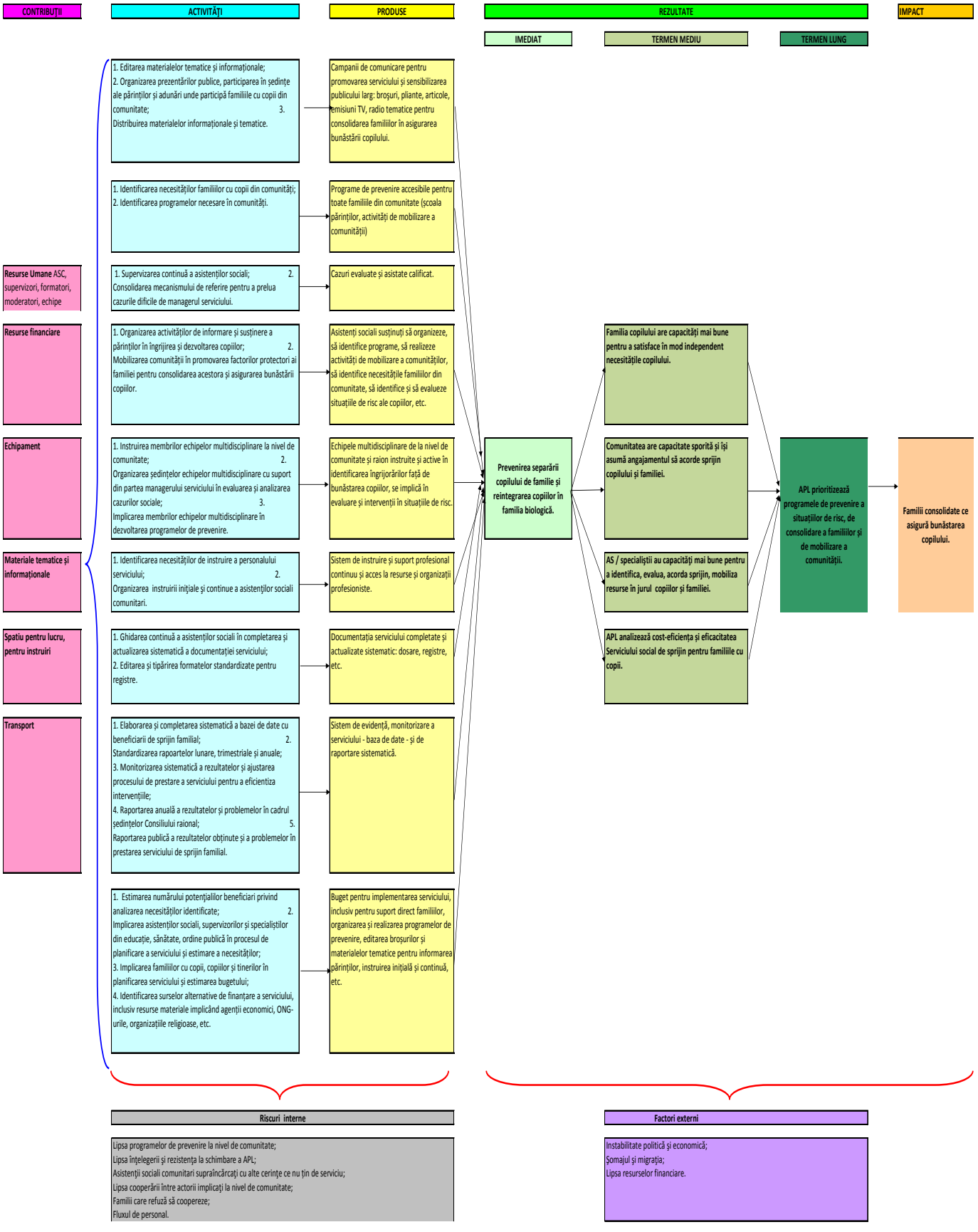
birth certificate(personal code) _____.

Mayor (name and surname) _____

Signature_____

LOGICAL FRAMEWORK OF THE FAMILY SUPPORT SERVICE

CADRUL LOGIC PENTRU SERVICIUL SOCIAL DE SPRIJIN PENTRU FAMILIILE CU COPII



STATISTICAL REPORT ON THE DELIVERY OF THE FAMILY SUPPORT SERVICE

(to be completed monthly by the community social worker)

Month and year reported:

Name of the community social worker:

Location and district:

I.	**Primary family support**	F	M	No. of families
1.	Information activities on existent social services and benefits			
	number of parents/carers			
	with the number of children			
2.	Mediation to access the necessary services (education, healthcare, public order, local government, etc.)			
	number of parents/carers			
	with the number of children			
3.	Number of group meetings as part of the educational programs for parents			
	number of parents/carers			

	with the number of children			
4.	Number of group meetings as part of the educational programs for children			
	number of children			
Total, primary family support		F	M	No. of families
number of group meetings				
number of parents/carers assisted at community level				
number of children assisted at community level				
number of initial assessments performed				
II.	**Secondary family support**	F	M	No. of families
1.	Number of cases in progress (excluding new files opened during the current month)			
	number of children			
	number of parents/carers			
2.	Number of new files, opened during the current month			

	number of children			
	number of parents/carers			
3.	Number of files closed during the current month			
	number of children			
	number of parents/carers			
4.	Number of cases referred to other specialized services during the current month			
	number of children			
	number of parents/carers			

OPINION FORM ON THE PROVISION OF THE FAMILY SUPPORT SERVICE

OPINION FORM[43]

The purpose of this form is to collect your opinion on the provision of the FS service. Through this form you can provide information, which will help us improve the quality of the FS service delivery. We appreciate your opinion!

YOUR DETAILED OPINION

Describe in detail your opinion:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date:_____

Received by the community social worker (name and location):_____

[43] Opinion form, approved by MLSPF Order no. 208 of 22.12.2015.