



**REPORT**  
**on the assessment of social services for children and families**  
**in the districts Falesti, Calarasi, Ungheni**

**Chisinau 2011**

## **TABLE OF CONTENTS**

### **1. Introduction**

- 1.1 Context of the survey
- 1.2 Goal and objectives of the research
- 1.3 Scope
- 1.4 Research methodology
- 1.5 Limitations

### **2. Groups of children and families in difficulty and their needs**

- 2.1 Identification of beneficiary groups
- 2.2 Needs of children and families in difficulty
- 2.3 Prioritization of groups of children in difficulty in the districts included in research
- 2.4 Needs of children and families met at community level
- 2.5 Needs of children and families covered by social services at district level

### **3. Community social services for children and families in difficulty**

- 3.1. Community Social Assistance Service
- 3.2. Family Support Service
- 3.3. Primary services provided by community centers
- 3.4. Other services provided at community level

### **4. Specialized social services for children and families in difficulty**

- 4.1. Foster Care Service
- 4.2. Family-Type Homes
- 4.3. Adoption of the child deprived of parental care
- 4.4. Guardianship of the child deprived of parental care
- 4.5. Family Reintegration Service
- 4.6. Specialized consultancy services at district level
- 4.7. Specialized services provided in Community-based Centers

### **5. Very high-need services for children and families in difficulty**

### **6. Statutory services for children and families**

### **7. Funding of services for children and families**

### **8. Effect and impact of social services for children and families**

- 8.1. Impact of social services and challenges in assessing it
- 8.2. Service providers' perception as to the impact of social services for children
- 8.3. Inter-agency cooperation

8.4. Child participation in decision making

**9. Local policies on children and families**

**10. Conclusions and recommendations**

10.1. Conclusions and recommendations that apply to all districts

10.2. Conclusions and recommendations for every separate district

**11. Annexes**

## **ABBREVIATIONS**

MLSPF	Ministry of Labor, Social Protection and Family
LPA	Local Public Administration
DC	District Council
SAFPD	Social Assistance and Family Protection Department
DCCRP	District Council for Child Rights Protection
LCCRP	Local Council for Child Rights Protection
GKC	Gate-Keeping Commission
MPPC	Medical-Psycho-Pedagogical Commission
ME	Ministry of Education
GEYSD	General Education, Youth and Sports Directorate
FC	Foster Care
FTH	Family-Type Home
CSAS	Community-based Social Assistance Service
FSS	Family Support Service
LSSF	Local Social Support Fund
RSSF	Republican Social Support Fund
NGO	Non-Governmental Organization
GFD	General Finance Department
GEYSD	General Directorate for Education, Youth and Sports
FDC	Family Doctors' Center

## **Contributions and acknowledgements**

The “Partnerships for Development” team wants to thank EveryChild Moldova for its help and contribution to the technical debates and logistic arrangements in conducting the survey.

Special thanks to people who took part in this assessment, for their generous time and for sharing their experience, providing objective information on the local system of social services for children and families in the Republic of Moldova. The interviewed people are representatives of local public authorities, social service providers and beneficiaries from the districts of Ungheni, Calarasi and Falesti.

The authors shall assume responsibility for all opinions expressed in this report, as well as for any omissions or errors, which shall not be attributed to other parties.

## **1. Introduction**

### **1.1 Context of survey**

The best international practices, as well as the recently approved national policies such as the National Program on the Development of Social Service System, the Law on Social Services provide for the delivery of social services following two key principles:

- services must be developed so as to meet beneficiaries' needs, first of all (not the convenience of the providers); and
- services must be provided so as to allow beneficiaries to live independently or in the family and in the community when possible.

In the last decades, many of the social services provided in Moldova did not always take account of the beneficiaries' individual needs providing, usually, predetermined services. The participation of local public authorities and communities in assessing and identifying the priorities concerning the needs of individuals and communities was also very sporadic. As a result, social services mainly focused on meeting the primary needs rather than on preventing and helping the beneficiaries recover and integrate in society. Moreover, the measurement of service quality from the perspective of the beneficiaries' needs coverage, of their opinion and perception on the efficiency of services has not been established yet. There is no unique system for monitoring and evaluating the quality of services provided by various providers, keeping the record of social services and beneficiaries; there is no methodology for assessing beneficiaries' needs, the satisfaction with the quality of services and the impact of these services on people's situation.

The assessment of effects in the social service sector is based, first of all, on the need *to improve the policies and decisions* at government level. This issue is getting more and more important in the reform of the child care system. Measuring the variables resulting from protection activities is indispensable at central and local level to apply objective-based funding models, representing a solid base for making decisions at all levels and for creating an efficient system of stimulation and coordination of different service providers' activities. Second, the assessment of outcomes generated by child care activities can be interpreted as a *process of control* as well. In addition, if the negative social tendency is increasing despite the development of the social service network, the issue of measuring the impact of services and adjusting them to the beneficiaries' needs becomes extremely important.

From this perspective, the assessment of outcomes becomes more and more important, because the key beneficiaries and factors appreciate the amount and quality of the provided services.

The efficiency and performance of social services is analyzed in the survey through the real benefits produced for the society.

### **1.2 Goal and objectives of research**

The present survey was conducted under the terms of reference written by EveryChild that implements the project "Protecting children in Moldova from family separation, violence, abuse, neglect & exploitation" with the financial support of USAID in Falesti, Calarasi and Ungheni as pilot sites. The aim of the survey was to assess the current situation in the delivery of social services for children and families in the three districts where the reform of child care system is in process, to measure the progress in the development of the social service system at local level and to establish a better understanding of the effects of policies. At the same time, it is intended to use the findings of the survey to achieve the goal and objectives of the above mentioned project.

**The specific objectives** of the survey are to:

1. assess the beneficiaries' needs and their perceptions on the needs for social services both covered and uncovered, as well as to assess the effects produced by social services and the expected outcomes in Falesti, Calarasi and Ungheni.
2. assess the quality, outcomes and impact of social services for children and families and to identify the core elements in service delivery, which ensure the quality, positive and sustainable outcomes for children.
3. assess the existing sector programs, mutual information mechanisms, the inter-agency coordination and cooperation to solve the problems of children and families in difficulty.

### 1.3 Scope

The present survey is mainly focused on social services for children and families in the districts of Calarasi, Falesti and Ungheni. At the same time, there is an inevitable overlapping between the child care services provided in these districts and other services related to child protection, such as health, education and justice. Consequently, the survey covers some aspects of these child care sectors, their role for children who need care or are at risk of getting in this situation. The support provided to children by other areas includes:

**Child protection**, including prevention of child abuse, neglect and exploitation;

**Health:** delivery of healthcare services to children with disabilities, children with mental health problems; actions for children with HIV/AIDS; support for children who look after their parents or grandparents with significant health problems; infant abandonment in healthcare institutions;

**Education:** institutionalization of children in residential educational facilities (auxiliary schools, boarding schools); education of children with special needs, including the role of the Medical-Psycho-Pedagogical Commission in this process; inclusive education for children with disabilities and for children at risk of social exclusion; opportunities of education and training for the youth leaving residential care; efficiency of the educational and social aspects of the mainstream education system;

**Justice:** involvement of law enforcement bodies in the prevention and settlement of problems of street children, children victims of domestic abuse, human trafficking and with behavioral delinquency.

### 1.4 Research methodology

The assessment within the survey was conducted by addressing **four core elements** of the social service system for children and families at local level:

1. **Needs assessment:** identifying the needs of children and families that require social services; assessing the beneficiaries' perceptions on the outcomes already produced by the social services and on the expected outcomes that are not covered.
2. **Analysis of social service delivery:** mapping the existing social services in the three pilot sites and identifying the need for new social services for children and families; understanding the process that the beneficiaries go through and how they move around in the social service system; assessing the quality of the existing social services and the outcomes for beneficiaries; identifying the basic elements in the delivery of social services that ensure the effectiveness, the quality of services and achievement of the expected outcomes and impact. The survey analyzed the social services by addressing the fundamental principles in service delivery: the best interest of the child, the protection of the child from ill-treatment in social service delivery, child participation in service delivery, accessibility of the service, availability of the service, compliance of the service with the beneficiaries' needs, safety for children, quality (monitoring and evaluation of the service), coordination and integration of the service in the local network of

social services and inter-agency cooperation, quality of human resources (training and supervision).

3. **Analysis of sector programs** for children and families, their coordination and cooperation. Identifying the existing sector programs, the mechanisms of inter-agency coordination and cooperation in order to solve the problems of children and families: *social assistance* (with focus on prevention of child abuse, neglect and exploitation, reduction of the effects of parents' migration on children); *education* (with focus on extracurricular support programs provided by the mainstream education facilities); *health* (with focus on public health programs for children and young people, aimed at preventing dependencies and unplanned pregnancy and at building a healthy lifestyle – programs provided by healthcare institutions in the district); *public order and justice sector* (with focus on programs of preventing juvenile delinquency and protecting the victims of abuse, neglect, exploitation and domestic violence). Analysis of the activity of district structures for childcare (statutory services) operating under the principle of multi-agency work: the District Council for Child Rights Protection (DCCRP), Gate-Keeping Commission (GKC), Medical-Psycho-Pedagogical Commission (MPPC).
4. **The social service system at local level:** assessing the service system for children and families from the perspective of impact, demand/offer and funding of the social service system at local level. The survey addressed: strategies and plans for child protection at district level; degree of integration of services for children and families in a comprehensive system; the demand/offer relationship in social service delivery; amount of financing for childcare in the budget of the Local Public Authority (LPA); covering the issues related to children in the work of the District Council (DC); child participation in policy development, implementation and evaluation.
5. The assessment used a **complex methodology**, involving different research methods and tools, in line with the established terms of reference. A quantitative (desk review: review of the reports written at local level, of documents written within the services, as well as of legislative and regulatory acts, programs, policies; analysis of the database) and qualitative (interviews, focus groups with service providers and beneficiaries, observation and mapping of services: semi-structured interviews and focus groups with service recipients to identify the level of satisfaction, the impact and uncovered needs of beneficiaries; semi-structured interviews with service providers to assess the service delivery; semi-structured interviews with other service providers or community stakeholders to study their perceptions and views) analysis was performed. The information was received from two groups of respondents: 1.) the groups that faces the issue directly (direct beneficiaries of social services) and children at risk and their parents in such situations; 2.) the group that considers the issue and develops solutions – LPA representatives, social service providers (governmental and non-governmental), representatives of social institutions, the community.

The dates of assessment allowed identifying the needs of children and families. In addition, it was possible to create the profiles of communities and of the pilot sites based on: uncovered needs, the need for social services and existing or required resources.

It should be noted that the survey also used the results of the qualitative research on the perceptions of beneficiaries, service providers and decision makers concerning the social services that was carried out by EveryChild in cooperation with the Marketing and Surveys Institute IMAS-INC Chisinau.

## 1.5 Limitations

Although the research also analyzed the beneficiaries' opinions on the long-term changes produced at individual level, the survey had some limitations in measuring the impact of services/programs implemented in the assessed districts. It takes them a long period of time to occur at community and system level.

On the other hand, we must not underestimate the strong *subjective nature* of effects in the case of social services that can generate different outcomes (in terms of intensity and way of expression) for every individual separately and the beneficiaries' perceptions regarding the quality of services may be quite contradictory sometimes.

It is worth stressing that the findings and conclusions of the survey represent solely the opinions of the participants from the three pilot sites and can be interpreted as tendencies, but cannot be extrapolated to all professionals in Moldova and to the overall population.

## 2. Groups of children and families in difficulty and their needs

*“The beneficiary’s needs are not “wishes”, they represent the distance from “what is” and “what should be”.*

*The role of the social assistant is to determine this distance, and this requires time,*

*competent people and resources...”*

**Social assistant**

### Key findings

**The different number of beneficiaries in different communities suggests the possibility of a problem in terms of identifying people who need assistance and keeping their record**, which can be conditioned by a series of factors, such as: training of community social assistants, level of awareness of social issues by mayors and the support provided to social assistants, the applied schemes of social assistants’ professional supervision, the existence of other community based services, the efficiency of multi-disciplinary cooperation.

**Most respondents indicate meeting the child’s nutrition and accommodation needs as a priority.** Children’s education and health are on the second place, while the child’s need for a family, parental warmth, care and affection are on the last place. This is caused by a number of factors, such as: the high level of poverty among social service beneficiaries, poor knowledge of the multiple needs of children that should be met by social services or the lack or underdevelopment of services that might cover other needs than the material ones.

**The urban community – the district center and the rural community differ by the number of inhabitants, the amount and complexity of children’s and families’ needs, infrastructure, resources and specialization of human resources.** As a result, the social services developed in urban and rural areas differ, especially, in terms of the amount and specialization of these services. At the level of rural community, primary community based services are mostly developed with a large range of general assistance, prevention and early intervention.

**In line with what was shown in the table, the districts have identified almost the same groups of children in difficulty, the differences referring only to the prioritization of these groups.** The most vulnerable groups of children: *children with special needs* are exposed to social exclusion and, consequently, to a high degree of vulnerability and need acceptance by the community, inclusion in all community services, individual attitude and approach, equal access to education, support in the training process, social assistance for recovery, healthcare, psychological counseling; *children deprived of parental care* as a result of parents’ migration have an increased degree of vulnerability and need a safe and protective family environment, supervision and guidance, shelter and care, family warmth and communication, affection; *children from families where there is domestic violence and child abuse* are extremely vulnerable and need special protection with the isolation of the abuser or safe shelter outside the family, security and acceptance, psychological counseling, rehabilitation, healthcare, information and consultation; *children and families at risk* need protection, encouragement to build their self-confidence, stability, love, affection and education, access to social, medical and educational services; *deinstitutionalized children and graduates of residential institutions* are a large group with complex needs and require shelter and care, psychological assistance and medical care, social and school integration, access to social assistance.

**Professionals prioritize the groups of children and families using the following criteria:** the large number of children/families that represent the vulnerable group, as well as its growing dynamics; the degree of complexity of problems they face; the limited access to social services; the lack or shortage of general or specialized services; stigmatization, marginalization and exclusion of these people; the long-term negative effects (e.g. consequences of institutionalization on children’s adult lives); the negative influence on the community/society.

**The needs of the child and family covered in the districts included in the research are:** *the child’s primary needs* of emotional warmth, education, health, identity, self-sustaining skills, basic skills, financial support, shelter, nutrition, clothing; *the educational and social needs* are covered by preschool and school institutions in the community that provide access to educational services for all children, hot meals, exemptions from the textbook rent fee, extracurricular programs, home-based training, educational activities with the parents; *the needs related to children’s health* include health insurance and access to healthcare services, primary investigations provided by the family doctor; *the need for security, prevention of abuse and domestic violence* that is mainly covered by the police officer and the inspector for minors and morals; *the needs for social integration* are covered by youth and parents’ associations, non-governmental organizations (NGOs).

**Identified solutions to treat cases with complex needs at community level:** establishment of mobile teams of professionals to carry out visits in the communities in order to consult beneficiaries and support the social assistants in the assessment, planning and accessing of specialized services; development of social-educational

services in the school to provide services to groups of children who face family, education and integration problems; development of parenting skills building.

**The specialized social services provided at district level cover children's needs to be raised and educated in safe and protected family environments**, that meet children's needs of affection and attachment. These services are family-type alternatives provided on a temporary or permanent basis to children deprived of parental care such as Foster Care (FC), Family-Type Homes (FTH), guardianship and adoption. They are run by the child rights specialist and the specialist in issues of families with children at risk within the Social Assistance and Family Protection Department/Directorate (SAFPD).

**The specialized services do not manage to cover all groups of children who need these services.** As a result, many children do not benefit from any service or receive services that do not meet their needs – community services or very high need services (residential institutions), i.e. they receive services they don't need and that do not solve their problems.

## 2.1. Identification of beneficiary groups

After the establishment of the Community-based Social Assistance Service (CSAS) at local level (Government Decision no.688 of 10.06.2003) and the employment of one social assistant in every community, the level of identification and early intervention in the situation of children and families in difficulty has increased at community level. This service is the first point of contact of the beneficiary with the local social service system.

The respondents among community social assistants declare that they identify beneficiaries based on personal requests of people in difficulty, on their awareness of cases and home visits, on notifications made by mayor's office representatives, educational institutions, police, neighbors, friends, social assistants and children. The community social assistants show that all these are informative ways and provide useful data for identifying the beneficiaries and planning the intervention at an early stage.

The data on the number of beneficiaries in every community of the districts included in the study shows a broad range of differences on the population of children, the number of children and families that require various forms of support and the number of social welfare beneficiaries. For instance, Calarasi: rural community with a total number of children maximum – 1398 and minimum – 102; beneficiary children: maximum – 300 and minimum – 29; Falesti: rural community with a total number of children maximum – 1576 and minimum – 130; beneficiary children: maximum – 432 and minimum – 6; Ungheni: rural community with a total number of children maximum – 1050 and minimum – 196; with beneficiary children: maximum – 160 children and minimum – 6 children.

The analysis of community social service delivery did not show significant differences in the delivery of social services related to the constraints and forms of support solicited by the community social assistants, the work conditions required for their activity, the support provided by the supervisor, which remain unconditioned by the number of beneficiaries per community. At the same time, the different number of beneficiaries by communities suggests the possibility of existence of problems in terms of identification of people who need assistance, as well as their record-keeping. This may be determined by a series of factors (indicated by the respondents), such as: preparing of the community social assistants, realization of social issues by mayors and the support provided to social assistants to carry out their activity, schemes of social assistants' professional supervision existing in the districts, the activity of other social services delivered in the community, including by the voluntary sector, the efficiency of multi-agency cooperation at community level.

## 2.2 Needs of children and families in difficulty

For most respondents, meeting the physical needs of the child, such as feeding and decent housing, closely correlated to parents' employment, is considered paramount. Children's needs of education and health are on the second place. The child's need of family, parental warmth, care and affection

were ranked the last. We assume that this situation is caused by a number of factors: the high level of poverty among social service beneficiaries, which affects the stability of families and often leads to the separation of children from their families and the institutionalization, the poor knowledge of the multiple needs of children that should be met by social services or the lack or underdevelopment of services that might cover other needs than the material ones.

The survey showed that both the range of needs and the services / solutions developed and applied at community and district level in general are the same. Some differences are caused, mainly, by limited resources, the support provided by the mayor's office. The interest and willingness of community members to take part in the development and delivery of services and common actions also differ from one community to another.

In addition, it is necessary to take into account the fact that these communities are divided in two large categories: the urban community – district center and the rural community differ by the number of inhabitants, the amount and complexity of children's and families' needs, infrastructure, resources and specialization of human resources. As a result, the social services developed in urban and rural areas differ, especially, in terms of the amount and specialization of these services. Thus, at the level of rural community, primary community based services are mostly developed with a large range of general assistance, prevention and early intervention. In some communities, specialized services were placed (at least their regulations state that) and they face problems related to the sufficient number of cases that require specialized intervention, the access of beneficiaries from other communities to these services and the quality of local human resources able to provide these services with narrow specialization (movement therapy, music therapy, etc.)

### 2.3 Prioritization of groups of children in difficulty

Within the survey, the representatives of LPA and sector programs were asked to prioritize the groups of children in difficulty by the difficulty of their situation and specify the needs of these groups of children (Tab. 1).

*Table 1. Groups of children in difficulty and their needs*

<b>Calarasi</b>	<b>Falesti</b>	<b>Ungheni</b>
Children with special needs	Children with special needs	Children deprived of parental care
Children from families with domestic violence and abuse	Children and families at risk	Children with special needs
Children deprived of parental care	Graduates of residential institutions	Children from families with domestic violence and abuse
Children from families with alcohol abuse	Children deprived of parental care	Disorganized families
Graduates of residential institutions	Minor mothers	Young families with children
	Young drug addicts	

According to the results, the districts have identified almost the same groups of children in difficulty, it is just the group prioritization that differs. The groups of children considered the most vulnerable are:

**Children with special needs** who are stigmatized and socially excluded. These children need the community acceptance, inclusion in all community services, individual attitude and approach, equal access to education (adapted physical conditions and programs), support in the training process,

including by support teachers, special care and nutrition, social assistance, healthcare, psychological counseling, professionalization after they turn 18.

**Children deprived of parental care as a result of parents' migration.** They need a safe and protective family environment, control, supervision and guidance, family warmth and communication, affection and love.

**Children from families with domestic violence and child abuse** being often marginalized by the others, have suicidal tendencies in serious cases. These children need special protection by isolating the abuser or by providing a safe shelter outside the family. They need security and acceptance, psychological counseling, rehabilitation, healthcare, information and consulting. The identification and early intervention in this case are vital.

**Children and families at risk** need protection, encouragement and self-confidence, stability, love and affection, access to social, medical and educational services. Children from disorganized families have needs of social safety, stability, culture, education, food, health and love. In case of children with young parents, the issue of poverty and lack of living conditions is paramount. Minor mothers with children need psychological and legal counseling, understanding, acceptance and guidance, financial support and shelter.

**The deinstitutionalized children and the graduates of residential institutions** represent a large group with complex and multiple needs. They need shelter and care, psychological counseling and healthcare, support in the social and school integration, access to social assistance and family support.

**Young drug addicts** need healthcare, encouragement, protection, acceptance and psychological counseling.

Most respondents say that knowing the child's needs is very important for planning supportive actions.

At the focus groups with specialists in child protection, it was identified that they follow the same criteria, with insignificant differences, in prioritizing the groups of children and families in difficulty. The applied criteria include: the large number of children/families that represent the vulnerable group, as well as the growth dynamics of the number of children/families from the group in question; the degree of difficulty/complexity of issues faced by the group of people; the limited access of the group to social services; the lack or shortage of general or specialized services; the stigmatization, marginalization and exclusion of the group of people; long-term negative effects caused by a difficult situation (e.g. long-term consequences of institutionalization on children's adult lives); the negative influence on the community/society.

Many respondents said that focus should be placed on the prevention of social problems and of their aggravation. Increased attention should be paid to families that enter in a crisis. Preventive work is necessary to solve the problem at an early stage, reducing the possibility of negative effects in the dynamics of family development and child wellbeing, and to prevent the need of delivering more complex and expensive services. According to the respondents, the prevention work must be focused on family building and prevention of separation or of institutionalization of children in order to avoid long-term negative effects.

“Most cases of social vulnerability involve people who were institutionalized in childhood and did not have a positive family experience. The behavioral model is transmitted from generation to generation and children, usually, follow the example of their parents”  
*Specialist in child protection*

“When you show (other community actors) their mistakes, they prefer not to report cases anymore. It is necessary to make the community accountable comunității”

“It is difficult to separate the needs of one category from those of another category. The needs are usually common for several groups.”

*Social assistant*

“If we know the needs, then we can plan the activity, aimed at meeting these needs”

*Social assistant*

“It is important to place greater focus on the emotional and spiritual needs of children, not only on the material ones”

*Social assistant*

Many respondents from social assistance consider that the early identification of families that enter in crisis is difficult because of social indifference. The community thinks that the main role in solving health problems belongs to the community social assistant and does not see the interaction and cooperation between a number of stakeholders such as the police, doctors, teachers, relatives and family friends as an effective method.

#### **2.4 The needs of children and families covered at community level**

In the respondents' opinion, the needs of children and families at community level in all the districts included in the survey are usually covered.

**The primary needs of the child and family** in terms of human affection, upbringing, health, identity, self-sustaining skills, basic care, financial support, dwelling, nutrition, fuel, clothes, shoes, etc. are covered with: *cash benefits* (social support, nominal compensations, transport compensations, state monthly allowances, social allowances, care allowances, material aid, one-off birth indemnity, guardianship benefit, adoption benefit); *services provided by the community social assistant* based on the assessments and individual action plans; *support provided by the mayor's office, NGOs providing services, Church; involvement of local businesses; organization of community mobilization activities.*

**The educational and social needs** are covered by local educational institutions, which ensure the access to educational services for all children, hot meals, exemptions for textbook rental fee, extracurricular programs, home-based training, educational activities with the parents.

**Needs related to the child's health** include health insurance and access to healthcare services, primary investigations conducted by the family doctor.

**The needs for security**, prevention of abuse and domestic violence are largely met by the police officer and the inspector for minors and morals.

**The social integration needs** are met by the youth and parents' organizations, local NGOs.

The resources used at community level to meet the needs of children and families in difficulty include the Church, community centers, social canteen, but all of them are used very little because of the lack or shortage of these services.

Although the establishment of the Community-based Social Assistance Service increased the access and degree of coverage of children's and families' needs at local level, the specialists state that there are a series of needs that cannot be met by the community. This happens because of limited material and financial resources to cover a larger number of beneficiaries' needs or because of the lack of specialized human resources able to provide support in cases when the child's needs are complex or multiple. Thus, the communities cannot usually meet material needs, such as the support to poor families with payments, fuel; support to families for healthcare expenses (paying for surgeries, medicines); the needs for safe and protected shelter for children or parent-child couples in emergencies; the child's psychological and emotional needs in cases of abuse, exploitation and domestic violence; the needs of children living in families that abuse alcohol or of children left without parents' supervision; the needs of young people with deviant and delinquent behavior, as well as the needs of care, recovery and rehabilitation of children with disabilities.

In solving cases of this kind, requests of financial support or of specialized services are made to the district authorities. Similar requests are also submitted to the local or district councils on child protection in order to identify and provide multidisciplinary support to the child.

The **solutions** identified by the three districts for addressing cases with multiple and complex needs at community level are:

- creation of mobile teams of professionals to carry out visits in different communities to consult beneficiaries and support the social assistant in the assessment, planning and accessing more specialized services;

- development of additional social-educational services in school in order to provide services to groups of children who face family, education and integration problems;
- development of training programs for parents to build their parenting skills.

### **2.5 The needs of children and families met by social services delivered at district level**

According to the respondents, the specialized social services cover mainly children's needs to be raised and educated in safe and protected family environments that would cover their needs of affection and attachment. These specialized services are family-type alternatives that are provided on a temporary or permanent basis to children deprived of parental care, such as Foster Care, Family-Type Homes, guardianship and adoption. All these services are managed by the specialist in child rights protection and the specialist in the work with families and children in difficulty within the SAFPD.

At the same time, the respondents recognize that the specialized services at district level do not manage to satisfy all groups of children in need of specialized services. As a result, many of these children do not receive any service or receive services that do not meet their needs – community-based or very high need services (residential institutions), i.e. they receive services they do not need, which do not contribute to the settlement of their problem.

### 3. Community-based social services for children and families in difficulty

*“It is hard to understand why parents abandon their children and are not punished for this. Because of the instability in the country, of the low level of life, of poverty, of unemployment, it is difficult to work with these families”.*  
**Community social assistant, Calarasi**

#### Key findings

**The Community Social Assistance Service** operates relatively smoothly in the three surveyed districts. However, certain problems in its operation have been identified:

- The responsibilities of specialists working at community and district level are not well defined. Many specialists in the SAFPD continue working with outdated stereotypes being involved in the child and family assessment, but without capitalizing the potential of the community social assistants. This delimitation exists at regulatory level and must be applied at administrative level.
- The role and status of the head of CSAS is not well defined in the DASPF structure or he/she does not have any decision-making power. As a result, this service often is not seen as a fundamental one, able to cover a huge amount of people's needs at community level and it is not considered that it can reduce essentially people's needs in specialized and very high need services if provided effectively.
- The social assistants' needs in material resources have not been defined and transposed in financing norms. It is not clear who must assume responsibility for the resources required to social assistants who are paid by the districts but work in the mayor's office. It is necessary to establish the financing arrangements for these resources, because the social assistants cannot fulfill their work without them.
- The social assistants come from very different areas. Many of them have not yet been trained in child care. This means that their experience and practices are not consistent yet. Although the social assistants received a series of initial and continuous trainings within 2008-2010, the need for further continuous training is obvious and the local authorities have an important role in planning and funding these trainings. At the same time, the SAFPD specialists need continuous training to have an amount of knowledge comparable with that of social assistants so that the delimitation of responsibilities and the efficient cooperation between these professionals becomes a reality.
- The professional supervision mechanism is implemented in the districts. It is intended to provide professional support to community social assistants. At the same time, difficulties have been identified in relation to the limited experience of organizing the supervision process, the analysis of difficult cases, the establishment of arrangements of cooperation between social assistants, SAFPD professionals, as well as in relation to the reporting and record keeping procedures. This shows the need of support for districts in improving the operation of the mechanism.

**The Family Support Service (FSS)** does not have equal development and, as a result, many children remain uncovered by efficient support at an early stage of occurrence of difficult situations and of risks of separating the children from their families:

- The lack of regulation of the FSS at national level undermines it in the community-based social service system and obstructs the development of this service.
- The lack of this service in an organized form, as well as the lack of connection between the delivery of social support and of the family support service impedes the efficient operation of the system of preventing the separation of the child from the family.
- In this context, both the local and central public authorities should focus on the regulation and institutionalization of the service in the social service system provided at local level so that it becomes the basic service provided by the SAFPD via the social assistants, with a view to solve social problems and prevent many serious consequences, such as the abandonment and institutionalization, abuse, neglect, exploitation and domestic violence on the child.

**Psycho-social services** have been developed in a number of rural communities of the Ungheni district (FACT project):

- The model implies the creation of extracurricular activity groups for children and activities for parents' consolidation within the mainstream schools.
- This model encourages the cooperation between local institutions and structures in charge for child

protection, for the solution of specific cases of support provided to children and families in difficulty.

- This experience is worth being assessed from the perspective of impact and replicated in other communities of the assessed districts.

**The mainstream school implements an extracurricular program**, but it is obvious that it does not manage to meet the needs of all children:

- The community school does not manage to cover children with special educational needs, from vulnerable families, as well as children without parents' supervision, as a result of the economic migration of the latter.
- Although in some schools where children from the auxiliary schools of Falesti and Ungheni were reintegrated the positions of support teachers and inclusion managers were established, these experiences are still new and have not been fully integrated in the schools' activity. Most teachers think that the work with children with special educational needs is an extra task to their basic work and solicit additional funding.
- In this context, local and central authorities should make a decision on the institutionalization of school inclusion programs that will not only include the children reintegrated from the residential system, but would also prevent the separation of many children who face difficulties in learning and integration in mainstream schools.

**The healthcare services for children** also face challenges:

- Although the family doctors must carry out prevention activities, including in schools, this is often problematic because of insufficient human resources.
- The nurses employed in the educational system (boarding schools, mainstream school, nurseries) are not monitored by the healthcare structures, but by the (non-specialized) inspector within the General Education, Youth and Sports Directorate (GEYSD).
- The nurses that assist the family doctors have the duty of making home visits for young children, as well as children from vulnerable families, but these visits are not agreed with the social assistant to plan and intervene more efficiently in the situation of children in difficulty.
- The cooperation of social assistance workers with the medical staff on cases of child abuse is problematic, as well as the observance of the principle of confidentiality by the medical staff, which often impedes the reporting of cases of abuse and the planning and implementation of multidisciplinary interventions.
- In this context, local authorities need to develop a clear mechanism of cooperation between social assistance and healthcare to coordinate and mobilize the assistance provided to children in difficulty.

**The public order service** (police officers in every community and inspectors for minors) supports the social assistance. This service:

- is responsible for the identification and record of minors with deviant and delinquent behavior, prevention activities in schools and families for the primary prevention of criminality and repeated and worse crimes.
- employs people with teaching degrees as inspectors for minors in order to provide child-friendly services and direct the activities to prevention and education tasks.
- cooperates with the social assistants to obtain information on cases of abuse and families that use alcohol, in order to take common actions because they are also members of local and district boards for child rights protection. The multi-sector cooperation between the social assistant and the police is often problematic because of the lack of communication, on the one hand, and the lack of clear regulation of mutual information, coordination of activities and cooperation on cases that require a multidisciplinary approach, on the other hand.

The community social services are primary general services that meet the basic needs of children and families and are delivered to all beneficiary groups. They represent the priority solution to any social issue, are general, relatively cheap and solve the needs of people before they get worse. The community-based social services can be preventive or reactive. In most cases, the counseling or care provided at this level should be enough to support the beneficiaries in periods of difficulty and to help them solve their problem. The community-based social assistance services for children and families include:

- **services provided by social assistants**, as well as information and advice, counseling and family support;

- **community-based services**, including for parent-child groups and extra-school activities. These services do not require the construction of new buildings or specialized equipment. They can be located in one of the mayor's offices, in a free classroom of a school or nursery or in an easily accessible building. The buildings can also be used to organize social clubs for older people, sports activities, etc. These services are not often limited to a certain number of participants, but are open to all those who want to use them. They prevent the social isolation and promote the exchange of information and support;
- **emergency funds**, i.e. cash and in-kind support. The provision of small amounts of money to people in temporary difficulty can be a vital service for preventing the aggravation of the individual's need. For instance, cash support can be enough to prevent a family from requesting the placement of their child in a residential institution. A large amount of the available money is allocated via the Republican Fund of Population Social Support (RFPSS). So far, this money has not always been directed for helping people in difficulty in a flexible way, but it has the potential of fulfilling this important role, especially, in case when the social assistants or other local professionals have discretion in using it.

The survey demonstrated that, at present, only children and families in difficulty at community level receive the following types of social services: CSAS, FSS, Foster Care, day services for various groups of children and some specialized social services located at community level.

### **3.1 The Community-based Social Assistance Service (CSAS)**

**The establishment of the network of social assistants run by the Social Assistance and Family Protection Departments has been a highly significant achievement** in increasing the access to services with a view to support families with children, as well as other households at community level. The network progressed from a pilot model to a national program funded by the state budget. Currently, there are about 1100 social assistants in place and the envisaged ratio is one social assistant per 3000 inhabitants – in rural areas and one social assistant per 5000 inhabitants – in urban areas, one for every mayor's office with at least 1000 people.

The CSAS is created within the SAFPD in order to prevent and solve situations of difficulty of individuals, families and social groups at community level. The service operates on the basis of the standard Regulations approved through order of the Ministry of Labor, Social Protection and Family (MLSPF) no. 54 of 10.06.2009. The objectives of CSAS are to identify people in difficulty, assess the needs of children and their families, offer social services provided by the community social assistants and facilitate beneficiaries' access to community-based social services, provided by other service providers, as well as to specialized services and cash benefits allocated at district level. The CSAS also cooperates with other community stakeholders and mobilizes the community resources to prevent and solve the social problems of beneficiaries and of the whole community.

The delivery of CSAS is based on observing the principles of accessibility, non-discrimination and individual approach to beneficiaries' needs, confidentiality, early intervention in the beneficiary's situation of difficulty, community and beneficiaries' involvement in the prevention and settlement of social issues.

The CSAS comprises a manager, supervising social assistants and community social assistants. The service is delivered in every community and administered, monitored and assessed at district level by the SAFPD. In Calarasi district, the CSAS is represented by the manager of the Service, 31 community social assistants who are supervised by 5 supervisors, represented by supervising community social assistants. In Falesti district, the CSAS comprises a manager, 35 community social assistants of whom 5 are supervisors. In Ungheni district, this Service is represented by the manager of the Service, 40 community social assistants of whom 5 are supervisors.

The CSAS provides primary social services that are delivered in line with the case management methodology. This service comprises interventions aimed at consolidating the skills of families to face daily problems; consolidating the social network of families to overcome their difficulties;

supporting them in accessing cash benefits, social, educational and medical services, etc.; mobilizing the community potential to support the family.

Beneficiaries of the CSAS can be individuals, families and social groups from the community that are in difficulty or at risk. The community social assistant works with the entire community, with all groups of vulnerable people, but the most representative group are children at risk and their families, such as children with disabilities, children deprived of parental care, orphan children, abused, neglected and exploited children, minor mothers and their children, young people in conflict with the law, children graduates of residential institutions, children reintegrated in families from residential care, children victims or witnesses of domestic violence, children victims of human trafficking, children from families abusing drugs or alcohol.

It is a positive thing that the social assistant works with all people in difficulty in the community, not only with the children and, in this regard, the Republic of Moldova demonstrates a good practice in the region. The capacity to work with all households, including parents and older people places the social assistant in a more favorable position to prevent the situations of difficulty in case of children, not to wait for a child to get in difficulty without taking measures in his/her interest.

The social assistant is the first point of contact of the beneficiary with the social service system. He/she identifies the beneficiary, assesses the situation, provides primary services, involving the multidisciplinary team at community level, refers the difficult cases to specialized services and to cash benefits via the supervisor. In addition, the social assistant monitors the cases that are referred back from the district in the post-service period or the cases of alternative placement of children.

A major challenge for the work of the community social assistant is his/her involvement in supporting poor families to access the cash benefits system, namely, the social support benefit. This process proved to be difficult and with major administrative implications on behalf of the social assistant. A significant number of respondents said that about 70-80% of the community social assistant's work volume is taken by filling in the application forms for social support with the applicants. This creates confusion concerning the roles of the social assistant that will probably be diminished with the evolution of the social assistant in time.

The delivery of social services is perceived by beneficiaries as a role of support while the participation of the social assistant in accessing the social support system is rather seen as a role of control, filtering of potential beneficiaries of the social support benefit. This confusion may influence the relationships of confidence the social assistant must develop with social service beneficiaries.

The fact that the CSAS was established through ordinance from central level in all districts of the country at the same time and under a unique methodology that was developed and administered by the MLSPF has provided a relative uniformity in the development of this service in all communities of Moldova. In order to ensure the operation of this service, MLSPF developed the Regulation, the work methodology for community social assistants (case management), the professional supervision mechanism and organized the initial and

“The Community-based Social Assistance Service is efficient. In the past, the tasks of the community social assistant were fulfilled by the mayor's secretary and were considered complementary to the fundamental ones. This affected the quality of support provided to people at community level”

“Since the establishment of the position of community social assistant, he/she takes care of all people in difficulty who need assistance. Thus, the potential beneficiaries are identified, assessed and provided with support in line with the case management methodology. Beneficiaries' cases are referred by the social assistant to community or district-based services”

“...the community social assistants develop the database of all categories of beneficiaries and potential beneficiaries of social assistance”

“The Social Assistance and Family Protection Directorate implemented the professional supervision mechanism. At the supervision meetings, the community social assistants can discuss the most difficult cases, ask for advice from an experienced professional or colleague, thus contributing to the settlement of difficult situations”

*Calarasi SAFPD specialists*

continuous training process for all community social assistants employed in the system.

We can see that the CSAS operates relatively evenly. At the same time, challenges in the operation of this service have been identified. The responsibilities of specialists working at community level and of those working at district level are not well delimited. Many SAFPD professionals continue working within the limits of stereotypes established at an earlier stage, being involved in the assessment and development of plans of working with the family, but without capitalizing the potential of community social assistants. In some communities, there are cases when the social assistants do not have the case files at local level and, as a result, do not know the intervention plans for beneficiaries they should support and do not record their work for every separate case in the beneficiary's file. These situations are usually related to cases of children who are brought back in the community in the post-reintegration period from residential institutions or who are placed in alternative family environments and must be monitored and supported by the social assistant. This delimitation of the limits of competence must be carried out at administrative level in every district. The regulatory delimitation does exist but the practice lags behind.

The role and status of the CSAS manager is not well defined in the SAFPD structure or lacks authority and decision making power. As a result, this Service is not often perceived as fundamental that could cover a huge amount of people's needs and which, delivered in an efficient way, can reduce significantly the needs of people in specialized and very high need services that are more expensive and less efficient, because they intervene at a stage when certain processes in the dynamics of family development aggravated so much that they become irreversible.

The professional supervision mechanism is being implemented in all districts. Its goal is to provide professional support to the community social assistants for the fulfillment of their duties stipulated in the job description, ensure the correct use of the case management methodology and the efficient use of work time, as well as to prevent professional burnout. At district level, all employees realize the need and importance of professional supervision for the quality of provided services. At the same time, certain difficulties in this process have been identified, related to the small experience of holding supervision meetings, analyzing difficult cases, setting the procedures of cooperation between community social assistants, SAFPD professionals, and also related to the reporting and record keeping procedures. All these indicate the need to provide support to the districts in establishing and improving the professional supervision mechanism.

The social assistants' needs of material resources have not been defined and transposed in funding norms. It is not clear who needs to assume responsibility for the resources of social assistants, who are paid by the districts but work in mayor's offices. The main contributions that are required but not allocated are the offices, equipment (photocopiers, computers) and the transport. Some mayor's offices have their arrangements for the provision of these facilities. It is necessary to establish funding arrangements for these resources, because the social assistants cannot do their work without them.

The social assistants have very different backgrounds, such as education and health, accounting and agriculture. Many have not received training yet in subjects like child care or other issues. This means that their experience and practices are not consistent yet. Although the MLSPF organized a series of initial and continuous trainings in 2008-2010, in cooperation with other donor organizations, for a large number of social assistants, the need to go on with the continuous training is obvious and local authorities have an important role in planning and funding these trainings. It is also obvious that SAFPD specialists need continuous training to have an amount of knowledge similar to that accumulated by the community social assistants so that the delimitation of responsibilities and the efficient cooperation between these specialists become reality.

The study examined the perceptions of community social assistants on cases considered by them as most difficult. The community social assistants from Calarasi district, for example, mentioned: cases of reintegration of children from residential institutions in the biological or extended families; cases of child abuse, because of the lack of necessary skills for this activity; cases of neglect of

parental duties, especially, by parents using alcohol; children with delinquent behavior, especially, children whose parents are abroad, abuse alcohol that are caused by the failure to fulfill parental duties and by the lack of efficient multidisciplinary cooperation in such cases; the cases of non-documented children; cases of alcohol abuse and domestic violence from one generation to another; cases of sexual exploitation of children and child trafficking; street children; very poor families; abandoned children.

These cases are considered the most difficult, because they require efficient cooperation with the family, community, public institutions, but also specialized information and skills that are missing or are insufficient in Calarasi district.

The community social assistants of Falesti district said the most difficult cases are: parents' alcohol abuse, in case of both parents, when the settlement of this problem requires a lot of time and specialized professional skills; the situation of immigrants' families – people of another nationality, citizenship, who do not have identity cards, but live in Moldova; work with adolescents who spend their time in bars or in the streets during the night; families with children who do not have a place to live, because the local authorities do not provide housing; families where children are ill-treated and where parental duties are not observed; child sexual abuse are cases difficult to identify; very poor families; children with delinquent behavior; cases that are prepared for the Gate-keeping Commission (children proposed for separation).

The social assistants mentioned that they are discouraged by cases where they make considerable efforts, but do not obtain the expected outcomes. In such cases, it is necessary to reexamine the issue, identify the committed mistakes and plan other measures.

The community social assistants from Ungheni district said the most difficult cases are: alcohol addicted families and child abuse in these families (“..how to stop parents to use alcohol, we do not have any tools for influencing the parents, the victims do not ask for help...”); families where parents are unemployed, with a reduced level of living and do not fulfill their obligations towards the children and neglect them; delinquent minors; children whose parents are abroad; non-observance of the child's physical security limits, aggressive attitude towards children; families with exaggerated requirements from the child, unreal aspirations; families where the beneficiaries do not want to realize that the social assistant wants to help them and they do not want to make any efforts.

The study analyzed the actions and measures that are, usually, taken by the community social assistants in cases when the demand surpasses the supply – there are many applicants (children and families) who need support/help, but the available resources/possibilities are limited.

In Calarasi district, the community social assistants address for support, usually, from the multidisciplinary commission (35% of cases), LPA (16% of cases), NGOs (16% of cases), Church (8% of cases), the community (6% of cases), economic entities (5% of cases), the advisory board of children (4% of cases), SAFPD (4% of cases), organize voluntary activities (2% of cases), the Local Fund for Population Social Support (LFPSS) (2% of cases), identify the cases independently, assess, keep the record, prioritize cases, search for resources and solutions (2% of cases).

In situations when there is a deficit of resources for solving beneficiaries' problems, the community social assistants from Falesti district, usually: solve the most difficult cases then, when there are

“A series of situations that determine difficulties at work are those related to the professional and social status of the community social assistant: change of mentality in relation to the duties of a social assistant; the failure of the community members to understand that the social assistant's resources are limited (“we are not a sack with money”); confusion among beneficiaries regarding who can receive social services; cases when the beneficiary does not want to participate in the solution of his/her situation”

*Community social assistant,  
Falesti*

“It is hard to understand why parents abandon their children and are not punished. Because of the instability in the country, of the low level of living, of poverty and of unemployment, it is difficult to work with these families”

*Community social assistant,  
Calarasi*

possibilities, they solve the other cases by priorities (28% of cases); ask support from the local council, the multidisciplinary team and the local businesses (17% of cases); in the most serious cases, they provide financial resources and in the least serious cases – humanitarian aid (food, personal hygiene items (15% of cases); provide non-monetary support: information and psychological support (discussions, support in the issue of identity documents, requests, psychological assistance) - (15% of cases); address to the district authorities, prepare the cases for the Gate-keeping Commission (13% of cases); ask help from NGOs (12% of cases).

If the community social assistants from Ungheni district face extremely serious cases and have limited resources they, usually, prioritize the cases (28% of cases), ask support from LPA (14% of cases), businesses (14% of cases), SAFPD (11% of cases), refer the case to the social commission (7% of cases), involve the NGOs (7% of cases), provide material support, clothes, food (7% of cases), involve the multidisciplinary commission (4% of cases), volunteers (4% of cases), the Church (4% of cases).

In their work, the community social assistants receive support from social assistance structures and from local organizations with a view to solve problems faced by children and families in the community: from the LPA (mayor, secretary of the mayor's office), receive support for business trips and for home visits (when required), office supplies, transport, moral support in the settlement of conflict situations; the SAFPD specialists provide them with professional support in the form of supervision, consultations, information, seminars (on a monthly basis, in line with the SAFPD work plans and whenever necessary); the Local Councils for Child Rights Protection (LCCRP) / the multidisciplinary team provides them with support for difficult cases; the LFPSS – material support to families in difficulty; the MLSPF – methodological support, trainings, teaching materials, guides and training manuals; the NGOs and donors provide them with technical assistance.

The cooperation between community social assistants is delivered through supervision meetings, seminars held in the SAFPD, telephone discussions and refers to the case management procedures, discussion of issues arising on a daily basis, the most difficult cases, exchange of experience in case of similar files, filling in the forms, explaining certain cases based on previous experience. The cooperation takes place on a monthly and weekly basis and whenever necessary.

There are cases in the work of social assistants that go beyond the professional skills and resources existing at community level. These cases require the involvement of SAFPD and of other professionals. The social assistants reported asking for support from: CSAS manager for information on amendments to the legislation, provision of social support benefit, discussion of difficult cases; the specialist in child rights protection with the following issues that cannot be solved at community level: non-documentation of children, deprivation from parental rights, establishment of guardianship/trusteeship, completion of the file for adoption, children with parents who neglect their parental duties, children placed in boarding schools, prevention of children's institutionalization, deinstitutionalized children, distribution of children in summer camps, children who do not attend school; specialists in issues of families with children if it is necessary to provide material support to the family, consultation on various issues, children at risk, street children; the inspector for minors and the police officer in case of delinquent children, abused children, children with alcoholic parents, parents who do not fulfill their parental duties, conflicts; school director, teachers in cases of school abandonment, re/integration of children in mainstream schools; family doctor in cases of children in bad health condition, underfed children, cases of alcoholism and drug addiction; a psychologist with request of consultations, especially, for children with deviant behavior, children with disabilities.

“The cooperation with the other social assistants is very productive. We communicate by telephone on any issue for which we cannot find a solution independently”

*Social assistant,  
Calarasi*

The survey identified the constraints, difficulties, key issues in the work of community social assistants. In Calarasi district, these are mainly related to the organization of the activity and the work conditions: large amount of work (33% of respondents), lack of a unique database (29% of respondents), small salaries (25% of respondents), inadequate work conditions (16% of respondents), lack of transport to the district center (8% of respondents). Some of the constraints and problems are related to the relations established between the contact people: aggressive and irresponsible beneficiaries (16% of respondents), inefficient relationships with the mayor's office (8% of respondents), tense atmosphere within the team (4% of respondents), indifference of the mayor and of the multidisciplinary team (13% of respondents). Some community social assistants are quite objective with regard to the situation and try to handle it with the available resources: "There are problems like in any other profession, but I am supported by the mayor, the LPA and the multidisciplinary team".

The constraints, difficulties and key issues faced by the community social assistants in Falesti district also concern the poor work conditions (11% of respondents), the large amount of work and number of beneficiaries (8% of respondents). They consider that the beneficiaries are not aware of the complexity of the social assistant's duties, the difficulty of working with 10 types of beneficiaries in one day, problems with the transport when one mayor's office covers several villages. In addition, there are frequent changes in the legislation that create confusion and lead to conflicts in the community. The constraints also include the unwillingness or non-involvement of the multidisciplinary team members, do not have time for field visits (6% of respondents), the LCCRP does not work at the right level, but they want to be paid (11% of respondents). The lack of a separate office does not allow observing the fundamental principles set out in the Ethics Code of the Social Assistant, such as the principle of confidentiality.

The difficulties, problems and constraints faced by the community social assistants of Ungheni district in their work, as in the case of the other districts concern the large amount of work (59% of respondents); the low salary (45% of respondents); the irresponsibility of beneficiaries (14% of respondents); the lack of time (9% of respondents); the vision of LPA and of communities – the ideas to solve the problems are not always accepted "...we (the social assistants) struggle to demonstrate that the child's interest is the priority" (9% of respondents); the lack of cooperation – not all decision makers get involved in the work: the police officer, family doctor, local council members (5% of respondents); „...the social assistant is lowered at the level of the social worker" (5% of respondents); irresponsibility of beneficiaries (5% of respondents); problems of transport if the mayor's office covers several villages (5% of respondents).

As for the work conditions of the community social assistants, they do not meet the minimum compulsory standards in all three districts, which affects the quality of work and the possibility of fulfilling their professional duties. In Calarasi district, only 66% of the community social assistants have separate offices, while the other social assistants share offices with other employees, only 42% of community social assistants have computers, most of them have telephone or access to a telephone, transport expenses reimbursed and office supplies only in small quantities, which are insufficient to carry out the planned activities successfully. At the same time, many community social assistants need repairs in the office, heating for winter.

"There is too much work, while the specialists employed in the SAFPD have their specific areas of activity, the community social assistant must be a professional in any kind of service and if we look at the wages, then this work is not worth it, especially when the social assistant is lowered at the level of a social worker"

*Social assistant, Ungheni*

"We need direct support from the ministry. When a claim is considered, the social assistant is blamed only for the fact that the claim got there. We do a huge amount of work, but it is not appreciated. If a person has a relative in a high position, then we must act as they want. It is in cases like this that we need protection. In addition, the wages are low, don't forget that we have our own children"

*Social assistant, Ungheni*

In Falesti district, 64% of the community social assistants do not have an office, 66% of the employees work without a computer. The access to telephone, transport expenses and office supplies is limited and these resources are insufficient for the delivery of the planned activities.

The situation with work conditions for community social assistants in Ungheni district is similar to that of the above mentioned districts: only 59% have separate offices and only 18% of the community social assistants have a computer.

The support the community social assistants need to deliver more efficiently their professional duties is part of the support received from the mayor, support and understanding from LPA, exchange of experience with other districts, cooperation with the multidisciplinary team and support of various professionals (police officer, psychologist, doctor), support from local NGOs and neighbors.

The support needed by the community social assistants from Calarasi district refers to the creation of good working conditions: computers, office supplies, decent salaries, material and financial support (the shoes wear out very quickly), transport, internet, sanatorium treatment, as well as support in establishing cooperation relations at local level: efficient cooperation with the multidisciplinary team (to be convened by the LPA not by the social assistant), support from LPA, General Education Directorate, family doctors, psychological support.

The social assistants are motivated to help vulnerable families so that, at least for a while, they cope with the difficulties, to support the families that do not have the required financial sources for ensuring a decent lifestyle, to help them with the employment.

In Falesti district, the community social assistants place focus on the professional methodological support: support from the mayor (provision of information materials), local council, police officer, cooperation with the multidisciplinary team, support of different professionals, support and understanding from the LPA, support of NGOs and neighbors and exchange of experience. At the same time, the requests of support also refer to improving the work conditions, providing computers and transport.

The requests of community social assistants in Ungheni district can also be divided in: professional support needs (information, leaflets with case studies and specific work procedures); improving the work space (separate office, computer, office supplies, photocopier); support from LPA, SAFPD and of the community; as well as material/financial support (“the shoes wear out very quickly”, “we need bicycles”).

### **3.2 Family Support Service**

The FSS was developed on the basis of a pilot model that was then taken over by local authorities in a number of districts and integrated in the local social service system.

The FSS aims at ensuring the development of the child in the family and also preventing his/her separation from the family, reducing the factors of stress in the family and child's life by making the relevant resources available to them, by consolidating the child's and parents' skills. Sources of support for the family can be all the possibilities that exist in the community: educational and healthcare institutions, Church, NGOs, etc.

The FSS is delivered at community level by the community social assistant and managed by a specialist in issues of families with children within the SAFPD, the structure in charge for the monitoring and evaluation of this service.

FSS is based on a series of well established *principles*: minimum intervention, reducing the risk of dependency on departmental structures; child protection within the family from any form of abuse or neglect, either it is physical, sexual or emotional, encouraging a responsible parental attitude for creating a safe environment, required for the child's growth and development; provision of the possibility to the child to achieve his/her personal potential as a family and community member; empowering parents to make decisions independently in relation to the adequate upbringing of

children, delivery of support, counseling the parents to facilitate changes in the family dynamics to the benefit of the child and of the family as a whole; provision of financial support to the family for overcoming the crisis.

The beneficiaries for FSS are identified on the basis of the complex needs assessment for every separate case. Beneficiaries of the Service can be – **children**: at risk of being separated from parents; abused (physically, psychologically, sexually); with communication and relation-making deficiencies; with behavioral problems; with special needs; **parents**: in a difficult social-economic situation; in circumstances that affect their capacity to fulfill their parental duties (with relation-making problems in the couple, divorced, with chronic illnesses, etc.); who have children with special educational needs or difficulties of school adaptation; with violent behavior.

The survey shows that the FSS in the three assessed districts operates unevenly, probably, because of the lack of national regulations. Only Ungheni district mentions this service as a core service provided by the SAFPD, which was created in 2005, based on the decision of Ungheni District Council. The Service is run by a specialized social assistant employed in the Center of Social Assistance for Child and Family subordinated to the SAFPD. The beneficiaries are included in this service after they are identified and assessed by community social assistants, SAFPD specialists and if the beneficiaries themselves ask for support. The FSS, including the cash support, is used to support the family in difficulty and to prevent the child's separation and institutionalization.

It is worth mentioning that the Service operates on the basis of the Regulation of the Center for Social Assistance of the Child and Family, approved through decision of Ungheni District Council. The service does not have quality standards. The job descriptions have been developed by the principal specialist in issues of families and children in difficulty employed by the SAFPD.

The specialists in Ungheni consider that this is a cost-efficient service that can produce sustainable changes in the life of the child and family because it intervenes at an early stage, with prompt and effective measures, with a high rate of success (about 80-90%) in preventing the separation of the child from the family. The specialists also say that this Service can be extended by intensifying the education of parents, by delivering schools/education programs to parents in order to consolidate their parental skills.

The survey found that not all districts included in the assessment implement efficient family support services. Consequently, many children are left outside constructive support at an early stage of occurrence of difficulties and risks that may lead to the separation of the child from the family. The Family Support Service should become the key service provided by the SAFPD via the community social assistants to solve the social issues of families with children and to prevent serious consequences, such as child abandonment and institutionalization, abuse, neglect and exploitation, domestic violence and other.

The lack of legislative regulation of the Family Support Service at national level reduces its importance in the community social service system and impedes its development at local level, as well as its financial coverage. Moreover, the lack of this Service in a clear and well organized form and the lack of relation between the social support benefit and the family support service makes the operation of the system of preventing the separation of the child from the family and of the gate-keeping system impossible. In this context, both the local and the central authorities should focus their attention on the regulation and institutionalization of the Service in the local social service system.

Another model of support provided to the child and family in difficulty identified in the assessment is developed by the “**Social Network of Child Protection**” Project implemented by the NGO “Terre des Hommes” in Ungheni district (communities Bumbata, Cornesti, Cornova, Costuleni, Macaresti, Negurenii Vechi, Napadeni, Parlita, Sinesti, Untesti), with extension in Falesti district. It is a program for children victims or at risk of abuse, neglect, exploitation and trafficking, which intends to achieve a balance between the child's needs and the resources required to meet them

(material and psycho-social/emotional). The psycho-social approach in the protection of children victims represents, according to this program, the consolidation or reconstruction of coping mechanisms interrupted by the traumatizing event, by rebuilding the relations of trust, the feeling of membership, by creating a safe environment, building the hope in the future and the self-confidence.

For this purpose, an action model (FACT) was established whereby children receive psycho-social and protection services that are provided in mainstream schools through the establishment of extracurricular groups for children and activities for parents' consolidation. In addition, this model encourages the cooperation between local institutions and structures responsible for child protection for the settlement of specific cases of support for the child and family in difficulty.

The FACT model includes: individual interventions, group activities with children, group activities with parents, awareness raising activities in the community, training of local stakeholders (community social assistants, teachers, supervisors, etc.)

### **3.3 Primary services provided by community centers**

The study identified a series of Community Centers that deliver day services to children and families in the communities where they are located. All Centers from the three districts under evaluation are briefly presented below.

**The community center in Pitusca village, Calarasi district** is a community-based center that provides primary social services, especially, after-school activities – fitness, crafts for all children – with special focus on children at risk. According to beneficiaries and to other community stakeholders, this Center provides a child-friendly environment; the personnel has rich experience in the work with children, while the activity of this service is considered very efficient due to the positive changes that take place in children's development.

**The Day Care Center for children from socially vulnerable families in Valcinet village, Calarasi district** is a community-based center that provides primary social services, especially, care, counseling and social assistance. The Center was established through Decision of the Moldova Branch ORA Internationala. The decision was made based on the Government Decision 1018/2004. The Center operates under the current legislation of the Republic of Moldova and the regulations on activity approved by the local authority. The activity of the Center is agreed with the mayor's office of Valcinet village and with the Community-based Social Assistance Service, which provides the monitoring and evaluation of the institution's activity, including the ways of caring and upbringing children serviced in the Center. Beneficiaries of the Center are children in difficulty aged 6-18. According to beneficiaries and to other community stakeholders, this Center provides a friendly environment; the employees are well trained and the activity of the service is considered positive for children and for their families.

**The community center for preschool children in Novaci village, Calarasi district** is a relatively new service that started operating in January 2009. The Center was created in the project "Education for All – Rapid Action Initiative". The Center worked initially with one group of preschool children, consisting of 22 children. After the opening of the Center, the number of applicants grew a lot, but the capacity of the Center did not allow meeting this demand. Under these circumstances, another room was adjusted with the own forces so as to cover a double number of children.

The Center provides care, education and nutrition to children and an assistance program to parents. 2/3 of the nutrition cost for children is paid by the parents. The Center is open every day between 8.00-12.00. The personnel of the Center is represented by a director, two educators and two teaching assistants. According to the SAFPD specialists, the efficiency of the Center is high, because it provides services both to children and their parents and produces positive changes in children's life and in the dynamics of their families' development.

**Resource centers for youth in Falesti district** (13) were established within 2005-2006, in the PASET project, through an Agreement signed between the District Council, UNICEF and SIFM. Nowadays, there are only 4 functional centers, of which Calinesti and Navarnet were registered as public institutions in mayor's offices, while the Centers in Parlita and Chetris are registered as NGOs. These Centers are located in schools, culture facilities and even in a pharmacy. The Centers follow the Law on Youth, the strategy on youth and other by-laws that refer to the policy for youth. The goal of the Centers is to facilitate personal and social development of the young, to help them capitalize their potential, obtain knowledge, capacities and skills for their successful integration in the community.

Beneficiaries of these Centers are young people in socio-economic difficulty who benefited from protection measures and those who did not, young people with disabilities, orphan refugees, with insufficient parental supervision, young people in conflict with the law, professionals working with and for young people, parents. The resource centers provide consultancy, information, seminars, prevention activities, counseling, psychological and legal assistance, development of independent life skills, education for health, facilitation of the access to education. The Centers employ social assistants, psychologists, specialists in public relations and IT teachers.

### **3.4 Other services provided at community level**

**Mainstream educational institutions** (mainstream school, gymnasias, lyceums, nursery schools) cover responsibilities related to the schooling of children, education, training, home-based education, work with parents via Parents' and Teachers' Association.

Usually, the extracurricular program in school includes: for 1-9 forms 8 hours a week and for 10-12 forms – 4 hours a week. These hours include activities on civil protection, road traffic. The educational services are diversified through the delivery of several clubs of interests for children, drama activities, dancing and singing, etc. These activities differ from one institution to another, subject to children's interest, the personnel available in the educational institution for the delivery of these activities, as well as the resources of the institution. These hours are delivered by school teachers and are paid according to the existing budget tariffs.

Formally, the access to these activities is provided for all children. In addition, children's wishes and interests are taken into account, but also the resources of the school.

At community level, informal children's structures are established, such as the Local Boards of Young People and the school boards that provide participation opportunities to children and young people in the social life of the school and community.

The study found that the mainstream school does not manage to meet the needs of all children, especially, of children with special educational needs, children from vulnerable families and children deprived of parents' support and supervision as a result of economic migration. Although the positions of teaching support staff and manager on inclusion were introduced in some schools where children were reintegrated from the auxiliary schools of Falesti and Ungheni, this experience is still new and has not been fully integrated in the schools' activity. Most teachers believe that the work with children with special educational needs is complementary to their key activity and solicit additional remuneration.

**Health services.** A Nutrition Program is being implemented for families with children in difficulty at national level in terms of formulation of tasks and at local level in terms of implementation. The Program is financed by the District Council. The beneficiaries of this program are children up to one year of age and the vulnerable families. The family doctors' center procures dairy products (e.g. Falesti, in the amount of 200,000 lei for 2011), which are distributed to single mothers, mothers who lost the breast-feeding capacity and cannot buy food for their children, poor mothers.

There is also a unique program for free provision of medicines to children aged 0-5, under a contract with the National Insurance Company (e.g. Falesti, about 200,000 – 300,000 lei per year).

Children are in the record and under the strict oversight of the family doctor who recommends more frequent visits of children and more frequent investigations of them than in the case of other patients. Children under 18 are insured by the state and all treatments are free. Specific medical checks are undertaken in schools once a year by different professionals.

The uninsured pregnant women receive the health insurance policy when they are included in the doctor's register of pregnant women and the insurance covers the pre- and post-natal period (after birth, the period lasts from 42 to 72 days, depending on the seriousness of the birth). The state-funded health insurance policy covers families with disabled children, mothers with over three children, etc.

People with alcohol addiction are treated in psychiatry wards or hospitals, in the Republican Hospital for Substance Addiction. There is no forced treatment; the individual can only be hospitalized in the acute period, especially, when he/she represents a threat for the society.

The Family Doctors' Center monitors the work of family doctors who are employed according to the ratio 1 per 1500 inhabitants, accompanied by 2-3 nurses. They are located in the medical office / family doctors' office. In areas with less than 1000 inhabitants, there is only 1 nurse attached to another office in the field. The family doctors' service at district level is run by the director and deputy director for medical issues, who holds monthly conferences with doctors and medical board meetings.

The study identified several challenges in providing healthcare services to children. Although the tasks of family doctors include conducting prophylaxis activities, including in schools, this is often problematic because of insufficient human resources. The nurses working in the educational system (boarding schools, mainstream schools, nurseries) are not monitored by the healthcare system structures, but by an inspector from the GEYSD (non-specialized). The nurses working with family doctors have the duty to visit young children and children from vulnerable families at home, but these visits are not coordinated with the community social assistant to plan and intervene more efficiently in the case of children in difficulty. The cooperation of the medical personnel with the social assistance one on cases of child abuse is also problematic, because the principle of confidentiality followed by medical staff often impedes reporting cases of abuse and planning and implementing multidisciplinary interventions.

**The public order service** includes the activity of sector police officers who work in every community and the activity of inspectors for minors, who create groups for minors of 4-5 people (of them 1-2 people are responsible for the town and the others are distributed across the district). The activities of these employees are conducted in every community and also cover the community schools.

The duties of these professionals (according to the order of the Ministry of Internal Affairs no.400 on the activity of inspectorates for minors) are to identify and keep the record of minors with deviant and delinquent behavior, prevent criminality at an early stage (in schools, families, in the police office) and the repeating and aggravation of crimes.

Within the measures of preventing delinquent behavior, the police works with education institutions, delivers lessons on preventing human trafficking, violence, including the domestic one, monitors the children whose parents are abroad. Visits to the child's home, including in FTH are made for this purpose. The inspector for minors and the sector police officer cooperate with teachers, family doctor, NGOs located in the community.

After reaching the age of 18, the minor is removed from the record and the information is transmitted to the sector police officer, but the file with prophylactic record cards is kept in the archives.

The measures the police can take against families that do not fulfill their responsibilities towards children are imposing fines (100–300 lei or 300-700 lei) or unpaid community work (calculating an hour of work at 20 lei – maximum 40 hours, 4 hours a day).

To be able to provide child-friendly services and guide the activities to prevention and education tasks, the inspector for minors is required to have a teaching degree. In line with the recommendations of specialists from the districts, they should have at least 3 years of work experience in school. They also suggest appointing one member of the council to monitor the child's situation.

The public order police cooperates with the community social assistants to receive information on cases of abuse, families that consume alcohol to take joint actions. These professionals are also members of local and district councils for child rights protection.

The cooperation between the social assistant, teachers and the police is often problematic because of the lack of communication, on the one hand, and the lack of clear regulation of mutual information, coordination of activities and cooperation on cases that require multidisciplinary approach, on the other hand.

**The religious confessions** provide sporadic support, hold summer camps, create conditions for the disadvantaged children, work with parents, deliver social services that the state cannot cover. The local public authorities say that these organizations have interests and activities that need to be checked and monitored (imposing a religious doctrine, international adoption). These activities must be in the attention of SAFPD and the social activities of these organizations must be agreed with the SAFPD that need to make sure that the rights of every child are observed.

## 4. Specialized social services for children and families in difficulty

*“...The Foster Care service... helps them feel like in their biological family: they are integrated in society, participate in all local events, family holidays...  
...develop work skills and the sense of responsibility in children, help the children feel free, avoid complexes, feel that they are loved and cared like in a family...”*  
**Foster carer**

### Key findings

**The alternative services of family-type placement** that are provided in the assessed districts are the Foster Care, Family-Type Homes guardianship (trusteeship) and adoption. The most spread forms of social protection for children deprived of parental care are the guardianship and the adoption, while the other forms of protection are at the initial stage of development.

**The assessment demonstrated that the Foster Care service methodology is not followed exactly** in terms of the following:

- Ungheni district has the richest experience in delivering the foster care service, while Falesti and Calarasi districts are just beginning the delivery of this service.
- in most cases, the assessment of the applicant for the position of foster carer is for a short term, which can influence the quality of the applicant’s assessment and the employment of incompetent people.
- the matching of the child with the foster carer is often on paper only, in terms of time and procedure. The child is placed for only one day, in long-term care, which can affect the quality of relations in the foster family. In some cases, the capacities of the foster carer do not correspond with the needs and particularities of the child placed in the service.
- the compatibility between the placed child/children and the biological ones is not often followed.

**The assessment identified that the FTH develop relatively equally in the assessed districts, but need strengthening of the methodology applied in service delivery:**

- the assessment of the applicant for the position of parent-educator is superficial, on paper, short-term; the adequate training of applicants does not take place, which can influence the quality of services provided to children in FTH.
- the large number of children in placement does not provide an individual treatment of every child, children being often treated as a collective mass.
- the monitoring of placements is often on paper or even inexistent; parents-educators are not reassessed to make sure that their living conditions and continuous skills correspond to the delivery of care to children.
- placements are usually long-term and when children reach the age of 18 they are often required to leave the service although they have no place to go and very little support from local authorities.

**The adoption system in the Republic of Moldova has two unusual aspects:**

- the monthly payment of 500 lei is comparable to that allocated to guardians. Unlike payments for foster carers and FTH employees, it is not envisaged that this payment will include a salary component.
- the right to initiate the annulment of an adoption procedure can be exercised by children (above 10), the parent, including in cases like death, divorce or remarriage of an adoptive parent, as well as by the guardianship authority, on the basis of evidence accumulated in the post-adoption monitoring. There is a risk that this will allow professionals to assume higher risks during the placement of a child, if they know that they can cancel the procedure at a later stage.

**Guardianship/trusteeship continues to be the most spread alternative placement service.**

- at the moment of assessment, guardianship/trusteeship covers 81 children in Calarasi district, 145 children in Falesti district and 169 children in Ungheni district.
- local authorities must consolidate the support provided to everyone and better regulate the mechanisms of

placement monitoring and review the care plans of children placed in guardianship.

### **Multifunctional community centers**

- urban communities and some of the rural ones provide social services with high degree of specialization. These are usually provided under different forms (combined) at the community-based centers that are often called multifunctional centers. The centers cover the population from the community where they are located (especially with day services) and other communities (usually placement services), when these are run and funded by district authorities.
- most community centers of social assistance are aimed at providing social services to children in difficulty from socially vulnerable families, abandoned children, minor mothers and mother-child couples at risk in order to exclude or minimize risks and improve the quality of beneficiaries' life.
- the centers have the following general objectives: facilitate the social integration of beneficiaries, provide psycho-social rehabilitation of children and families, prevent abandonment and institutionalization of children, provide emergency protection of minor mothers without shelter and mother-child couples at risk. The work methodology is the case management.
- the evaluation of these Centers identified the need to review the regulations of many of them from the perspective of the range of beneficiaries (especially in Falesti district, many of the Centers created in line with the regulations of operation provide services to adults and children – but the experience shows the lack of adult beneficiaries) and also from the perspective of increasing their coverage, developing the out-reach service and providing it with means of transport.
- it is important that the local public authorities assess the services on a regular basis in terms of cost-efficiency and impact on the beneficiary and community to adapt the services to the new needs that emerge in the community and ensure a more flexible delivery of these services.

**The service of reintegration of children from residential institutions in the family** is one of the most complex services that requires:

- close collaboration between the staff of residential institutions, social assistants, guardian and local mayor's office in order to identify children and families where reintegration is in the child's best interest;
- complex assessment of the child's needs and capacities of the family to meet them;
- facilitating a multidisciplinary process of developing individual care and support plans before and after reintegration of the child in the family;
- monitoring of the child's placement in the family to see if their needs are met and if they have been exposed to any form of abuse and neglect;
- empowering parents to take decisions independently on child care providing emotional, practical and financial support to the family for a limited period.
- building the capacities of local authorities in the assessed districts, in order to meet the above mentioned objectives.

The specialized social services are aimed at solving the negative impact of negative, adverse experiences in the child's life (e.g. psychological counseling in cases of abuse, psychological trauma, support for people with disabilities or with mental health problems). Usually, these services are provided at district level, but can also be developed at community level based on the identified needs. The number of people who need specialized services is much smaller than of those who use community services. Thus, the service is provided by a reduced number of Centers, each of these covering a large geographical area. Generally, every district aims at providing a single set of such services. This does not mean that the beneficiary must always travel to the district center to receive support. Sometimes, the professional can travel to the mayor's office. If the district does not have a complete set of specialized services, an agreement can be concluded based on which a person can benefit from the services provided in another district. For children, these services include:

- **identifying, training and supporting substitute families** (guardians, adoptive families or foster carers) and FTH for children who cannot stay in their family. These services are considered specialized, because they provide care to children 24/24 h and require supervision of a professional at district level, who will contribute to the identification of families and will

monitor children's well-being in the alternative family-type care. They also include respite care that provides a respite period to the carers to rest from their tasks;

- **supporting the reintegration.** Children who return to families from permanent residential care receive cash support and services for a short period to get through the transition process;
- **consulting the professionals** employed at district level;
- **day care services.** They cover a small percentage of people with more specialized services that cannot be solved by the above mentioned general community centers. They can include, for example, the services of a psychologist or physiotherapist. Where such services exist, they can operate in the same place with the community services. It is important to acknowledge that a day care center that has specialized personnel and can be built on purpose, cannot be considered basic community service. These services are more expensive than the multifunctional centers created for the entire community and it would be inefficient for all mayor's offices to have such a service;
- **temporary placement centers** for children at risk, homeless children and others who provide more intensive professional care than the FTH; social apartments for young leavers of residential facilities; short-term placement centers for parent-child couples, to reduce the risk of child abandonment;

#### **4.1. The Foster Care Service**

**The Foster Care Service is a form of protection of the child and family in difficulty**, which represents temporary placement of the child without parental care with a person or in a family that meets the material requirements and moral guarantees required for the child's smooth development. This service in Moldova was developed by EveryChild in cooperation with the Local Public Authorities in a number of districts and was regulated at national level through Government Decision in 2007 (Government Decision no. 1361, 07.12.2007). The Foster Care Service methodology is described in the Foster Care Regulations approved by the MLSPP on 30.05.2006.

The objectives of the Foster Care Service are to: ensure the child care and growth in family-type environment; maintain, look after and nurture the child in difficulty in line with the individual age particularities and with the minimum quality standards; facilitate the socialization and (re)integration of the child in the biological, extended or adoptive family and in community; monitor the situation of the child in the pre-and post-(re)integration period.

The Foster Care Service is based on the enforcement of the following principles: observing the best interest of the child; observing the right of the child to grow in a family; observing the child's identity; maintaining the links with the child's biological family; keeping siblings together; respecting the child's opinion; non-discrimination; inter-agency approach; individual approach; access to quality services.

The collected data shows that the Foster Care Service in the three districts is not equally developed. Calarasi district is only at the initial stage of service development: training and establishment of the work group; normative and financial regulation at local level, etc. The SAFPD realized the importance and need to develop this service and has already planned to employ two foster families in 2011.

Falesti district has only two foster families employed. Children are placed in Foster Care through the decision of the Gate-keeping Commission and the decision of the guardianship authority. Since the Foster Care service is funded from the District Council budget, beneficiaries from the entire district can be placed in Foster Care. Due to the Foster Care service, the abandonment of 5 children from 3 families at risk has been prevented so far.

Unlike the other two districts, Ungheni district has 20 foster carers with 40 children in placement. The Foster Care service in this district was created with technical support of the NGO EveryChild Moldova and, starting with 2004, in line with the decision of Ungheni District Council, it was integrated in the services provided by the SAFPD. In Ungheni, the Foster Care service is run by the Center for social assistance of the child and family that is subordinated to the SAFPD. The service methodology was developed by EveryChild Moldova team (*Practical Guide* “Foster Care”, 2003, *Practical Guide* “Development of social services for children and families”, 2007).

**The specialized social assistant in charge for foster carers** in Ungheni provides services to 20 people. Since the Foster Care Service in Ungheni is developing, the workload of this professional is increasing essentially, which might affect the quality of the service: selection, training and monitoring of applicants for the position of foster carer, filling in personal files, etc. The SAFPD is looking for solutions for this situation. One of them might be the employment of an additional person for these tasks. Another solution might be distributing the tasks between the community social assistant and the specialized social assistant, who is responsible for foster carers, assigning tasks related to the Service logistics to the latter.

**The specialized social assistant in charge for children** from this district provides services for 40 children placed in Foster Care. The workload of this professional includes preparing and placing the child in Foster Care, monitoring children who left the service, working with biological families where children are reintegrated, representing the interests of the child in various settings. As in the case of the first professional, the SAFPD is looking for ways of improving the work procedures to maintain the quality and improvement of the Foster Care service, in the context of its extension and of limited resources available.

**The supervision of service personnel** is carried out by the main specialist in child rights protection within the SAFPD who conducts monthly supervision meetings and assesses, on an annual basis, the professional skills and competences of the personnel, based on the job descriptions. The supervision and assessment of the main specialist in child rights protection is the duty of the SAFPD director.

According to the study participants, the access of the service is favored by the awareness raising campaigns in the field via the community social assistants, LPA and the media. Currently, there are no problems in this regard, the number of applicants to work in this service is higher than the number envisaged for 2011 in all districts. For children at risk identified in the field, there are always places available in emergency Foster Care.

According to the opinions of professionals and beneficiaries (children and parents), the **Foster Care Service produces positive outcomes in the lives of children in placement and of their families**: it improved the family’s situation; provided care to the child in a safe and protected alternative environment; parents managed to overcome the crisis; the separation and institutionalization of children was prevented; children were enrolled in school; conditions were created for children’s reintegration in the biological/extended family or in other forms of family-type services.

**The cases of failure**, in respondents’ view, were caused by situations when the information from the primary source was not complete or correct, when the individual care plan did not meet the child’s needs or when the matching of the foster carer and the child was incorrect from the beginning. In these cases, the repeated assessment is conducted to gather the right information, the individual care plan is amended to change the situation in the best interest of the child.

**The cases of repeated admission** in the service were very rare and were all determined by the decision of the Gate-keeping Commission that contradicted the SAFPD employees’ opinion. In all these cases, the integration of the child in the family was wrong or carried out at the wrong time.

**The assessment showed that the Foster Care methodology is not followed exactly under the following aspects:**

- In most cases, the applicant for the position of foster carer is assessed in a short period, which can influence the quality of the assessment and can lead to the employment of incompetent people.
- The matching of the child with the foster carer is often superficial, in terms of time and procedure. The child is placed for only one day in long-term care, which affects the quality of further relations in the foster family. In some cases, the skills of the foster carer do not correspond to the needs and particularities of the placed child. The compatibility between the children in placement and the biological ones is not always sought.
- The placement of children is not always monitored. Monitoring is the weak point in the service; it is often done by telephone. Social assistants motivate that they do not have transport. In most cases, they monitor the activity of the foster carer, but not the child's situation.

As a result, the minimum quality standards for Foster Care are not observed. A strength is the employment of community social assistants who contribute to a better awareness of foster families' situation.

## 4.2 Family-Type Homes

**The goal of FTH** is to protect orphan children or children without parental care, ensure their socialization and (re)integration in the biological, extended or adoptive family.

**The overall objectives of the service are:** to provide the care and growth of the child in a substitute family environment, in line with quality standards; to ensure the development of the child placed in FTH in line with his/her personality and age particularities; to facilitate, if possible, the (re)integration of the child in the biological, extended or adoptive family; to facilitate the socialization of children and their preparation for independent living when they turn 18. The Service is regulated based on Government Decision no.614 of 06.04.2010 "On the norms of material provision of orphan children and children deprived of parental care in family-type homes". All FTH employ 1 parent-educator. The FTH are funded from the budget of the District Council, therefore the temporary placement service can cover the entire district.

**Service beneficiaries** are children aged 0-14 who meet the following criteria: children whose family cannot fulfill their parental duties; children whose security, physical and psychical integrity and education are in danger in their living environment; children who need guardianship but it cannot be established. Children are admitted in FTH through the decision of the Gate-keeping Commission and of the guardianship authority.

**The beneficiary can leave the service** when it is possible to (re)integrate them in the biological/extended family or in another form of protection (guardianship, adoption). In this case, the community social assistant submits the assessment report for the child and family to the Gate-keeping Commission, and the Commission recommends / refuses the (re)integration of the child in the family. In case of adoption, the parent-educator has the priority for adopting the child, or gives his/her written consent for the child's adoption. The beneficiaries are referred from one service to another through the decision of the Gate-keeping Commission and of the guardianship authority. The file of the FTH and of children placed in FTH is filled in by the community social assistant with the person responsible for FTH within the SAFPD.

**In Calarasi district 3 FTH have been operating since 2007**, one in Niscani village and two in Horodiste village. 3 children are placed in every FTH. The FTH were established based on the Decision of the District Council, under the Partnership Agreement concluded on 17.08.2007 between the Governmental project "Child, Community, Family - Moldova" and the president of the district.

In the view of Calarasi SAFPD employees, the efficiency of this service is average. There are problems related to: the compatibility between parent-educators and children in placement; the preparation of the family for the work with children with deviant behavior; supporting the family and child for the duration of the placement.

**7 FTH are created in Falesti district:** one in Falesti town and in Musteata, Obreja Veche, Izvoare, Iscalau, Marandeni and Pruteni villages. In the opinion of SAFPD specialists, the services provided by FTH are justified: since the establishment of the service, the abandonment of 46 children from 23 families at risk has been prevented, 4 children of whom were reintegrated in biological families, 3 children were placed in guardianship and 2 children were adopted. Another positive outcome of FTH is that it provides children without parental care with the possibility to grow in a family environment where they can receive love, education and protection from both parents and have a complete family as a model. Parent-educators think that another advantage of this service is that it provides a stable workplace to people, health insurance and all the other facilities that employees have.

The specialists of Falesti district report some negative outcomes of the FTH service: the case of 4 children reintegrated in the biological family (note that the same children are indicated by specialists as successes), who were placed back in FTH after 4 months, which traumatized the children; another situation indicated by the respondents is the breakup of FTH because of spouses' divorce. In this case children who are in placement are referred to different services: a child was adopted, a child was taken in guardianship and two other children were placed in a temporary placement center.

**In Ungheni, the service was established in 2006,** with the launch of the first FTH in Petresti village through decision of the Ungheni District Council no. 6/7 of 30.11.2006, with the further extension of the service. Currently, this service employs 2 parent-educators, with medium specialized education (pedagogy) who have 5 and, respectively, 4 children in placement, as well as a SAFPD professional responsible for this service who is appointed through order of the SAFPD director. The FTH is a new service for Ungheni DASPF; there is no supervision and evaluation mechanism for this service in place. The duties of the specialist responsible for this service are to: hold the public awareness campaign on FTH; select, assess and train the applicants; present the applicant's file to the Gate-keeping Commission and to the District Council, where the final decision on the child's placement will be made; fill in the child's file; work with the child's biological family; address to various organizations to solve problems; reintegrate the child in the family or refer them to other services. In case of extension of this service, it will be necessary to appoint a person in the SAFPD to be responsible only for this service.

"FTH is welcome, because it provides children with the opportunity to grow in a family environment, to have a complete family as an example that provides the appropriate education to them, which they cannot receive in the residential setting where there is one educator per 10 and more children. In FTH, the child receives love from both parents and feels protected.

An unpleasant moment is that a close relationship is established between us, parents, and the child and, when the child is reintegrated, it creates emotional pain. When the child comes for the first time, it is difficult to establish the relation with them, because they come from a difficult environment and does not trust anyone and does not accept help. I think that, via this service, I do something good for children who need parental love and warmth"

*FTH, Falesti*

"This service is good for me and my sisters, because we did not feel the warmth and love from our parents that we receive from our parent-educators. We feel their love through their care and hugs, they always listen to us and encourage us. I am glad that the relations between me and the other children who live in our family are friendly. I don't want to leave this family, because I felt truly loved and protected here.

One thing that I consider necessary to fix is my character, I know that I must be more flexible and less touchy. I thank my parent-educators for loving all of us"

*FTH beneficiary*

"Children who are placed in family-type homes get a loving family where they can benefit from a favorable environment to develop as a personality, learn the key elements for decent life with confidence in the future, which was taken from the child while they were in the biological or extended family or in other terrible situations.

Failures are cases when the child was reintegrated in the biological family, but the situation in the family did not change or cases when the child does not correct their behavior"

*Ungheni SAFPD professional*

The child can leave the service based on the consent of the guardianship authority. Then, the child is monitored every month during 6 months by the community social assistant, then twice a year, then once a year. If the child's situation aggravates, it is necessary to return the child in the service. On the basis of the guardianship authority's consent, the child is placed repeatedly in the service until a new form of protection is established.

**The assessment showed that, although the FTH is a positive service as compared to the residential forms of child care, there are some difficulties in its delivery:**

- In most cases, the assessment of the applicant for the position of parent-educator is superficial, made in a short period, which can influence the quality of services provided to children in FTH.
- The large number of children in placement does not provide individualized treatment to every child; children are often treated as a collective mass.
- Placements are often monitored superficially or are not monitored at all. Parent-educators are reassessed to make sure that both the living conditions and their skills meet the requirements of caring for children.
- Placements are usually long-term and, often, when children turn 18, they have to leave the home without having a place to go and receiving very little support from local authorities.

### **4.3 Adoption of the child without parental care**

**Adoption is a measure of child rights protection**, that establishes the filiation between the adopter and the child, as well as the adopter's relatives. The adoption of the child is approved by the court. The court decision on approval of the adoption can be issued only when the child has been in the care of the future adopters for at least 6 months. The age limit to become an adopter is 25-50 years. The difference of age between the adopter and the adopted person must be 15 years at least.

Not every child without parental care can be a beneficiary of the service. First, the child's adoptability status is preceded by an attempt to reintegrate the child in his/her family. Only when reintegration was not possible, the competent authority applies the other child protection tools, including adoption.

The following children are proposed for adoption: children whose parents died; children whose parents were deprived of parental rights, are declared in legal incapacity or missing; children who were abandoned by both parents or by the single parent; children who were proposed for adoption by both parents or by the single parent. The adoption of siblings by different people is forbidden. The adoption of a child by an unmarried couple is not allowed. If, at the moment of adoption, the child was entitled to a pension and benefits in relation to the loss of the breadwinner, this entitlement shall be maintained after adoption. The adoptive families receive monthly benefits for every child.

**The study demonstrated that the methodology stipulated in the regulatory framework is followed in all the districts at all stages of the service:** assessment, filling in of the file, placement in adoption, post-adoption monitoring. The reason is that adoption in Moldova is a classic, consolidated service with rich experience of delivery and that the prosecutor's office verifies the adoption process and adoption is approved by the court.

**As compared to Foster Care and FTH, adoption is frequently used by professionals in the field in case of children deprived of parental care.** In 2010, 2 children were adopted in Calarasi district, 13 children in Falesti district and 9 children in Ungheni district. However, the number of parents who want to adopt a child is three times bigger than the number of adopted children. The main issues related to the adoption system so far, indicated by the participants in the study were: lack of capacity to ensure the pre-adoption training of parents and the post-adoption monitoring.

**Two unusual aspects of the adoption system in Moldova that should be mentioned are:** the monthly payments for adoptive parents and the possibility to cancel the adoption. The monthly

payment of 500 lei is comparable with the payment made to guardians. Unlike payments for foster carers and the FTH personnel, it is not envisaged that this payment will include a salary component. The right to initiate the cancellation of an adoption may be exercised by children (above 10); by the parent, including in cases such as the death, divorce or remarriage of an adoptive parent; and by the guardianship authority, based on the evidence collected in the post-adoption monitoring. There is the risk that this situation encourages the professionals to undertake higher risks when placing a child, if they are sure that they can cancel the procedure at a later stage.

#### **4.4. Guardianship/trusteeship of the child deprived of parental care**

**The guardianship is established on children deprived of parental care and is aimed at** their care and education, and at the protection of their legitimate rights and interests. Guardianship/trusteeship is established by local public authorities within one month from the registration of the application (is easier to do, because no court decision is required as for adoption).

Guardianship is established in relation to children under 14. When they turn 14, the guardianship turns into trusteeeship, and no additional decision of the guardianship authority is required. The trusteeeship is established in relation to children aged 14-18. In line with the legislation in force, people above 18 can be guardians.

Guardianship/trusteeship is established in relation to children in the following cases: parents' death, deprivation of parental rights; forced removal of children from their family without depriving parents of their parental rights; in case when children do not live with their parents and parents refuse without reasons to fulfill their obligations of care and upbringing; in case when parents do not look after their children for over 6 months for solid reasons (are in hospital, etc.); when parents' legal capacity is canceled by the court; in other cases, in line with the best interests of the child.

The guardian's level of responsibility is high, but not as complete as that of the adopter. The guardian's rights and obligations are exercised exclusively in the best interest of the child. If guardianship/trusteeship is not established in relation to the child who is looked after in state institutions, the obligations of guardian shall be fulfilled by the administration of these institutions. The temporary placement of the child who is in guardianship/trusteeship in a state institution does not cancel the rights and obligations of the guardian towards the child. The information on the child's identity cannot be changed because of the establishment of guardianship/trusteeship.

The obligations of guardian are fulfilled for free, except cases stipulated in the law. Families that have a child in placement receive a monthly benefit for every child in guardianship/trusteeship. Benefits are awarded without taking into account the pensions and other benefits that the minor child receives. The guardian receives support in delivering the care, upbringing, treatment and leisure to the child. When the child in guardianship/trusteeship turns 18, he/she has the right to the living space that was previously occupied by his/her parents or to living space. The child in guardianship/trusteeship has the right to a pension and other social benefits. When taking the decision to establish guardianship, the relations between the guardian and the guardian's family members with the child (the guardians being members of the extended family or family friends) shall be paramount.

**Guardianship/trusteeship continues to be the most spread alternative family-type service in Moldova.** At present, 81 children are in guardianship/trusteeship in Calarasi district, 145 children in Falesti district and 169 children in Ungheni district.

The study identified the need to consolidate this form of protection in the assessed districts from the perspective of emotional support provided to guardians, as well as of mechanisms for monitoring the placements and reviewing the care plans of children in guardianship.

#### **4.5 The service of reintegration of the child in the family**

**Reintegration of the child in the family is a planned process of supporting the child and family for their reunification.** The service operates on the basis of the Regulation approved by the MLSPF in 2006. Currently, the Regulation is being prepared to be submitted to the Government for approval. The structure in charge for the delivery of this service is the SAFPD. The main objective of the Reintegration Service is to reintegrate the child from the residential setting into their biological or extended family, so as to observe the right of every child to a favorable family environment for the development of their physical, emotional and intellectual potential. The reintegration of the child in the family is a difficult and complex process that requires a thorough assessment of the child's needs and the family's potential to meet these needs on long term. The reintegration must always be made in the best interest of the child and requires the presence of clear indicators of the family stability, dedication and motivation to maintain the links with the child, to restore and develop relations between parents and the child. If none of the above mentioned factors is present, it is unlikely that the reintegration is successful. **The consequences of an unsuccessful reintegration program and its impact on the child are huge.** The child's hopes to become a new family member can be destroyed, and his/her return to the institution, with the risk of rejection, will cause a significant psychological trauma that can take the form of: reduction of the self-confidence and self-respect, growth of the feeling of loss, anger on him/herself, parents and institution. These feelings are usually expressed in the child's difficult behavior.

The establishment of the Reintegration Service is based on the studies conducted in the last decades concerning the outcomes on the child's development produced by their institutionalization and separation from the family. The consequences of institutionalization on the child are multiple: lack of confidence, aggressiveness, hyperactivity, difficult behavior, discriminatory affection, lack of self-knowledge, delay in physical and psychical development (low level of language and intellectual performance), difficulties in relations with other children and aggressive attitude towards them. The above mentioned deviations can persist throughout the individual's life who faces such an experience.

**There are several factors that determine the outcome of reintegration in the family:**

**The younger the child, the more significant the harm produced by the residential care,** although it is not as obvious as in the case of older children. In case of short-term placement, young children may not be fully aware of the events that take place and may not be able to develop new attachments. Every interruption of the attachment between the child and parent can significantly affect his/her emotional development. Research has shown that children who spent two years of their life in a residential facility suffered from irremediable harm. Older children can also suffer emotional traumas and have a negative behavior, expressing feelings of despair, anger or indignation in relation to the rejection by their parents, especially, if they had few contacts with parents.

**The time spent by a child outside the family** will considerably affect a positive outcome in the process of reintegration. The child must learn how to survive in an environment where there are few possibilities for developing close and emotional relations with an adult. They can have feelings of anger and indignation on the missing parents. The child may not wish to restore the relations with the parents for the fear that he/she might suffer again because of an eventual rejection. In addition, it is necessary to take into account that the child's experience of living a time period differs from that of an adult. A short-term placement may seem a whole life to a child.

**The reasons for which the child was admitted in an institution** are extremely important. When the child was physically or sexually abused by parents or neighbors, reintegration cannot be considered an appropriate option if: the perpetrator continues to be a household member or is in direct contact with the family; the assessment of the parent/s showed that they are not able to protect their child from eventual harm. The reintegration cannot be performed if parents did not receive support to change their behavior and risk that is posed to the child. The reintegration of a child who was abused by his/her parents may be impossible.

**The child's contact with the family** during his/her stay in the institution. In cases when parents maintained contacts with the child while he/she was outside the family, the indicators for successful reintegration are better. The growth and development of the relationship with parents protect the child from negative emotional and social experiences that might affect the emotional development and self-confidence.

**The objectives of reintegrating the child in the family are:** reintegrating children from residential institutions in the family; supporting parents to maintain the child in the family; building parental skills; observing the best interest of the child.

**Eligibility criteria** for the reintegration service. On the basis of children's identification and initial assessment, the following categories can be identified with the highest likelihood to be reintegrated in the family:

- The child does not meet the criteria for placement in a residential institution and can return home immediately. The guardianship authority must be informed about this.
- The child and family need support to make the reintegration possible. This requires complex assessment of the family to determine the needs of the family and child and to develop the individual child care and family support plan.
- A complex or long-term case when the family is in extreme difficulty or when the child does not have a family where he/she might be reintegrated. It is necessary to conduct a complex assessment to identify the child's needs for the child's placement in the family and the support the family needs.
- The priority of children from categories 2 and 3 who are to be assessed and reintegrated in the family is established in line with the following criteria: children whose families live close to the residential institution and might take over their care; children and families that require insignificant support after reintegration; children and families that might need the services of a day care center after reintegration in the family; young children reintegrated the older ones.

The service of reintegration of the child from the residential institution is one of the most complex services that requires close cooperation between the employees of residential facilities, social assistants, guardian and local mayor's office to identify the appropriate children and families, where reintegration can be seen as the best interest of the child; complex assessment of the child's needs and the family's skills to meet those needs; facilitation of a multidisciplinary process of developing individual child care and support plans before and after reintegration of the child in the family; monitoring of the child's placement in the family to see whether their needs are met and whether they were not exposed to any form of abuse and neglect; empowering parents to make independent decisions on child care, which will provide children with a safe environment for growth and development, as well as emotional, practical and financial support to the family for a limited period.

The Reintegration Service in Moldova was initiated, as in the case of other services, with technical support of civil society and taken over by certain local public authorities. The Reintegration Service is not regulated at national level, although the reform of the residential care system was launched in 2007. This reform implies a 50% reduction of the number of children in the system by reintegrating them in their biological families.

The assessment shows that the Reintegration Service in Ungheni was established in 2005, according to decision of the District Council. The service is provided by the specialist in issues of families and children in difficulty and the specialist in issues of child rights protection employed by the SAFPD. The Service operates on the basis of the regulation approved by the Ungheni District Council. The Service does not have quality standards and an operational manual.

Although the reintegration of children from residential care is taking place in Falesti and Calarasi, this service has not been institutionalized in the social service system for child and family at local level and, as a result, funds are not allocated from the local budget.

Because of the lack and insufficiency of social services for children, many children from Calarasi district were placed in residential institutions located in other districts: 38 children are placed in Straseni, 24 children in Ungheni, 16 children in Falesti, 7 children in Drochia and 2 children in Dubasari (Concordia). The reorganization of institutions and reintegration of children implies inevitably identifying children placed in other districts and setting some cooperative relations aimed at assessing the children's families and preparing the reintegration. In this context, the Calarasi authorities will have to handle a large number of children coming back to the district in the nearest future.

The recommendations made to the local authorities in this context are, first of all, to consolidate the reintegration service as a key service in deinstitutionalizing children and reorganizing the child care system.

#### **4.6 Specialized consultancy services at district level**

The specialized consultancy services at district level include the consultancy provided to children and families by psychologists and legal experts. In Ungheni and Falesti psychological and legal counseling is predominant. Specialized consultancy services are provided by the employees of the Center for social assistance to the child and family subordinated to Ungheni SAFPD, created in 2005, according to the decision of the District Council. The Center started its activity in 2007 when the staff was employed. In Falesti, the specialized consultancy services have been provided since 2008.

**Psychological consultancy** is provided to children under 18 months who are at risk and to their families. These categories of beneficiaries are: children without parental care, abandoned children, children from vulnerable families, children who suffered because of various forms of abuse, children in Foster Care and in the Family Support Service, etc. Every year, the psychologist provides services to over 100 beneficiaries.

**Psychological assistance** includes: psychological assessment, self-support groups with beneficiaries who have similar problems, psychological counseling, telephone counseling, trainings to improve the beneficiary's situation, monitoring of beneficiaries in the post-service period for 6 months.

Beneficiaries participate directly and indirectly in the settlement of the problem they face. The constructive involvement of the beneficiary proves the effectiveness of case settlement. The beneficiary's active participation facilitates and accelerates the problem settlement process.

The psychological assistance service produces positive effects in solving the beneficiary's situation. The beneficiary is oriented and guided to identify the appropriate solutions correctly; is supported to clarify the situation, reach goals by making informed and purposeful decisions, is guided to solve the emotional or interpersonal problems. There have been several failures. One of them, which can be solved, is the refusal of a mother with mental health problems to raise her child in the family.

**Legal consultation** is intended for families with children and for children under 18 who are at risk: vulnerable families, children without parental care, abandoned children, children who suffered any form of abuse, beneficiaries of Foster Care, Family Support Service and Reintegration service, children involved in civil lawsuits to have their domicile established, and in other civil or criminal litigations. The legal expert provides consultations to over 100 beneficiaries every year.

Throughout 2010, the legal expert participates in about 150 lawsuits and has to attend between two and ten court sessions for every lawsuit. In addition, the materials for sessions are prepared, the identity documents are restored, consultations are provided to people who were not able to pay for a lawyer's services. The legal expert also takes part in the development of regulations, contracts and decisions of the SAFPD and represents its interests in court. It is a high volume of work and the legal expert is helped by the SAFPD.

In the professionals' opinion, the legal service helped solve legal problems: establishing a place of residence for children, depriving parents of their parental rights in families where children suffer from various forms of abuse and neglect, restoring the identity documents, solving issues related to the child's property, representing the child's interests in all instances.

#### **4.7 Specialized services delivered in community centers**

Both urban and rural areas provide social services with a higher degree of specialization. These services are usually provided in different combinations in the community centers that are often called multifunctional centers. These centers cover both the population of the community where the center is located (especially) day services and of other communities (usually placement) when these centers are run and funded by the district authorities. The study tried to cover all services of this kind that are provided in the three districts in terms of the range of services, beneficiaries' degree of satisfaction and the view of other community actors on their efficiency and effectiveness. A brief description of the centers included in the study is presented below.

Falesti district created a network of Community-based Social Assistance Centers that provide day care and temporary placement services for children and that differ very little. The Community-based Social Assistance Centers provide social services to children in difficulty from vulnerable families, abandoned children, minor mothers and mother/baby couples at risk in order to exclude or minimize the risks and improve the beneficiaries' quality of life. The general objectives of the Centers are to facilitate the social integration of beneficiaries, ensure the psycho-social rehabilitation of children and families, prevent child abandonment and institutionalization, provide emergency protection to minor mothers who don't have housing and to mother-baby couples at risk.

The work of Centers is regulated through Government Decision no.450 of 28.04.2006 on the approval of Minimum Quality Standards for the care, upbringing and socialization of the child in the Temporary Placement Center, the Regulation of the Center approved through decision of the Falesti District Council and agreed with the MLSPPF, the International Operational Regulation and the job descriptions approved by the SAFPD.

Beneficiaries of Community-based Social Assistance Centers are children from the community and children from other communities, especially, for placement services, because the Community-based Social Assistance Centers are funded from the district budget. The beneficiaries are admitted to Centers if they meet the following general criteria (in case of separate Centers there may be small differences caused by the specificity of the community): the child's age must be between 2 and 18; the child's family is unable to fulfill its parental duties, the child's security, physical and psychical integrity and upbringing is in danger, the child's situation requires imposing guardianship, but it cannot be establishing, minor mothers do not have shelter, the couple mother/baby is at risk of abandonment.

The beneficiaries are admitted in Centers on the basis of the decision issued by the Gate-keeping Commission; in an emergency regime at the beneficiary's request (based on decision of the multidisciplinary team of the Center); based on referral from other social stakeholders, or from the guardianship authority, as well as based on the decision of the multidisciplinary team of the Center. Beneficiaries are referred from one service to another based on the decision of the Gate-keeping Commission decision and of the guardianship authority.

The used work methodology is the case management. The personnel of Community-based Social Assistance Centers received initial training at the recruitment phase and consultancy from the SAFPD specialists. According to the Regulations of Community-based Social Assistance Centers from Falesti district, their activity follows the principle of interagency work. The multidisciplinary team discusses and agrees on issues related to the basic work procedures: identification and initial assessment of the beneficiary (in some cases, this is done by the community social assistant, in other cases – by the social assistant employed by the Center); complex assessment of the beneficiary (carried out by the social assistant employed by the Center); development of the

individual care plan (by the multidisciplinary team of the Center, in cooperation with the supervisor); implementation of the individual care plan; monitoring of the beneficiary's situation (discussed by the multidisciplinary team of the Center after 2 months from placement, then after 6 months – at the supervision meeting held by the SAFPD specialists); review of the individual care plan; finalization of the service.

The maximum period of beneficiaries' stay in Community-based Social Assistance Centers usually does not exceed 12 calendar months, and the authorities and staff of the Centers are required to find a definitive solution for the beneficiary. The finalization of day care services is decided by the multidisciplinary team of the Center, while the finalization of the temporary placement is decided by the Gate-keeping Commission and the guardianship authority. The beneficiary is monitored in the post-service period by the community social assistant and the SAFPD specialist.

The Community-based Social Assistance Centers follow the principle of beneficiary's participation in service delivery. The beneficiary or their legal representative signs a contract containing their consent to take part in the service delivery process. The beneficiary participates in the assessment and development of the individual care plan so that the decisions affecting them are made together with the beneficiary.

In terms of number, categories of personnel and education, the employees correspond to the type of service and, usually, include for all Centers: a director (higher education in social assistance, previous work experience), 2 social assistants (higher education in social assistance and/or ongoing training in the field), 0.5 units of psychologist and 0.5 units of social pedagogue (these positions are combined by one person with higher education in pedagogy and/or psychology, work experience in an education institution of 5 years or in a placement center – 5 years), 0.5 units of movement therapist and 0.5 units of sports instructor (secondary medical education, massage training), nurse (secondary medical education), 0.5 units of educator (vacant for the moment), 3 units of social worker (secondary special education), 1 unit of hairdresser (secondary special education), 0.5 units of computer instructor, 1 cook, 0.5 units of stoker (for some Centers, the staff units may vary a little subject to the services they provide and the number of beneficiaries).

The Community-based Social Assistance Centers, usually, fill in similar documents and keep the children's files in safe places. The documents that refer to beneficiaries include: copy of the decision on placement approved by the guardianship authority, copy of the child's birth certificate, the documents on the child's legal status, copies/originals of assessments that informed the child's placement in the Center, the child's medical acts, the initial and complex assessment report, the social questionnaire, the individual child care plan with monthly reassessments, the records and visit reports (when necessary), the contract with the family (when necessary).

The documents on the activity of the manager and the employees are stipulated in the Regulation of every Center: the registry of orders,

“...Throughout the Center's activity, a number of successes have been achieved such as the establishment of guardianship on 3 children, the integration of 17 children in 9 biological families, the placement of 7 children in FTH, etc.

Due to cooperation with the local authorities and the District Council, housing was obtained for children; 53 children were integrated in mainstream schools, the abandonment of 20 children was prevented.

As a result of the cooperation with economic entities and the churches from Falesti city, donations for cultural activities at the Center were received”.

*Director of the Center*

“This Center did many good things for me. When I got in a bad situation, the Center with its staff helped me a lot with shelter, psychological services, activities for developing my memory, writing, reading and other skills.

*Beneficiary of the Center, 16 years old*

I found many friends here among children and among the employees. I like how the activities, holidays, games are organized at the Center. We receive presents and surprises. It is with pleasure that I come to the Center. There is nothing bad I could say about the Center; it is the second house for me where I find peace and pleasure. I think that the Center must operate permanently to help children at risk.”

*Beneficiary of the Center, 14 years old*

the Center's activity plan, the professionals' activity plans, the registries of documents, the registries of beneficiaries of the placement service and of the day care services, the beneficiaries' files, the registry of visitors, the registry of assets, the menus, etc.

The professional supervision of the staff of Community-based Social Assistance Centers is carried out by the manager and the SAFPD specialists who are in charge for the activity of the Centers. The supervision meetings are held individually and in group every month and whenever necessary. The assessment of employees' skills and the monitoring of professional skills development are carried out by the Center manager and the SAFPD. All the Community-based Social Assistance Centers have job vacancies because of the lack of people with the appropriate training.

“Since the creation of this Center in Glinjeni village, the number of placements of children and older people and people with disabilities who are in difficulty in residential institutions has diminished and even stopped. The quality of life of vulnerable people from our community and from the surrounding communities has changed a lot. Children who had problems with learning have improved their performance. Children are included in different craft workshops such as “Look what two skilful hands can do”.

*Social assistant from the Center*

“The Center ensures the right of children to free time, leisure, entertainment and participation, provides them with opportunities of development, communication, integration, free expression according to their age. Before the opening of these Centers, some of the above mentioned rights were less enforced, especially, for children with disabilities. Before the opening of the Center, my younger sister who is bedridden and many other children with disabilities from the community and I did not attend the nursery, the school and had the classes at home. We did not communicate with other people during the day except our parents and felt the need to talk to somebody else as well. The opening of the Center changed everything. I started going to the Center with other children who did not have health problems and children with disabilities, but we feel equal and communicate a lot. We have the possibility to be included in various programs and activities provided at the Center. Our life has changed a lot.” *Beneficiary with infant paralysis (thoughts expressed via the social assistant).*

Brief descriptions for each of the 6 Community-based Social Assistance Centers of Falesti district are presented below.

**The Community-based Social Assistance Center “Casa Sperantei” (House of Hope)** was established through decision of Falesti District Council, no. 01 of 15<sup>th</sup> February 2007.

The Center provides day services to children, emergency placements, conducts activities with parents, holds parenting training sessions.

The ratio personnel – number of beneficiaries is 11.0 staff units per 37 beneficiaries (25 children receive day care services and 12 children are in temporary placement).

23 people were in temporary placement in 2010: 5 people – less than 3 months, 11 people – less than 6 months, 1 person – less than 12 months, 6 people stayed over the term of placement. There also were 16 repeated entries in day care services and 4 in temporary placement.

According to the employees and beneficiaries of the Center, the provided services are efficient. The abandonment of 2 children from 2 families was prevented, 13 children were reintegrated in biological families, 7 children were placed in other forms of family-type placement, 65 children received day care services, 33 mothers received psychological counseling.

**The Community-based Social Assistance Center “Nufarul alb” (White Water Lily) from Glinjeni village** was created through decision of the District Council no.08/15 of 15<sup>th</sup>

February, 2007.

The capacity of the Center for day care services is 30 beneficiaries, for the temporary placement service – 12 people. The services provided in the Center, as well as the work procedures correspond to the other Centers from the district.

According to the regulation, the Center has 14 staff units and 11.5 staff units are employed. The number of beneficiaries is: 7 people in temporary placement and 25 beneficiaries in day care services, overall 32 beneficiaries. In 2010, 18 people were placed in temporary placement, of whom 7 people for less than one month; 5 people for less than 3 months; 6 people for less than 6 months; 3 people for less than 12 months. There were 27 repeated entries in day care services and 4 in temporary placement in 2010.

The employees and beneficiaries consider that the services provided by the Center are efficient: they helped prevent the abandonment of 8 children from 4 families, reintegrate 7 children in their biological families, prevent the placement of new children in residential care and provide them with family-type services, include 308 children in day care services, provide psychological counseling to 14 mothers, provide temporary placement and other services to a mother-baby couple that suffered from domestic violence.

In order to extend the coverage, the staff of the Center believe it is necessary to create a mobile team that would service single older people at home.

The Center also had several failures, such as the case of a child who came to the Center repeatedly. Initially, the child was taken in placement by a single mother who abused alcohol and ignored her parental duties. She refused doing alcohol treatment. After a long period of work with the mother, the child was reintegrated in the family. But soon, the child returned to the previous lifestyle. The child was removed again from the family and placed in the service. The mother will be deprived of her parental rights and the child will be placed in a temporary foster family.

**The Community-based Social Assistance Center “ProSperare” in Risipeni village** provides social services to children and young people at risk, pregnant young women without shelter with a view to exclude or minimize the risks and improve the quality of beneficiaries’ life.

The capacity of the Center: for day care services – 32 beneficiaries, for the temporary placement service – 9 people. At the moment, the Center has 7 people in temporary placement and 25 beneficiaries in day care. The ratio is 12.5 staff units per 32 beneficiaries.

In 2010, 18 people were in placement: 9 people for less than 1 month; 6 people for less than 3 months; 3 people for less than 6 months; 4 people for less than 12 months; 2 people stayed more than the term of placement. 176 people benefited from day care services during this year. In 2010, there were 11 repeated entries in day care services and 1 repeated entry in the placement service.

According to the personnel of Centers and SAFPD, the services provided in the Center are efficient: the abandonment of 4 children from 7 families has been prevented; 7 children have been reintegrated in their biological families; 4 children have been placed in family-type placements; 167 children attended day care services; 27 mothers received psychological counseling.

The work of the Center has demonstrated that the services provided are requested only for children, which will impose the

“Here (in the Center “ProSperare”) I feel good, I do my homework regularly. The food is rich in vitamins and very tasty. My life has changed to the better, my school performance is better, I became more self-confident, I am more sociable and more responsible. I have new friends”.

*Beneficiary, 15 years old*

“...The creation of the Center created new jobs for local people, new opportunities for people in difficulty, specialized services in social assistance. Beneficiaries are not only informed but also trained and supported.

The Center is innovative in social service delivery and enables the multidisciplinary team to have interagency cooperation, the ongoing training of the employees, creation of an NGO in the Center, possibilities to attract funders and humanitarian aid. The Center increases the opportunities of social inclusion for children from vulnerable groups and the access to qualitative services.

The activities of the Center are advertized through advertising materials, print and multimedia materials.

Children from the Center have become more self-confident, more flexible to new situations and acquired skills for overcoming school failures.

It is good that the entire community takes part in problem solving, which demonstrates a growth of the civic activism. The neighboring communities are aware of the services provided by the Center, because we have beneficiaries from all villages of the district. Parents are motivated to take part in the Center’s activity”.

*Director of the Service*

need to review the Regulation of the Center with further focus on services only for children in difficulty and their families.

The direct beneficiaries of the Center appreciate the activity of the service saying that it produced positive changes in their lives; the beneficiaries have become more self-confident and have more confidence in the future; they have learned new things, gathered skills that will allow them to have good performance at school, and in the relations with the family and community.

**The Community-based Social Assistance Center “Vivatis” from Calinesti village** was created through decision of the District Council no. 01/15 of 15.02.2007. The beneficiaries and services provided in the Center are similar to the ones from other Centers located in the district.

The Center has 14 staff units and employs 11.5 units at the moment. When the study was conducted there were 12 beneficiaries in placement and 18 beneficiaries of day care services. The ratio of personnel – number of children included in services is 11.5 employees per 30 beneficiaries.

In 2010, 18 people were included in the temporary placement service of whom: 4 people for less than 1 month, 4 people for less than 3 months, 3 people for less than 6 months, 4 people for less than 12 months, and 9 people stayed over the term of placement. 106 people benefited from day care services. There were 5 repeated entries in day care services and no repeated entries in temporary placement.

The staff of the Center considers that the center is efficient: the abandonment of 13 children from 5 families has been prevented; 6 children have been reintegrated in their biological families; 106 children received day care services; 8 mothers received psychological counseling; 2 mother-baby couples victims of domestic violence were admitted in temporary placement and in other services. No failures were reported in this period. Beneficiaries highly appreciate the activity of the Center and the changes that occurred in their life.

**The Community-based Social Assistance Center “Impreuna” (Together) from Ciolacu Nou village** was created through decision of the District Council no. 08/18 din 15.11.2007. The capacity of the Center is 25 beneficiaries of day care services and 12 beneficiaries of temporary placement.

The Center has 13.75 staff units and employs 12.75 units at the moment. In 2010, 22 beneficiaries were included in the temporary placement service, of whom: 7 people for less than 1 month; 7 people for less than 3 months; 8 people for less than 6 months; nobody for less than 12 months and nobody stayed over the term of placement. There were 10 repeated

“The services of the center are very good for children in need. They helped me attend school, make new friends, live a different life than the one I had before. There are children with different problems in the center and the attitude of the workers makes our life easier and helps us overcome things.”

*Female beneficiary, 13 years old*

“This Center is an innovation for rural areas. The provided services represent a set of exercises that develop the beneficiaries from the physical and cultural perspective and the idea itself of this support provided to those who need it is a ray of warmth, happiness and hope for those who faced similar difficulties. There are organizations that care about people’s problems, there people who can help and all this can be found at the “Vivatis” Center.

*Parent beneficiary*

„The Center provides good conditions for children who live here and who attend the services every day. Throughout the day, children receive education, entertainment, socialization, counseling, independent life skills development, school and professional orientation and food.”

*Social assistant*

“The services influence on the maintenance and improvement of the quality of life of local people and of people from the surrounding communities. This range of services is very important in preventing school abandonment, child neglect, different forms of abuse and behavior problems.

The institution is a positive factor for children from families where one or several members migrate (meals, leisure activities for the child’s positive development).

The movement therapy service plays an important role for beneficiaries with motor problems, because most beneficiaries were not able to afford this service before the opening of the Center”.

*Director of the Center*

entries in day care services and 1 repeated entry in temporary placement.

The outcomes of the Center are: the abandonment of 2 children has been prevented; the institutionalization of 11 children has been prevented; 15 children have been reintegrated in their biological families; 3 children have been placed in other forms of family-type placement; 46 children were included in day care services; 8 mothers received psychological counseling; 3 mother-baby couples victims of domestic violence were admitted in temporary placement and in other services. No failures were reported in this period.

The reality shows that day care and temporary placement services of the Center are used only by children in difficulty and their families, while the adults and older people use only day care services. As with the other Centers, it is necessary to review the target group, the provided services and the Regulation of the Center.

The beneficiaries of the Center said they are happy with the services they receive. These services help them get over the difficulty, learn positive models of care, interact with other children who are in similar situations, support each other, perform better at school.

**The Social Services Center “Pentru-Voi” (*For You*)** was created through decision of the District Council no. 05/17 of 24<sup>th</sup> September 2009.

The Center covers children, young people and adults with motor and light mental disabilities. To be beneficiaries of the Center, people must have a degree of disability and the same applies to mother-baby couples if one of them has a disability.

The Center provides day care services, emergency placement, food, information (computer room, training), individual and group therapy, educational-restorative therapy, psychological counseling, kinetic therapy, music therapy, reintegration, first medical aid, dressmaking, housekeeping. The capacity of the Center is 28 beneficiaries of day care services and 22 beneficiaries of temporary placement services.

The Center has 25 staff units and employs 18.5 units at the moment. The assessment of the employees' level of skills that was carried out by the manager of the Center and the SAFPD director shows that all the employees meet the requirements. At the same time, given that the workers of the Center were trained only when the service was established and that changes have been made to the legislation and to the work methodology since then, they require training to adjust the work methods to the developments approved at national level.

In 2010, 36 beneficiaries were included in the temporary placement service, of whom: 3 people for less than 1 month; 5 people for less than 3 months; 19 people for less than 6 months; 6 people for less than 12 months and 3 people stayed over the term of placement. There were 5 repeated entries in day care services and 4 repeated entries in temporary placement. When the study was conducted, there were 16 beneficiaries in placement of whom 9 children and 7 adults.

The outcomes obtained are: the abandonment of 5 children from 5 families has been prevented, of them 2 children with single mothers and 3 children with mothers at risk; 15 children have been reintegrated in their biological families; 31 children received day care services; 53 mothers received psychological counseling.

**The service for drug addicts of Falesti** is the branch of the “Puls” (*Pulse*) Center from Balti municipality. It is a service provided by an NGO that is funded by religious confessions. It is located in the premises of Falesti City Hall.

This service provides rehabilitation, psychological counseling, temporary placement, joint activities with “Puls”. The employees of the center are former drug addicts. The service has had many successful cases, some of them involving people who were considered lost. The employees are invited to different activities in schools, children listen to them attentively and trust them. It is a necessary and efficient service.

**The regional resource center for children and young people of Falesti** is a service established at district level for different categories of children, including children and young people from disadvantaged families from Falesti town and from the entire district. The Center provides crocheting, drawing, computer, DDV classes. The professionals consider that the Center meets the children's needs of personal, cultural and professional development. The access of children and young people is limited because of insufficient funds.

Ungheni district also has several Centers providing specialized day care and temporary placement services to children and mother-baby couples.

The assessment of these centers showed the need to review the regulations of many of them from the perspective of the beneficiaries (especially in Falesti, the regulations of many centers stipulate that they provide services both to children and to adults, but in reality there are no adult beneficiaries there), and from the perspective of increasing their coverage, developing outreach services and providing them with means of transport. It is important that the local authorities assess the services on a regular basis in terms of cost-effectiveness and their impact on the beneficiaries and the community, adapt the services to the new needs of the community and make the service delivery more flexible.

## 5. Very high need services for children and families in difficulty

*“...we miss our parents”,  
“...I can't wait for Friday to come so  
that I take my bag and go home”  
Children, auxiliary school*

*“...I don't see the future of these children  
outside the institution;  
if these institutions are destroyed,  
the state will need additional prisons”.  
Teacher, auxiliary school*

### Key findings

The representatives of local authorities, as well as some employees of the residential system realize the need of reform, but it is important that they show political commitment and consistency in the reorganization of the residential child care system:

- Local authorities must provide the necessary funds for this process, reallocating the resources released from the reform of the residential system with a view to improve the community social services and the family-type services, and to consolidate the mainstream schools that play an important role in maintaining the child in the family and community.
- Most employees of residential facilities however do not realize the importance of the reform, are afraid of changes and use different ways to justify the reluctance to accept the change. Therefore, they need support in the process of change from local authorities and from the administration of the institution in order to change their attitude towards the reform, make them accept alternative solutions for the institutionalized children.
- Children in residential care need maximum support in the deinstitutionalization process to protect them from repeated victimization by the anxious personnel and ensure a safer and more rapid reintegration plan.
- Children who are still in residential settings (in a very limited number) in Sculeni and Socii Noi must be prepared for reintegration or family-type placements and the future of the institutions must be decided by the local authorities in the nearest future.

These services should be provided only to people who need extremely specialized support, such as permanent care. Only a small number of people need such services that are often provide in residential facilities. There is no need for such services to exist in every district. There can be one type of services available in the whole country. These services are more and more expensive.

According to the best international practices, *all* residential institutions are included in this category of services, which are created to provide very intensive support to people in the most difficult situations. In Moldova, many people are included in this type of support, that is very resource consuming, inappropriately. They might be helped more efficiently by specialized services that would allow them to stay in their community or live closer to it. This can apply to many children who were placed in residential care, because their parents are working abroad or cannot look after them. A family that places a child in an institution to be fed there, might receive food at a social canteen and might be visited by a social assistant or social worker at home to receive additional support. When developing the integrated social service program, the fact that all residential institutions should be considered very high need services was challenged, because most of these institutions do not provide very specialized services. This consolidates the justification for

transforming / reforming these institutions, which are very expensive and do not provide advanced levels of care. The very high need services include:

- **Residential institutions** – children’s homes and institutions for children with and without parental care, including children with disabilities;
- **Centers with narrow specialization** for exceptional cases of people in difficulty that cannot be treated sufficiently with community-based or specialized care, such as some (but not all) victims of human trafficking, domestic abuse and drug and alcohol addiction;
- **Sanatoria** – institutions for short-term very intensive care.

In the assessed districts, there are auxiliary schools, boarding-schools for orphan children and children without parental care and sanatorium schools. All residential institutions are thoroughly assessed in terms of development of care / deinstitutionalization plans for every child, reallocation of human and financial resources to social and educational services and development of plans on the use of the buildings. Separate evaluation reports will be developed for every institution.

In the context of the present study, the assessment team paid more attention to assessing the perceptions of children and of the personnel on services provided in the institutions.

**The auxiliary school for children with special educational needs of Calarasi** was opened in 1994. When the assessment was conducted, there were 71 children in the school and 39 staff units. The preliminary evaluations showed that only 20 children of the 71 have mental health problems. All children are from vulnerable families and have a reduced school program of 8 forms. In the last year, 3 children from this school were reintegrated in their families.

The services provided in this institution are instructive and educational. At school, children learn some professions: crocheting, cooking, carpentry. After graduation, the best children go to special professional schools for these children, while the others return home, often, without proper living conditions and possibilities to find a job and continue to be beneficiaries of the social protection system.

In the view of children from the auxiliary school of Calarasi, the main problems they face are: poverty, parents’ migration abroad, problems in the family (divorce, alcohol), the discriminatory attitude of teachers from mainstream school towards children from poor families and their unwillingness to work with children from families that cannot pay the “fees”. Healthcare services, social assistance (mayor’s office), the school and police were mentioned by children as the most needed and the most accessed by them and their families. Children, in general, have a positive attitude towards living in a residential facility. They say that they receive clothes and care there; were taught how to write, read and declaim poems. The employees’ attitude towards them is positive. Children are glad they are not marginalized as they were in mainstream schools and that they get high marks. Still, they believe it is not good that children are taken away from their parents: “...we miss our parents”, “....I can’t wait for Friday to come, take my bag and go home”

Children have very general knowledge about the social assistance system: “social assistance helps you when you are poor, they give you support, they are kind”, “when someone wants to take a child in the family, social assistance comes to their home to see if they have a place where to keep the child”. In most cases, their attitude towards the social assistant is positive. However, some children referred (or made allusions) to corruption among social assistants, saying “they may not take money for themselves, they may take a little, but will give the rest of it to poor people”.

As for the authorities’ intervention in solving the problems of children and families in difficulty, children consider that local authorities should help the poor families to build houses, if they do not have accommodation, give them food. If children are deprived of parental care, the state should find a “new parent” for them.

Teachers think that the society is not prepared to accept children with disabilities, that it marginalizes them and people call them “idiots”. Teachers are worried: “What will happen to these children?” (fake worry); “What will be the future of teachers?”. Teachers speak about the disadvantage of integrating children in families and mainstream schools, about the destiny of children and of teachers. They are afraid of change, seem to be skeptical that this change will benefit the children and the teachers. In addition, in order to justify the unwillingness to reform the residential system, teachers provide examples of cases when children were not accepted by mainstream schools and other examples of failure. Teachers select examples from the media that demonstrate hardships / failures related to the reintegration of children in the community. For instance, they see the closure of Sculeni auxiliary school in the following way: “it is more important to support the homeless than the children”, distorting the reality and using manipulation mechanisms. Another negative example they use in a blaming manner is the Dereneu community where a child was reintegrated under the pressure of the social assistant who threatened the family to cancel their state benefits if they did not take the child home.

An argument teachers use against the reintegration of children in the family is that “children get used to the school, but their families reject them”. Teachers state that: 20% of children can be reintegrated in their family, but 80% cannot be reintegrated because of poverty; relatives do not want to take children in guardianship; they may accept children in their families for one year at most and the society is not prepared for this process. They believe that it is necessary to prepare the school, family and society first and then start the reintegration. The director of the auxiliary school supports the position of teachers with statements like “who will bear the liability for failures?”. When asked: “What would have happened to children if this school had not existed?”, teachers said that these children would have been on the tramp, begged and got to jail.

The role of the social assistant in the auxiliary school is not well determined. The social assistants consider that they represent a bridge between the SAFPD and the boarding school. The social assistant from the auxiliary school does not know his duties clearly and says that he fills in the social questionnaire, works with orphan children, but does not think that he should be involved in planning and implementing the deinstitutionalization program.

Teachers defend strongly the existence of the institution: the teacher in the mainstream school cannot work individually and these children need an individual approach, all children with disabilities need supporting teachers, but they cannot say why. They speak about individualization, but cannot explain what “individualization” means. The employees of the institution are uncertain, afraid and frustrated because of the residential care reform. They see the change as a forced one and try to resist to it: “what is the point in moving forward stubbornly if you don't know where you will get?”.

**The special school for children with hearing impairments of Harbovat, Calarasi district** was created in 1992. At present, 120 children of preschool (4-5 years old) and school age are placed in the institution – children with hearing impairments and deaf children from the entire country. Of them, only 8 children are from Calarasi district and the others are from other districts. The facility has 107 staff units. It employs many speech therapists who do individual work with children. The school provides training, education and professional courses to children (apiculture, driving). Children follow the mainstream educational curriculum and receive regular certificates after graduation.

The evaluation of children with a view to reintegrate them in the family and in community will start in the summer of 2011.

### Answers provided by teachers of the auxiliary school, Calarasi

*What do you think about the efficiency of your work:*

- this activity is very important, it contributes to a healthy lifestyle and to the development of the personality;
- it is necessary and efficient, it restores what children missed in the family, children's life skills and work skills are developed, they learn braiding with corn husk and attend different clubs;
- we try to ensure a complete and smooth development of children, we direct them to the peaks of the moral and social progress, make them try to serve as an example; children learn the manners of a civilized person: to keep their body clean, wash their teeth and ears, lace up their shoes and count the money;

*What do you think about the situation of children in institution, how do they feel in the institution?:*

- children feel very well; the family cannot give them what the school gives; they are not differentiated and take part in various activities, contests and excursions to Chisinau; they have good living conditions in bedrooms, personal hygiene arrangements; they are fed 4 times a day and are overseen; children feel very well here, with no concerns or problems;
- they feel at home here; they have all the necessary conditions; their rights are not violated, they are not isolated and can go to their family when they want;
- they feel ok here, comfortable, no one laughs at them; they have good conditions here, their rights are not violated, they make friends and have a normal life regime;

*What do you think would have happened to these children if the institution had not existed?:*

- there would have been more tramps, many of them would not have had what they need, would not have been enrolled in school, would have been illiterate and uneducated; the family would have not get involved to change something in the child's life;
- the children would not have been enrolled in school, some of them are still not wanted and are not taken home on vacations, and if they do go home they are hungry, frozen, dirty, with lice and scabies, using alcohol, seeing drunk parents, quarrels and fights;
- they would have been street children, sick, dirty and would not have been attending school because of: indifferent parents, lack of motivation to learn, lack of funds for school supplies;
- they would have been abandoned by school and society, lost in life;

*What else might be offered to children instead of this institution?:*

- I don't see another solution; there is no equivalent to this facility; there are no alternative facilities;
- to change its name so that it is not a boarding-school but just auxiliary school;
- a placement center where they might receive accommodation, support and where their dreams might come true;
- if they are placed in mainstream education, the expenses will be the same, but the outcomes will be much smaller;

**The boarding-school of Falesti** was created in 1963 for orphan children and children without parental care. 111 children are institutionalized at the moment and 70 people are employed (18 teachers, 12 educators, 40 technical workers). The institution provides training, education, healthcare and professional development services (carpentry, crocheting, embroidering, puppet shows, musical band). The graduates usually enroll in professional education after graduation. The number of children is decreasing: during 4-5 years it reduced from 340 to 111 children. The personnel realizes the need for reorganization.

In the view of children placed in the boarding school (aged 12-13), the main problems they face are: poverty, parents' migration abroad, problems in the family such as alcohol, poor living conditions, physical abuse – "...parents do not want us home, they beat us...".

Healthcare services, social assistance (mayor's office), the school, boarding school and police were mentioned by children as the most needed and the most accessed by them and their families. The answers to the question "How has your life changed after the intervention of social assistance?" were not the homogenous: a girl said that the "Social assistant came to our home to see how we live. My mother filled in an application form to take me home. But I will leave at the end of the school year". Another girl said that her mother who is ill went to the mayor's office asking for

support for her children after her death. The mayor's office provides regular cash support to the family. But a boy told that his mother asked support from the social assistance to renovate the house (her children and her did not have a place to live) and they turned her down saying they did not have money. Children say: "social assistants deal with the child's rights"; they are calm, polite and say nice words"; "social assistants help children to go to their family or help solve the family's problems".

Children have a positive attitude towards their life in the boarding school. They say that they received clothes and care here and that the living conditions are better than at home. A child with experience of living in the Placement Center said that the conditions are not as good as in the Center. Children say that the employees' attitude towards them is positive. Some of them established closer relations with the educators and the carers. Children said that when they misbehave, teachers and educators beat them, but at the same time, children try to justify this saying that this happens only when they behavior is very bad.

Some children have wrong perceptions about the reason of their stay in the boarding school: "I am here because I misbehaved and I was attacking everyone". 9 of the 11 children who were present said they want to go home.

As for the authorities' intervention to solve the problems of children and families in difficulty, children consider that the "mayor's office" must help the poor and given them money. "If the mayor's office does not have money to help everyone, then the Government should transmit money and help them". Children think that the Government must help the poor families, but "...in reality the money reaches their pockets". In their view, the Government should pay pensions, create more jobs so that people are not forced to leave abroad.

The evaluation of children placed in the Falesti boarding school started in January 2011 with a view to deinstitutionalize them.

**The auxiliary school for children with special educational needs of Socii Noi** was created in 1975. At the moment of evaluation, 41 children are institutionalized, 35 staff units are employed (17 teachers and educators, 18 technical workers). The facility provides training, educational, healthcare, speech therapy, professional development (crocheting, puppet shows, musical band) services. The number of children is decreasing: from 47 to 41.

The education of these children is mainly in segregated forms, the recovery and integration plans are not personalized sufficiently and are not based on the cooperation between professionals (doctors, psychologists, teachers, social assistants) and the community and the family, although there are tendencies of inclusion in the mainstream education.

#### Children would be happy if:

- they had a mother and a father with adequate behavior or if they don't have them, at least a special institution that might look after these children;
- they had parents and the necessary things: food, clothes, spiritual warmth; they had the possibility to live in a verbally and ecologically pure environment;

#### If the residential institution had not existed:

- children would have been on the tramp, abandoned school, been hungry and had alcoholic parents; they would have looked for metal in the garbage;
- children would have been on the streets, starving and would have been illiterate and uneducated;
- children would have been hungry, illiterate, would have lived with drunk and vulgar parents; in some families they did not have electricity and were waiting for their father to come from the parties in the dark;

#### The community thinks about these children:

- that children are not looked after properly and they do not know what we are doing, but there are people who know that children are very well looked after;
- that they feel different from the spiritual point of view; from the material point of view – "very good";
- that they are disadvantaged, placed in difficult situations for the nearest future; unhappy because they miss parents' love.

Under such circumstances, the child does not manage to acquire the necessary skills for independent life. The high number of children with disabilities in residential institutions is also caused by the lack of programs and services for detecting deficiencies and for providing early intervention with adequate human and technical resources. The lack of these programs and services affects substantially children's recovery chances; the late identification of disability, the limitation of the possibility for early intervention.

On 25.02.2010, the auxiliary school of Albinetul Vechi village was liquidated through decision no.02/2 of Falesti District Council. Children from this school were reintegrated in families to be able to attend the mainstream schools and to receive other local social services. This year, 37 children from the auxiliary schools of Albinetul Vechi and Socii Noi were reintegrated and 4 children were placed in guardianship.

**The boarding school of Ungheni** was created in 1960 for orphan children and children deprived of parental care. At the moment of evaluation there were 112 children in the institution of whom 80 children from Ungheni district. The facilities has 64 staff units, of whom 5 are part-time. The institution provides training, educational services, clubs (sports, arts, professional development). After graduation, children can continue their education in professional schools, colleges, high-schools.

The children and families are currently assessed to establish the possibility of reintegration of placement in family-type services. Of the 63 assessed children, 22 will be reintegrated in the biological family starting with 1<sup>st</sup> of June, 2 children will be integrated in the extended family, 4 children will be placed in Foster Care, alternative care will be provided to 12 children and 22 cases will be submitted to the Gate-keeping Commission for reexamination. After the assessment, the closure of the residential institution will be suggested starting with 1<sup>st</sup> July 2011.

**The auxiliary school for children with special educational needs of Sculeni, Ungheni district.** Of the 67 children who are placed there, 48 were reintegrated in their biological family or placed in guardianship after the complex assessment. The school provides training, educational and professional development (dressmaking and hairdressing) without receiving any certificate of education. As a result of the complex evaluation the school went through, a decision on its closure is due in the nearest future.

At the moment of evaluation, only 19 children are still in placement and they are looked after by 15 employees. The cases of these children will be reexamined by the Gate-keeping Commission by 31<sup>st</sup> May 2011. In addition, work is done with the biological and extended family, the institutions and the community for the reintegration of these children. The professionals identified 7 children whose reintegration in the family will be difficult and are looking for solutions through alternative services.

The preliminary data on the assessment of children in residential institutions of Ungheni district that were included in the reform process shows that both institutions accepted children who did not meet the requirements stipulated in the regulations of these institutions (about 85% - Sculeni school and 70% - boarding school). In the view of the vice-president of the district in charge for social issues, beside the negative impact on the development of children these institutions have, the state used to spend

#### *Itinerary in the institution (IMAS)*

“Children are noisy, playing, talking to each other. The boys I talked to were quite free in expression.

They are unkempt, some are dirty and many of them smell badly. Their clothes are dirty, some children's clothes are either too large or too small for them. Some girls have the hair dirty and uncombed. I saw a girl with wet trousers as she urinated and they were getting dried on her.

It was difficult for us to make the first impression about adults' attitude towards children. The director was talking about them rather with indifference than with positive or negative emotions. In the play room, some children were watching TV with very high sound volume, while others were drawing or playing. Only one educator was present. She seemed tired and bored.”

Auxiliary school of Sculeni

every year over 7 million lei for their maintenance, which are considered inefficient expenses by the respondent.

**The assessment of the medical-sanatorium facility for children with tuberculosis of Cornesti, Ungheni district**, which is subordinated to the Ministry of Health, will start in the summer of 2011.

The study shows that most employees of residential institutions do not realize the need for reform, are afraid of change and use different ways for justifying their unwillingness to change. They consider residential facilities the best solution for children, while the mainstream school and the community, in their view, are not prepared for children's inclusion. The personnel of residential institutions need support in the process of change from local authorities and the institution administration directly involved in the reform with a view to change the attitude towards the residential system reform, make people accept the alternative solutions for the institutionalized children.

For local authorities' representatives and for some employees of the residential system who realize the need for reform, it is important to show political commitment and consistency in the reorganization of the residential child care system. The plans for reorganizing the residential system must be made public and support must be provided to the public, communities, families and children.

Local authorities must provide the necessary funds for this process, reallocating the resources released as a result of the residential system reform to the consolidation of community-based and alternative family-type services, and of mainstream schools that play a significant role in maintaining the child in the family and community.

Children in residential facilities also need maximum support in the deinstitutionalization process to be protected from repeated victimization by the anxious personnel and to make sure they are provided with a safe and time-bound reintegration plan.

Local authorities must realize the danger for children who remain in a small number in the institution as a result of deinstitutionalization. These children must not be "sacrificed" in exchange for financial (maintenance of the budget for the institution in the process of closure) and human (exaggerated concern for the personnel's future) benefits. The experience of the auxiliary schools of Sculeni and Socii Noi demonstrates that, with the launch of the irreversible process of closure, the institution completes its activity for the child's benefit before the official decision is taken (the educational process is not well organized any more, classes are not being held, children are at an even higher level of segregation and vulnerability, are exploited through labor, etc.). Children left in residential institutions (very small number) of Sculeni and Socii Noi must be prioritized for reintegration and alternative family-type placements and the destiny of institutions must be decided by local authorities as soon as possible.

#### *Itinerary in the institution (IMAS)*

"There is big difference of comfort between the director's and the accountants' office and the rest of the building. The offices of accountants and of the director are renovated, well equipped, the furniture is new and in good condition. There is a bookcase full of new toys in the director's office, but there are no toys, plates and other teaching materials in the rooms for plays and homework. The rooms are not provided with the necessary items. The furniture is old, ramshackle, the carpets are dark, dirty and have a rank smell.

There is recovery room where children have different healthcare procedures – massage, aromatherapy, etc. There are two separate beds for children in this room. Children come here according to a schedule.

There is a physiotherapy room (electrophoresis). The beds are separated by curtains. The impression was that this room had not been used for a long time, because everything seems clean and new unlike the other rooms."

*Medical-sanatorium facility for children with tuberculosis*

## 6. Statutory services for children and family

*“I am absolutely against this commission, because, the assessment conducted in the residential institutions located in our district identified very few children with real behavioral deviations. The Commission placed them in the boarding school for no reasons and this decision has consequences on the child’s further development”.*  
**SAFPD Director**

### Key findings

The study showed that some statutory structures have a similar composition. The lack of clarity regarding their duties leads to the fact that their roles are interpreted differently in different districts. In this context, the efficiency of statutory services should be increased:

- The roles and responsibilities of every structure must be defined at administrative level in every district, as well as their interaction with a view to mobilize resources for child protection.
- District and local councils for child protection seem to be efficient structures, but they need more exact regulations so that local councils provide multiagency support to children with more complex needs at community level and the district council ensures the interagency cooperation in joint programs implemented by the social assistance, healthcare, education and public order sectors.
- The Medical-Psycho-Pedagogical Commissions should be transformed in resource centers for inclusive education of children with special needs and develop a strategy on reexamining children who had been placed in special education to ensure their reintegration in the community and in the mainstream school.
- The Gate-keeping Commission seems to be efficient. At the same time, local authorities should improve other duties of this commission as well, such as examination of complaints submitted by children and parents on the quality of received services and make suggestions, on an annual basis, on the types of services that need to be developed.

There are several statutory bodies supporting the delivery of child care services at local level: the District Council for Child Rights Protection, the Medical-Psycho-Pedagogical Commission and the Gate-keeping Commission.

**The District Councils for Child Rights Protection** were created in 1998 based on the Regulation on the establishment of the National Council for Child Rights Protection (NCCRP), with the view to implement at local level strategies developed by the NCCRP at national level (Government of RM, 1998). In addition, they must take part in the resolution of cases of children in difficulty. The Councils include the directors of SAFPD and of General Education, Youth and Sports Directorates, police and healthcare services to unify the implementation of policies between sectors.

To achieve its goals, the DCCRP follows the approved Regulation and activity plan that stipulate the following: monitoring of implementation of the UN Convention on the Rights of the Child, other international documents to which Moldova is party and the national policies on child rights and family protection; coordination of local authorities’ activities in the field of child rights and family protection; evaluation and monitoring of enforcement of legal provisions on child rights protection in child care and education institutions; coordination of development and implementation of child care standards/norms in state and alternative institutions. The sittings of the DCCRP are held on a quarterly basis.

In the assessed districts, the DCCRP operates almost similarly. In Calarasi district, children are recommended to participate in the sittings of the DCCRP only when issues related to children are discussed. The role of the DCCRP, according to the GEYSD representative is to coordinate the activity of related sectors and discuss the sector duties. In the opinion of the SAFPD director, the role and efficiency of the DCCRP are not clear: “How can this Council help me? If I want to create

a service, I bring the package of documents to the District Council. The social committee of the District Council does not take account of the decisions issued by the DCCRP, which can only formulate observations and warnings, they cannot do anything else, they don't have decision making power”.

In 2010, the DCCRP of Calarasi held 8 sittings where it considered 46 cases of children, of whom 8 were institutionalized, institutionalization was prevented in 12 cases and 3 cases of deinstitutionalization were examined. The lack or insufficiency of family-type and community-based services (Reintegration and Family Support, Foster Care, Family-Type Homes) are considered factors that determined these decisions.

In Falesti and Calarasi districts, the DCCRP holds working meetings in the field together with the LCCRP to consider different issues, according to the activity plan of the council, the Strategic Plan on Developing Integrated Social Services of the district, which is developed for 5 years (2006-2011) and approved through decision of Falesti District Council no. 06/8 of 16.11.2006, other by-laws.

An example is the agenda of the issues addressed by Falesti DCCRP in 2010: Improving the conditions for the maintenance and upbringing of children with disabilities from socially vulnerable families, children without parental care or at risk; Implementing the Strategic Plan of the district on Developing Integrated Social Services for 2006-2011 and developing the new strategic plan for 2010-2011; Activity of the Gate-keeping Commission and the LCCRP; Activity of Community-Based Social Assistance Services; Juvenile delinquency in the district and preventive measures.

In Ungheni, the Council members were distributed in four working teams to monitor the situation in communities, educational institutions on children's school enrollment and school abandonment. Visits were made to schools and telephone discussions were held on issues around the violation of children's fundamental rights. The DCCRP monitors the activity of the LCCRP (33 mayor's offices) and collects activity reports from them. In addition, the DCCRP submits reports on the implementation by local authorities of national child rights policies to the NCCRP.

**Local Councils for Child Rights Protection** were created in the mayor's offices in a process that took several years starting with 1997. The Councils follow the regulations and activity plans approved by the Councils and by the DCCRP. Since there is no standard Regulation for LCCRP, these councils operate under regulations developed at local level, which, mainly reiterate the objectives and activities stipulated in the regulation of the NCCRP and DCCRP. The LCCRP meetings are held on a quarterly basis. The cooperation of DCCRP and LCCRP refers to the following aspects: guidance, monitoring, seminars, awareness raising, direct checks.

In Calarasi, the LCCRP were created in 1997 and exist in every community. Their work is sporadic, mainly in cases of emergency. Their efficiency is not very high and their work is fragmented, which depends on the mayor's management, experience, relations with the key people at local level.

In Falesti, the LCCRP were created in 2000-2001 in each of the 33 mayor's offices and operate based on the NCCRP regulation. The LCCRP consists of representatives of all local structures and its members are not paid. The LCCRP discusses all cases from the community that are prepared to be submitted to the Gate-keeping Commission.

“The mainstream school prepares children for other levels of education. The auxiliary school focuses on professional training. The curriculum of the auxiliary school does not include subjects like foreign languages, physics or chemistry. As a result, the graduates of residential facilities are limited in the possibility to continue their studies at other levels of education. At the moment, 2-3 members of the Gate-keeping Commission may be delegated to improve the activity of the Medical-Psycho-Pedagogical Commission in order to assist with the examination of the child at the MPPC sitting. The reform of the residential system will change the role and status of the MPPC”

*Deputy director of GEYSD, Calarasi*

“I am categorically against this commission, because the assessment of the residential institutions showed that very few children had deviations in development. The Commission referred them to the boarding school for no reason and this decision has consequences on the child’s further development”

*SAFPD director, Ungheni*

“There were cases when the MPPC members were directly interested to have the child placed in the residential institution. It is necessary to review the Regulation of this structure, because this Commission is necessary, but its activity is not efficient. It must work only for the child’s benefit, not against the child. Therefore, the child’s case must be examined by the Gate-keeping Commission after the MPPC. The roles of these two commissions are different. The role of the MPPC is to create a plan for supporting the child, adapting the curriculum for the child, helping the teachers to choose the educational program for the child. The lack of clarity is also caused by the fact that local authorities do not know the roles of these two commissions. Often, problems emerge because of school authorities, which are interested in getting rid of children with disabilities”

*Manager of the Center for Children with Disabilities, Ungheni*

In Ungheni, LCCRP were created in every community starting with 2000. Their efficiency is limited. They usually discuss the most difficult cases and report the urgent cases to the DCCRP.

According to respondents, DCCRP / LCCRP exist often only on paper and have sporadic interventions; their efficiency is low, they don’t have a regulatory framework, community social assistants faces difficulties to convene the meetings, mayors often do not have any interest in solving children’s issues.

**Medical-Psycho-Pedagogical Commissions** examine children of school and pre-school age who are considered to have learning, physical or mental disabilities. The goal of the MPPC is to determine the child’s capacity to learn. The Commission establishes the diagnosis of children and refers them to the appropriate educational institutions, including residential ones. The MPPC controls the admission to “auxiliary schools” – residential institutions for children with mild disabilities. The Commission also operates at national level where there is a team of full-time professionals and at district level, where representatives of different sectors – professors, psychologists, speech therapists, psychiatrists and neurological pediatricians – gather when an evaluation is needed.

Many district MPPC have stopped their activity and children from these districts are assessed by the national commission. Concerns over the quality of MPPC activity had persisted for some time. At the request of the Ministry of Education and Youth (MoEY) of 2000, UNICEF Moldova conducted an assessment of the MPPC at national and local level. The assessment revealed the high rate of institutionalization of children with special needs, in particular, those who could be enrolled in the mainstream education system. These children represent the “errors of inclusion” in the system: they receive a type of service that they have not asked, which makes the use of resources inefficient. The recommendation of an MPPC to send the child in a residential school does not have a compulsory character, but the occasional evidence shows that poor families will be more willing to accept the placement of their child in an auxiliary school than better-off families. The directors of auxiliary schools may encourage families to accept the recommendations of MPPC, because they are funded on a *per capita* basis, depending on the number of children in the school. Another “error of inclusion” are children who are diagnosed by the MPPC and are sent to an auxiliary school without having any disability. This happens in cases where MPPC is seen as an easier way to institutional care than the Gate-keeping Commission. The MPPC is also seen differently by families that want to leave their children because of poverty or of child’s difficult behavior.

The working procedure in the assessed districts is similar: the child is presented by the teacher with the academic results, notebooks, characteristics made by the form master and the child’s portfolio. The MPPC decision is a recommendation, while the final decision is taken by the parent. At the same

time, the MPPC must be responsible for monitoring the institutionalized children, which, in reality, is not done.

The relationship between the MPCC and the Gate-keeping Commission is problematic. The MPPC recommends placing the child in the auxiliary school. After establishment of the Gate-keeping Commission, the child's case, with recommendation for institutionalization, is referred to the Gate-keeping Commission, which analyzes the social evaluation and the MPPC position and recommends the most appropriate form of child care and the final decision is taken by the main specialist in child rights protection with the parents' consent. In addition, according to representatives of the GEYSD, every member of the MPPC has a responsibility as a professional, therefore the Gate-keeping Commission cannot deny the decision of a doctor.

**The Gate-keeping Commissions** were created in 2006, when the MLSPF launched the establishment of a system to prevent the institutionalization in child protection. This system was piloted in the districts of Cahul, Orhei and Ungheni and was extended at national level. Its goal is to make sure that children in difficulty receive support, primarily, in family-type services, the residential institutions being the last resort for solving the problem. Within the system of prevention institutionalization at district level a "Gate-keeping Commission" was created, which is independent to the SAFPD and to GEYSD.

The *gate-keeping* term reflects the general principle applied in social assistance, which implies identifying the best form of support/intervention provided to people in difficulty based on their needs, including the rejection of people who do not need assistance. The direct translation of *gate-keeping* is "filter system". This principle is followed in all the Western countries in the social assistance sphere for all categories of beneficiaries, irrespective of their age.

Given that the social protection system in Moldova, especially, child protection, is characterized by excessive institutionalization as a response to all social issues, without taking account of the particularities of every case and without considering the whole range of options, it was decided to test the gate-keeping system in child protection only.

Reducing the number of children in institutions requires new principles of assessing the needs of children and families in difficulty and services to meet these needs adequately. The filter system is considered the most efficient in preventing the separation of the child from the family.

The main objective of the gate-keeping system is to redirect the placement of children who are in social care by developing community-based support programs and to change the ways of supporting children adopted by decisions makers. It is also necessary to make sure that children who enter the social care system are included in a complex assessment of their situation and needs, and individual care plans are developed to meet their needs and these plans are reviewed periodically.

Thus, the gate-keeping system is a set of actions undertaken by the authorities aimed at identifying the optimal form of care for the child in difficulty. The concept underpinning the gate-keeping system is based on the principles of the UN Convention on the Rights of the Child, ratified by Moldova in 1993. The most important *principles* include: the best interests of the child shall be a primary consideration in all actions concerning children (Art. 3); the right of the child to a family for the complete and healthy development of the child's personality (Art. 9); the responsibility of parents to look after their children and ensure their physical, mental, spiritual, moral and social development (Art. 18); the need to assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (Art. 12); the need to maintain relations between siblings, when it is not possible for siblings to live with the biological parents (Art. 9); the opportunity for continuity in a child's upbringing and to the child's ethnic,

religious, cultural and linguistic background (Art. 20, 29); the observance by the Government of families' rights and responsibilities (Art. 5, 8, 26, 27, 42).

The key aspects of the gate-keeping system are: complex assessment of the beneficiary and identification of the best form of child care, in line with the eligibility criteria. The international experience demonstrates that the basic elements of the gate-keeping system are:

- An agency in charge for coordinating the child's assessment. The agency is represented by the social assistants' team subordinated to the SAFPD. The community social assistant is the person who creates the child's file, starting with the complex assessment of the beneficiary's needs and, in cooperation with the Guardianship Authority, analyzes and suggests the solution.
- A network of social services existing in the community to provide help and support to vulnerable children and their families as a prerequisite for preventing the institutionalization: existing community-based social services (prevention services, such as the family support and family counseling service); alternatives to residential care (Foster Care, guardianship, adoption) so that gate-keeping is part of the possibility to choose between alternatives.
- A decision making process based on assessing and reviewing the needs of the child and the family. The decision on the child protection measure is made by the Guardianship Authority on the basis of the decision issued by the Gate-keeping Commission.
- Information systems to monitor and review the decisions and outcomes, as well as to formulate comments on how the system is operating.

The gate-keeping system can be described as a tool for managing social services at district level and reducing the share of institutional care, as well as for monitoring the effectiveness of the social assistance system.

According to the Regulation, the Gate-keeping Commission is not a decision-making body, but a vital component in making efficient decisions concerning children who cannot stay in their families. Officially, this Commission works only with children who are referred for separation from their family and placement in residential care or in Foster Care or in Family-Type Homes. The Commission must examine the cases of all children who fall in these categories, including children without parental care, with disabilities or special educational needs, or who are in difficulty for other reasons. The goal of the Commission is to examine children's papers to make sure that they went through a complex assessment and that community-based options were fully considered in order to meet the eligibility criteria for placement in a residential institution or in a substitute family. Only when the Commission is convinced that there are no available options for children, it will confirm the recommendation made by the social assistant. In addition, it is only after the Commission's decision that the Guardianship Authority will approve the placement in a residential institution of a child referred to such services.

In Calarasi district, the activity of the Gate-keeping Commission, if compared with that of the DCCRP, is much more specific and functional and the results of its work are obvious. The objectives of the Gate-keeping Commission refer to deinstitutionalization and to administrative aspects of the Foster Care Service. Its duties are smaller and more specific, but the decision-making power is higher.

In Calarasi, the Gate-keeping Commission was established in 2009. It comprises 8 people who represent different areas. The meetings are held every three months. The chair of the Gate-keeping Commission is changed quite frequently, because this activity is performed on voluntary basis. The efficiency of the Gate-keeping Commission is ensured by the fact that the work is aimed at solving the child's issues; the community is involved, the child's file does not contain the opinion of only one professional. The Commission is also a body of control. When the SAFPD employees are desperate, they contact the Commission. The Gate-keeping Commission takes decisions that are then implemented. The SAFPD director suggests the inclusion of District Council members who are

part of the Social Committee in the Gate-keeping Commission membership with a view to solve children's issues and to be aware of these issues.

In Falesti district, the Gate-keeping Commission was established on the basis of decision no.1 of April 10, 2007 of the DCCRP. On 31.10.2007, the Moldovan Government issued Decision no. 1177 to create the Gate-keeping Commission and approve the Framework-Regulation on its activity. On November 10, 2008, the Decision no. 05/15 of Falesti District Council approved the creation of the Gate-keeping Commission. In 2010, 7 sittings of the Gate-keeping Commission were held and 251 files of children from 125 families were examined.

One of the major objectives of the Gate-keeping Commission is to prevent the institutionalization of children, and, to achieve this objective, the Commission examined 152 children from 66 families at risk of institutionalization of which the institutionalization of 103 children of 26 families was prevented and 49 children from 40 families were placed in Community-Based Social Assistance Centers that were developed in the district. In addition, the Gate-keeping Commission examined the files of 16 children from 7 families who were in placement in Falesti boarding-school with a view to reintegrate them in their families and 22 children from 9 families were reintegrated in their family from community-based centers.

For 2010, no funds were planned in the SAFPD budget for the Family Support Service, but it was possible to support the poor families from the Local Fund for Population Social Support (LFPSS). The Gate-keeping Commission examined the files of 85 children from 36 families with a view to provide financial support to them, of which 103 children from 41 families received support amounting to 112,500 lei. 29 families with 63 children received 80000 lei for the procurement of food, clothes and for child maintenance and 10000 lei were provided to 3 families with 9 children for the procurement of fuel. 9000 lei were provided to 2 families with 10 children for the procurement/renovation of dwellings and 2500 lei were provided to 2 families with 7 children for surgeries or treatment of children. In addition, 11000 lei were provided to 6 families with 17 children in the process of reintegration of children from residential institutions in their biological families.

In Ungheni, the Gate-keeping Commission was established through decision no.3/10 of 17.04.2008 of the District Council and has the following objectives: guarantee and promote the child wellbeing; ensure the right of the child to grow in a family environment, taking account of the child's best interest to provide smooth emotional, intellectual and physical development to the child; ensure the best form of care for every child in difficulty with focus on family-based alternatives, the placement in residential care being the last resort for the child.

In 2010, the Gate-keeping Commission had 21 meetings and examined 172 cases of children in difficulty. Out of the number of analyzed cases, only 34 children were referred for institutionalization. In 2010, the Gate-keeping Commission approved 9 foster carers and 22 children were approved for placement in Foster Care. The Gate-keeping Commission contributed to the reintegration of 37 children from residential institutions, the placement of 4 children in guardianship, 9 children in national adoption, 9 children in Family-Type Homes, 5 children in the Placement Center "Casa Aschiuta", and 4 children in Ungheni boarding school.

The study showed that some statutory structures have similar membership. The lack of clarity with regard to their functions results in different interpretation of their roles in different districts. In this context, the efficiency of statutory services should be increased.

The roles and responsibilities of every structure must be delimited at administrative level in every district, including their interaction with a view to mobilize resources for child protection.

**District and local councils for child protection seem to be efficient structures if their activity is well organized.** Local councils need to be regulated to become functional structures at community level and ensure the inter-agency cooperation on complex cases at community level. These councils should be administered by the mayor and the social assistant should be the key person to ensure

their activity and the cooperation of different community stakeholders for solving people's cases. The District Councils should focus more on inter-agency cooperation, developing and guaranteeing the implementation of joint programs between the social assistance, health, education and public order.

**The Medical-Psycho-Pedagogical Commissions need innovative conceptualization** regarding their work. If these commissions are to continue their work, they should transform in resource centers on inclusive education for children with special needs and develop a strategy on the reexamination of children who had been placed in special education, ensuring their integration in the community and in mainstream school.

**The Gate-keeping Commissions seem to work efficiently.** Although the activity of these structures concerns the cases of children referred for separation, the local authorities in the assessed districts decided to examine the cases of children referred for reintegration thus mobilizing resources for these children. At the same time, local authorities should also improve other functions of the Gate-keeping Commission such as examining the complaints made by children and parents on the quality of social services they receive and submitting suggestions to the District Council, on an annual basis, regarding the communities' needs of social services, the existing gaps and the types of services that need to be developed.

## 7. Funding of services for children and families

The social services in Moldova are financed from the public budget and from other extra budget sources (donations, NGOS, etc.).

The analysis of social service financing presented in this chapter includes only the analysis of funds allocated from the public budget (state and local budgets). It was carried out for 2010 on the basis of data submitted by local authorities from Calarasi, Falesti and Ungheni districts from three Departments (GFD, GEYSD, SAFPD) and by managers of residential institutions.

If we compare the **funding of social assistance** in the assessed districts, we can see that the share of funding for this sector in every district is about 8% of the overall budget: Calarasi – 8.3%, Falesti – 7.6% and Ungheni – 8.9% (see table 1). The comparison of social assistance funding with other sectors proves that only education has a larger share of funding in all three districts (over 60% in every district), therefore we can conclude that the local authorities pay increased attention to social assistance.

**Table 1. Distribution of budgets of Calarasi, Falesti and Ungheni districts by areas of funding in 2010**

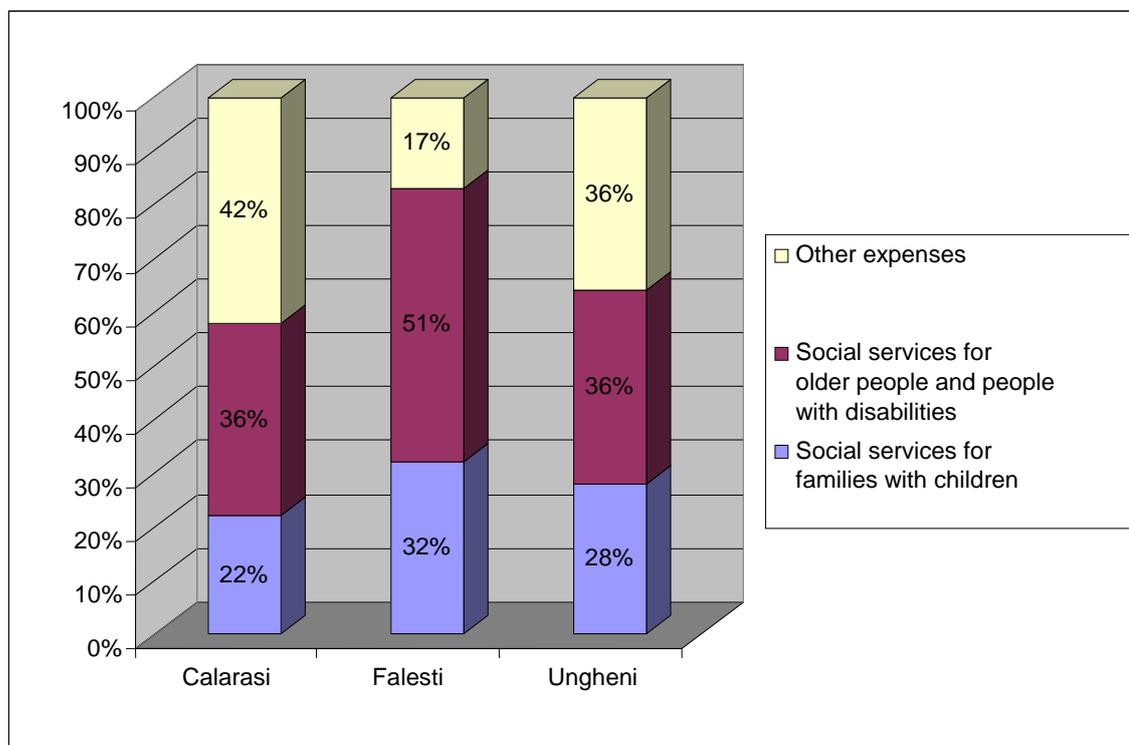
	Calarasi		Falesti		Ungheni	
	Amount, thousand lei	Share in overall budget, %	Amount, thousand lei	Share in overall budget, %	Amount, thousand lei	Share in overall budget, %
<b>Total budget of the district, including:</b>	<b>153989.0</b>	<b>100.0</b>	<b>182306.1</b>	<b>100.0</b>	<b>238955.2</b>	<b>100.0</b>
State services with general destination	13520.6	8.8	14074.2	7.7	15601.7	6.5
National defense	83.1	0.1	145.6	0.1	403.0	0.2
Public order and national security	3994.0	2.6	3816.6	2.1	5487.9	2.3
Education	94862.9	61.6	119170.1	65.4	151018.6	63.2
Culture, arts, sports and activities for youth	7835.3	5.1	8562.7	4.7	12096.1	5.1
Healthcare	1472.3	1.0	1549.3	0.8	6895.9	2.9
<b>Social assistance</b>	<b>12828.9</b>	<b>8.3</b>	<b>13820.6</b>	<b>7.6</b>	<b>21240.1</b>	<b>8.9</b>
Agriculture, forestry, fish breeding and water management	370.2	0.2	367.7	0.2	749.5	0.3
Industry and constructions	192.7	0.1			188.7	0.1
Transports, road management, communications and IT	2333.7	1.5	2786.4	1.5	3088.4	1.3
Dwelling management	11967.1	7.8	13893.0	7.6	13476.0	5.6
Fuel and energy sector	1098.5	0.7	695.5	0.4	1706.6	0.7
Other services related to the economic activity	67.3	0.0			123.2	0.1
Activities and services not related to other main groups	3362.4	2.2	3538.9	1.9	6879.5	2.9
Net crediting			- 114.5	- 0.1		

Source: GFD of every district.

While the share of social assistance in the budgets of the three districts is basically the same, then the **percentage of funding of social services by categories of beneficiaries** (families with children, older people, people with disabilities, etc.) is different. The collected data (Diagram 1) shows that social services for families with children in Calarasi receive 22% of the overall amount

allocated to social assistance; in Ungheni – 28% and in Falesti – 32%<sup>1</sup>. In addition, the share of funding of social services for families with children in all three districts is smaller than the share of funding of services for older people and people with disabilities. More detailed information on financing by categories of beneficiaries is provided in Annex 7.

**Diagram 1. Share of funding of social services by categories of beneficiaries in 2010**



Source: GFD and SAFPD from the three districts.

The analysis of funding for social services for families with children by **levels of service delivery** (primary, specialized and very high need services) showed that each of the three districts finances only primary and specialized services with funds allocated for “Social Assistance”, specialized services having the largest share (See Table 2). It is also necessary to mention that only in Falesti and Ungheni the share of specialized services surpasses by far the share of primary services (in Falesti – 69%, in Ungheni – 65%), which is explained by the fact that these districts have more Centers than Calarasi. For more detailed information on the expenses for social services intended to families with children by levels of service delivery see Annex 7.

**Table 2. Funding of social services intended to families with children from the funds allocated for social assistance in 2010**

	Calarasi		Falesti		Ungheni	
	Amount, thousand lei	Share, %	Amount, thousand lei	Share, %	Amount, thousand lei	Share, %
<b>Social services for families with children,</b>	<b>2832.2</b>	<b>100.0</b>	<b>4481.3</b>	<b>100.0</b>	<b>5988.6</b>	<b>100.0</b>

<sup>1</sup> Because the Specialized Centers of Falesti district are mixed and provide services both to families with children and to older people and people with disabilities. When the calculation was made, it was estimated that the Centers provide 50% of their services to families with children and 50% to older people and people with disabilities.

<b>including:</b>						
- primary services	1369.1	48.3	1396.6	31.2	2123.7	35.5
- specialized services	1463.1	51.7	3084.7	68.8	3864.9	64.5

Source: GFD and SAFPD from the three districts.

The financing of very high need services for families with children that are provided in residential institutions is shown, in line with the budget classification, under the “Education” sector. In addition, it should be noted that, in the assessed districts, there are residential institutions funded from the state budget and residential institutions funded from the district budget (boarding-schools for orphan children and children deprived of parental care from Falesti and Ungheni towns<sup>2</sup> – financed from the state budget and the Auxiliary Schools for children with special educational needs from Calarasi town, Sculeni village<sup>3</sup>, Socii Noi village and Albinetul Vechi village<sup>4</sup> – from the district budget). Based on the data shown in Table 3 the conclusion can be drawn that, irrespective of the source of financing, 2412.4 thousand lei were spent for residential institutions in Calarasi district (1 institution), 9450.2 thousand lei were spent for residential institutions in Falesti (3 institutions) and 5951.1 thousand lei were spent for residential institutions in Ungheni (2 institutions) in 2010. More detailed information on the expenditure items of residential institutions is provided in Annex 8.

**Table 3. Expenses of residential institutions in 2010, thousand lei**

	Overall expenses	Including	
		Current expenses	Capital expenses
<b>Calarasi district, including:</b>	<b>2412.4</b>	<b>2404.0</b>	<b>8.4</b>
Auxiliary school for children with special educational needs from Calarasi town	2412.4	2404.0	8.4
<b>Falesti district, including:</b>	<b>9450.2</b>	<b>9332.4</b>	<b>117.8</b>
Boarding-school for orphan children and children deprived of parental care from Falesti town	5812.9	5713.4	99.5
Auxiliary school for children with special educational needs from Socii Noi village	1773.7	1761.7	12.0
Auxiliary school for children with special educational needs from Albinetul Vechi village	1863.6	1857.3	6.3
<b>Ungheni district, including:</b>	<b>5951.1</b>	<b>5947.6</b>	<b>3.5</b>
Boarding-school for orphan children and children deprived of parental care from Ungheni town	4042.9	4042.9	-
Auxiliary school for children with special educational needs from Sculeni village	1908.2	1904.7	3.5

Source: Reports of residential institutions.

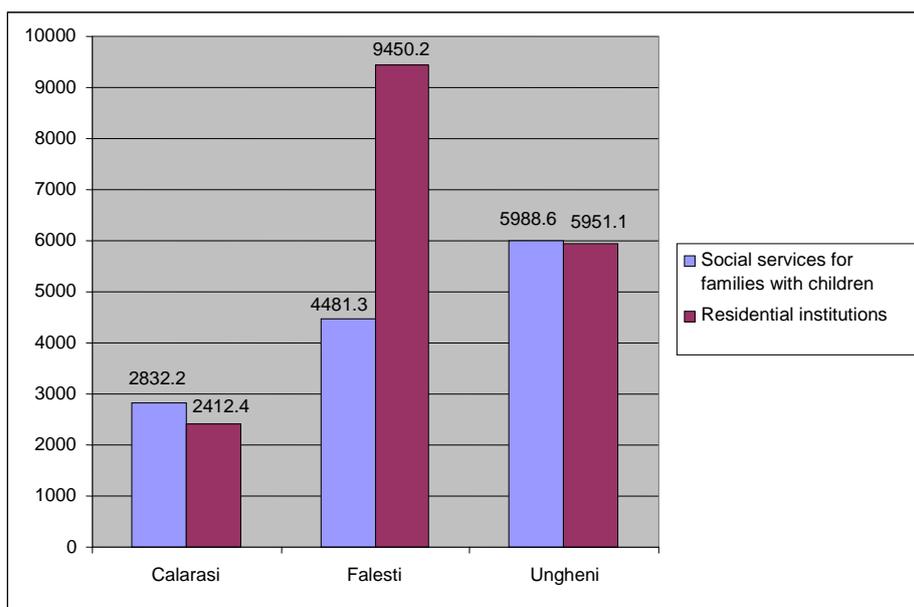
Comparing the shares in financing of social services intended to families with children in Social Assistance and Education (residential institutions) sectors proves that the funding of social services in Calarasi district surpasses a little the funding of residential institutions (see Diagram 2), in Ungheni, it is at the same level, while in Falesti the funding of residential institutions is much higher than the funding of social services, which is explained by the fact that the number of residential institutions in Falesti is bigger.

2 In 2011, the boarding-school in Ungheni town was transferred to the District Council and is funded from the district budget.

3 In 2010, the auxiliary school in Sculeni village was reorganized.

4 In 2010, on September 1, the auxiliary school in Albinetul Vechi was closed down.

**Diagram 2. Funding of services for families with children in 2010, lei**



Source: GFD and SAFPD from the three districts and reports of the residential institutions.

It should also be noted that, although the residential institutions are considered educational institutions, only 1/3 of the expenses are for education, while the other 2/3 of expenses are used for the delivery of care services. This is valid for all the institutions (see Table 4).

**Table 4. Distribution of current expenses of residential institutions in 2010**

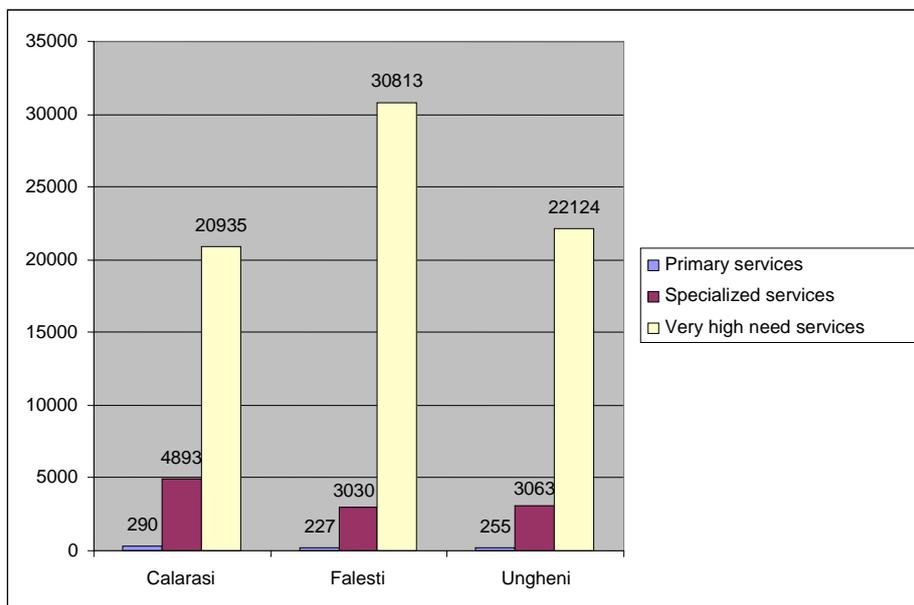
	Current expenses		including			
	amount, thousand lei	share, %	for education		for care	
			amount, thousand lei	share, %	amount, thousand lei	share, %
Auxiliary school for children with special educational needs from Calarasi town	2404.0	100.0	896.7	37.3	1507.3	62.7
Boarding-school for orphan children and children deprived of parental care from Falesti town	5713.4	100.0	1731.8	30.3	3981.6	69.7
Auxiliary school for children with special educational needs from Socii Noi village	1761.7	100.0	720.7	40.9	1041.0	59.1
Auxiliary school for children with special educational needs from Albinetul Vechi village	1857.3	100.0	697.5	37.6	1159.8	62.4
Boarding-school for orphan children and children deprived of parental care from Ungheni town	4042.9	100.0	1238.8	30.6	2804.1	69.4
Auxiliary school for children with special educational needs from Sculeni village	1904.7	100.0	792.9	41.6	1111.8	58.4

Source: Reports of residential institutions, own calculations.

One of the indicators that represents the cost-efficiency of service delivery is the annual cost of the service per beneficiary or, in case of residential institutions – the annual cost per child. Diagram 3 shows the average annual costs for the three levels of service delivery (primary, specialized and very high need services) and for each of the three districts. More detailed information on the average annual costs per beneficiary for every type of service is presented in Annex 9. It should be noted that the expenses for very high need services provided in boarding-schools and auxiliary

schools were divided in expenses for educational services and expenses for care. The expenses for care are compared with the expenses for the delivery of primary and specialized services, while the expenses for education are compared with the expenses for the maintenance of a child in a mainstream school. It is important to add that, because of the lack of some data, estimates were used for comparison.

**Diagram 3. Average annual costs of social services by levels of delivery**



Source: GFD and SAFPD from every district, reports of the residential institutions and own calculations.

According to data in Diagram 3, in each of the three districts, the cheapest are the primary services with an average annual cost per beneficiary of 230 – 300 lei, while the most expensive are the very high need services (expenses for care in residential institutions). While in Calarasi and Ungheni, the average annual cost of care per child in residential institutions is about 21-22 thousand lei, in Falesti this figure is 30 thousand lei, i.e. 1.5 times bigger. The analysis of the average annual costs for care per child in every residential institution (see Annex 9) showed that the average cost of care per child in the boarding-school of Falesti in 2010 represented about 33 thousand lei, the main reason being the excessive number of auxiliary staff (the ratio between the number of children and the number of auxiliary staff is 2.0).

A comparison of the average annual cost for the delivery of all types of specialized services is not relevant, because these services differ very much depending on the type and method of service delivery (day services, temporary placement, etc.). In this context, Diagram 4 shows the average annual costs per beneficiary in the Centers with separation of costs for the delivery of day services and temporary placement services, as well as the average annual costs for the group of services: FTH, Foster Care, guardianship and adoption.

**Diagram 4. Average annual costs for specialized services**

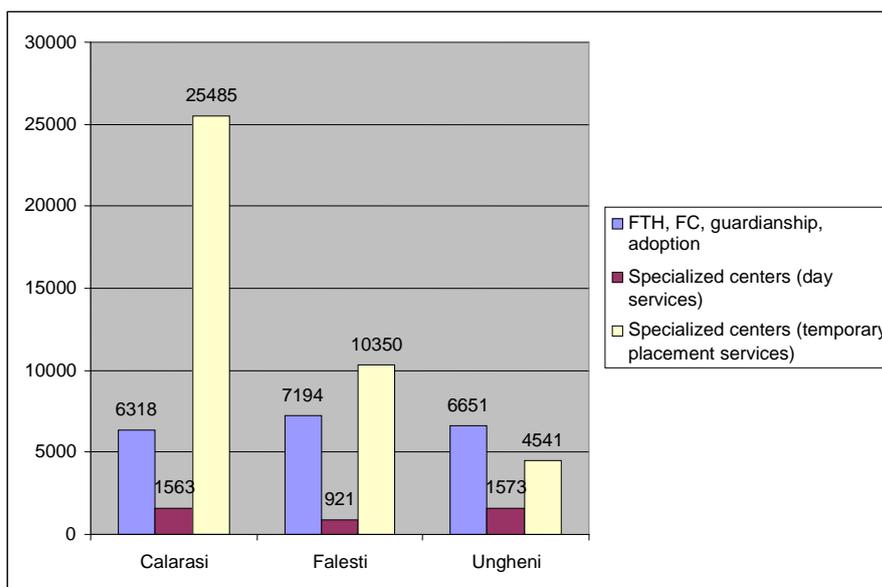
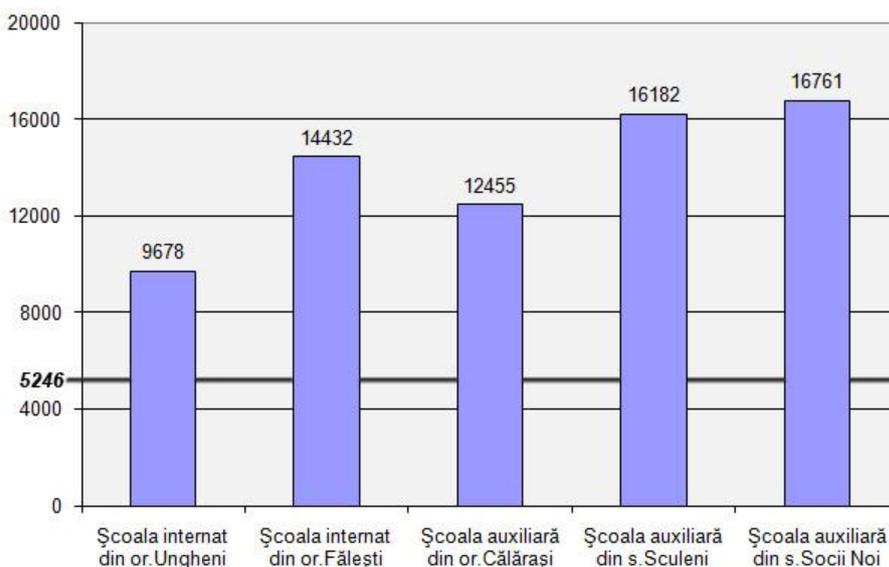


Diagram 4 shows that in each of the three districts, the average annual cost for the delivery of day services in Specialized Centers is about 900 – 1500 lei, and the average annual cost for the delivery of temporary placement services varies a lot, from 4500 lei – in Ungheni to 25 thousand lei in Calarasi. In the near future, it is envisaged to carry out a separate analysis of the costs of services delivered in Specialized Centers to identify the causes of these significant differences. As for the average annual cost for the group of services FTH, FC, guardianship and adoption, it is almost identical, for each of the three districts, about 6300 – 7200 lei.

The analysis of data for 2010 on the costs of residential institutions for educational services and their comparison with the norms per child in mainstream schools, used by the MoF for developing the 2010 budget (5246 lei), proves again that the expenses of residential institutions are huge and exceed by 2-3 times the norms of mainstream schools (see Diagram 5).

**Diagram 5. Costs of residential institutions for educational services per child in 2010, lei.**



At the same time, data from Diagram 5 shows that, although the boarding-schools from Falesti and Ungheni towns are of the same type, the annual expenses for educational services per child differ. In the Falesti boarding-school, the expenses are 1.5 times higher than those for Ungheni boarding-school, the reasons being the excessive number of personnel and the high expenses for the

maintenance of buildings. In addition, the annual expenses for education per child in the auxiliary schools of Sculeni and Socii Noi are higher than the expenses of the auxiliary school from Calarasi town and the reasons are the same: some differences with regard to the number of personnel and the expenses for the procurement of goods and services.

As a conclusion, it should be mentioned that the analysis of costs of all social services for families and children, as well as the cost-efficiency analysis of every type of service proved the following:

- the funding of social assistance demonstrates increased attention on behalf of the local authorities for this area and, at the same time, this depends on the local authorities' capacity to obtain additional funds for the social services that have positive dynamics;
- the share of funds allocated to social services provided to children and families is smaller than the share of funds allocated to older people and people with disabilities.
- the current expenses of residential institutions represent an inadequate use of public funds;
- the primary and specialized services that children might receive after their deinstitutionalization from boarding-schools and auxiliary schools are much cheaper than the residential services;
- the primary services are affordable for the local authorities.

Finally, the following recommendations can be made:

- finalize the transfer of residential institutions from the MoE to the local authorities and, respectively, the funds for children's care;
- develop primary (community-based) services as a priority, even if this will require short- and medium-term additional expenses at the beginning, which is typical of any transition process.

## 8. Outcome and impact of social services for children and families

*“There is a radical change in the supported families: the child stays in the family, the bonds with the family are maintained, the child is surrounded with warmth, support for upbringing and education; children are better fed...”*

*“Social services have a significant influence on the child’s life, children become more active and joyful, they receive better food, social support”*

**Social assistant**

*“...In Falesti, no child was institutionalized in the last 4 years”*

**SAFPD employee**

### Key findings

#### **The evaluation of the impact sustainability requires the analysis of short-term and long-term dimensions at individual, society (community) and system level:**

- Although the study analyzed beneficiaries’ opinions on the long-term changes produced at individual level, it had some limitations in measuring the impact of services/programs implemented in the assessed districts. They require a long period to emerge at community and system level.
- The long-term dimensions, at society and system level, refer to the changes produced in knowledge, attitudes and behaviors at society (community) level and the changes produced in the policy and legislative system, in services, practices, structures and mechanisms. On the other hand, we must not underestimate the *biased character* of outcomes in case of social services that may generate different outcomes (in terms of intensity and expression) from one individual to another and, respectively, the traits and perceptions of the beneficiary regarding the quality of services may be very contradictory.
- In case the negative social tendency is increasing despite the development of the social service network, the measurement of the impact produced by services and the adjustment to beneficiaries’ needs become extremely important.

#### **The indicators listed by decisions makers and professionals from the districts for the efficiency and effectiveness of social services are:**

- diversification of the provided social services, compliance of services with the assessed needs of beneficiaries,
- number of people **who receive the social service, level of coverage of beneficiaries with social services,**
- **outcomes and changes produced** in beneficiaries’ lives, and at the level of the community and of the service system,
- number and qualification of human resources,
- by-laws (regulation of the service, quality standards, operational manuals, job descriptions),
- the monitoring and evaluation system applied by local authorities for social services, level of beneficiaries’ satisfaction with the produced changes and the improvement of the life quality,
- increasing number of children who are deinstitutionalized, as well as increasing number of children whose separation from the family and placement in residential care was prevented,
- lack of placements in residential care (in Falesti no child was institutionalized in 4 years, and 69 children were reintegrated in their families),
- improvement of conditions for service delivery (rooms arranged in line with the beneficiary’s needs, adequate furniture).

#### **The study set out several work directions that should improve inter-agency cooperation:**

- Define and clarify strictly the responsibilities of various sectors in the provision of agreed services for children and families, prevention and protection programs, eliminating the gaps and overlapping in service delivery; the role and competences of each service must be visible, clear and communicated to children.
- Develop a common framework for comprehensive assessment of the needs of children and families with agreed planning and implementation of interventions through multi-agency approach;
- Develop, pilot and approve at local level standard procedures for inter-agency cooperation in order to ensure

<p>efficient and prompt intervention in the situation of the child and family in difficulty;</p> <ul style="list-style-type: none"> <li>- Inform the beneficiaries about the roles and responsibilities of different sectors in solving social issues;</li> <li>- Interpret the concept of professional confidentiality in the context of inter-agency cooperation</li> </ul> <p><b>Child participation in decision making</b>, and in the consultation of local public authorities in developing, providing, monitoring and evaluating policies and social services at local level is not capitalized in the assessed districts.</p> <ul style="list-style-type: none"> <li>- The perception of child participation varies among the professionals who work in the child protection system. As a result of awareness raising activities, 85% of decisions makers and professionals with child protection duties at local level changed their attitude (opinion) regarding the participation of children in decisions that concern them and regarding the importance of creating Advisory Boards of Children (ABC).</li> <li>- The districts lack a child protection and participation policy and clear procedures to ensure the child’s safety, to monitor and review the child protection measures.</li> <li>- The local authority representatives, service providers and children and young people need capacity building programs to make sure that child participation is enforced in a safe and protected way for children and informs the further developments of the social service system for children and their families in a positive way.</li> </ul>
--

### 8.1 Impact of social services and challenges in its assessment

Different concepts are used to assess the changes produced by interventions: effectiveness, efficiency, cost-efficiency, impact. Effectiveness means doing the things that need to be done (doing the right thing) while efficiency means doing things in the right way. Cost-efficiency is an important dimension of efficiency. We may be efficient (doing things in the right way), but not be effective (in case we are not doing the right things). So, the effectiveness of services means, first of all, taking the right actions that are necessary for beneficiaries and, at the same time, taking these actions in an efficient way.

The impact we anticipate as a result of delivery of a service is the positive and sustainable change in children’s lives. In order to assess the impact of the service, it is necessary to analyze the change produced in the life of children-beneficiaries and decide whether such change is positive and sustainable.

The assessment of impact sustainability requires the analysis of short-term and long-term dimensions at individual, society (community) and system level:

- The short-term and individual dimensions (also called outcomes) are related to the changes produced in the situation of children towards whom the service was directed. It is important that these changes persist in the post-service period.
- The long-term dimensions, at society and system level, are related to changes produced in knowledge, attitudes and behaviors at society (community) level and changes produced in the policy and legislative system, in services, practices, structures and mechanisms. An useful combination between changes produced at society level and the systemic changes will make sure that the outcomes produced in children’s lives are sustainable and that the future generations of children who may encounter the same problem will not get in difficulty or will solve this problem in a better way.

These are the dimensions that need to be measured to assess the impact of a service. Their measurement is not easy. One of the challenges is the separation of inputs of a stakeholder (service) to the produced change when a number of stakeholders (a number of services) are involved in the change process and a number of factors influence this change. Because of this issue of assigning the impact to a specific service or social stakeholder, many service providers do not have the skills for measuring the impact of services provided by them and limit only to short-term outcomes produced at individual level.

Another challenge in measuring the impact is that the long-term change at individual, society or system level occurs after a long period, often after finalization of a program or service. In these cases, it is difficult to define positively this causal link between the provided services and the long-term change produced in the life of the beneficiary, community and system.

Who decides whether the provided services produce the expected outcomes? The beneficiaries are the most important in answering this question. The involvement of children and families in monitoring and evaluation of services is key and must be done with care, in the best interest of the child and taking account of the child's capacity evolution. In case of evaluation of changes produced in society and at systemic level that are triggered by a combined action of several stakeholders, the decision is made by several stakeholders. This decision also depends on the provider's capacity to present convincing data that can justify its inputs.

## **8.2 Perception of service providers on the impact of social services intended for children**

The study made several attempts to identify the impact of social services provided at local level. This required asking the opinions of social service beneficiaries (children, parents) on the positive changes that took place in their lives and the opinions of community social assistants, other service providers, SAFPD specialists, decision makers at local level (vice-president of the district for social issues, directors of SAFPD, GEYSD, Health Department, Public Order, etc.)

The indicators for the effectiveness and efficiency of the provided social services listed by decision makers and specialists from the districts include: diversification of the provided social services, compliance of services with the beneficiaries' assessed needs, number of people who receive the social service, level of coverage of beneficiaries with social services, outcomes and changes produced in beneficiaries' lives, and at the level of the community and of the service system, number and qualification of human resources, by-laws (regulation of the service, quality standards, operational manuals, job descriptions), the monitoring and evaluation system applied by local authorities for social services, level of beneficiaries' satisfaction with the produced changes and the improvement of the life quality, increasing number of children who are deinstitutionalized, as well as increasing number of children whose separation from the family and placement in residential care was prevented, lack of placements in residential care (in Falesti no child was institutionalized in 4 years, and 69 children were reintegrated in their families), improvement of conditions for service delivery (rooms arranged in line with the beneficiary's needs, adequate furniture).

The community social assistants' opinion on the compliance of social services, which are provided at community and district level, with the identified needs of children and families from the communities they represent and solve their issues.

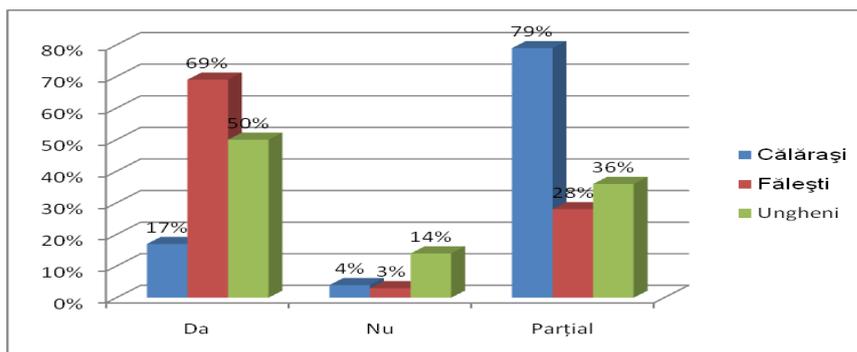
“Beneficiaries are happy; their life quality is improving, their financial situation is improving, there are positive outcomes for the child and family, the situation in the family changes, problems are settled, conflicts are solved, children are enrolled in education”

“The discussions between the social assistant and the beneficiary are open, relations of trust are established between the social assistant and the beneficiary, the identity documents are produced”

“Confidentiality (of the beneficiary) is maintained”

*Community social assistants,  
Falesti*

**Diagram 6.** Opinions on the efficiency of the provided social services



The community social assistants justify their answers on the efficiency of social services as follows (see *Table 5*):

**Table 5. Opinions of community social assistants on the efficiency of social services**

	Calarasi	Falesti	Ungheni
Yes	<p>the number of social services is increasing at community level and at district level</p> <p>we correlate the needs with the possibilities</p> <p>parents' responsibility increases</p> <p>vulnerable families are socially integrated</p> <p>the risk of domestic violence is reduced</p> <p>children's school enrollment is increasing</p>	<p>social services meet the needs of children and families in the community</p> <p>because they meet the primary needs (food, clothes, adequate shelter, etc.)</p> <p>are created for vulnerable families, with small incomes that are at risk</p>	<p>due to the support of the community and the district, the situation of these families is improved</p>
No	<p>the needs of children and families cannot be met at community level.</p>	<p>in case when the individual requires social services, but does not want to cooperate and follow all the requirements and duties of a beneficiary</p>	
Partially	<p>the funds are insufficient, the demand is higher than the offer</p> <p>all centers are located in the district</p>	<p>do not meet all needs of the beneficiaries</p>	<p>there are no multifunctional centers in every community</p>

The community social assistants appreciate the **impact of social services** provided to children and families, invoking the following arguments:

### Calarasi

- the coverage of children with social services is increasing;
- the number of children who are separated from their family is decreasing; the number of children who are deinstitutionalized and reintegrated in their family is increasing;

- there is radical change in the supported families: the child stays in the family, the bond with the family is maintained, the child receives warmth, support for growth and education; children receive better food and their clothes meet the hygiene requirements;
- develop individual and collective skills for solving personal problems, protect the interests and rights of people, provide professional support by using professional knowledge and procedures;
- solve issues related to the socialization of children from disadvantaged families by identifying and registering children, identifying the causes of family dysfunction, informing families, carrying out preventive activities in families at risk;
- provide social protection by creating conditions that prevent difficult situations or worsening of the situation in the family;
- produce positive impact when families receive financial support and when the material support is managed correctly, therefore it is necessary that the provided money is managed in conjunction with the social assistant;
- “Beneficiaries find “friends” in social services”.

#### **Falesti**

- improve the living conditions by providing financial support, social counseling, support to solve the identified problems;
- improve the quality of beneficiaries’ life and the financial situation of the family;
- have significant influence on the child’s life; children become more active, joyful and have access to better food and to social aid;
- since the chain of problems in the family is broken, often with the help of a social benefit, the main issues are solved at a certain level / partially;
- improve the quality of life but create dependency and the incapacity to make decisions or find solutions in some people; money must be managed with the participation of the social assistant;
- beneficiaries give positive appreciation to the services they receive. “I see the result of my work on beneficiaries’ lips and smile and in the respect they show to me”.

#### **Ungheni**

- the child and family feel they are not alone with the problem and are supported by the community and can solve the problem easier;
- due to the material support and social aid benefit, some families overcome the obstacles and can handle the education and upbringing of children, but what some of them are doing is just to wait for financial support and not look for other solutions;

“Help the beneficiaries who understand that services exist to support them and are not a commitment of the state towards them. The support is not efficient if it exceeds the income of families, because they must work every day to have income. Under such circumstances, the number of beneficiaries is growing and the dependency gets stronger”

*Social assistant, Ungheni*

“Social services for some families improve the living conditions, but for other beneficiaries, they create dependency on services. Thus, there are two categories of beneficiaries in the community: those who are used that someone will always help them and they do not need to do anything to solve their problems and those who are happy with the small support they receive”

“Some families improve their living conditions and use the support for the family’s benefit, while others use it for themselves and believe that it is the government’s duty to help them; the social aid benefit is a kind of “parasitism”. While people, in the past, would be looking for job, now they are very relaxed and are waiting for the monthly payment of the benefit”.

*Social assistants, Falesti*

- they help only for the moment, because many beneficiaries are unemployed and rely only on these services;
- the material support develops parasitism; people should be forced to do community work;
- the financial support provided by the SAFPD once a year is not sufficient for a family to live on, the money should be managed with the participation of the social assistant.

The study analyzed the opinion of community social assistants on **optimizing the support provided** to children and families, which could be achieved by identifying and using the resources existing at local level. For this purpose, the possibilities and resources that are not sufficiently capitalized at the moment were identified. Knowing this potential, presented from the perspective of social assistants who work with beneficiaries directly and at the early stages of the problem, will contribute to better management of social services.

**Table 3. Opinion of social assistants on the optimization of support provided to children**

	<b>Calarasi</b>	<b>Falesti</b>	<b>Ungheni</b>
For fundamental needs	social aid, material support, benefits; hot meals, free breakfasts at school; use of unused buildings that belong to the mayor's office; provision of one-off support; involvement of sponsors from the community	financial support; free food at the school canteen; social canteen; mobilization of community professionals; involvement of LPA and NGOs	social aid, material support, benefits; employment of social aid beneficiaries; planning of funds in the local budget for the nutrition of children from disadvantaged families who do not attend the nursery or school; hot meals, free breakfasts at school; discussions with parents
For educational needs	school enrollment of children; creation of the extracurricular social-educational program; home-based training; creation of clubs;	school enrollment of children; extracurricular programs; home-based training for children with disabilities; exemption of families that cannot afford to pay for textbooks; support to do homework in the Christian church;	nursery for children in the village; communication, awareness raising; clubs with the participation of teachers; qualified teachers in schools; school enrollment of children; safety of children in schools;
For socialization needs	involvement of NGOs; involvement of local youth councils; creation of parents' associations; organization of clubs; awareness raising and communication activities.	cultural activities with the involvement of children in difficulty; social reintegration of children from institutions; creation of possibilities of communication, awareness raising;	involvement of LPA, school involvement, social projects, summer camps, informative boards, use of empty houses for socialization activities
For health needs	awareness raising; primary healthcare; primary investigations; medical insurance; cooperation with the hospital and the Family Doctors' Center	cooperation with the family doctor; consultation by the family doctor for children at risk without staying in queues;	healthcare in Family Doctors' Centers; the work of the multidisciplinary team; awareness raising about infectious diseases

The possibilities mentioned for the groups of children's needs do not surpass the typical solutions and methods used by the community social assistance. The community social assistants do not see many new solutions and other possibilities to mobilize community resources to support children and families in difficulty.

### 8.3 Inter-agency cooperation

The inter-agency cooperation was mentioned by the respondents as an essential area in the assessment of complex and multiple needs of children and their families, in the development and implementation of the individual intervention plan, case management and in ensuring the continuity, as well as case monitoring in the post-intervention period. At the same time, inter-agency cooperation contributes to ensuring and improving the quality of services provided to children and families.

A number of focus groups were conducted in every district to learn the situation on inter-agency and multidisciplinary activity at community and district level, to identify the existing issues and obstacles in this field and to suggest solutions aimed at improving the existing mechanisms and procedures of cooperation between different sectors with links to child protection.

The assessments show that inter-agency cooperation is largely declarative and lacks promptness in decision making.

#### Case study

“In a rural community there is an ordinary family with two children. The husband’s mother also lives with them. Everything is like in a regular family – two small girls are growing, the money is never enough, which causes arguments and quarrels in the family. At the same time, the mayor has a good impression about this family – they do not create problems to neighbors, do not fight, do not abuse alcohol, the children are looked after, the eldest girl, aged 12, goes to school.

The family decided that the mother should go to Italy illegally, to work so that the family’s financial situation gets better. They collected money and she left, while her husband and mother-in-law undertook to take care of the girls. Two months later, the father changed his attitude towards the decision they had made, he started using alcohol, told his wife to come home, became aggressive with the girls. This did not bring the result he expected, because a considerable amount of money was borrowed for her migration. Then the father started threatening: I will set the house on fire, I will kill the eldest daughter and then myself and you will have to come to the funeral. The grandmother was the first to start worrying, because she saved the girls from their drunk father several times. She told about what happened to the neighbors, the police officer, but no one paid attention.

On January 19, in the morning, when the older girl was at school, the father entered the girls’ room and spilled acid solution on the younger daughter’s face. She started screaming of pain. The grandmother took her and ran to the mayor’s office, where all the employees were confused and did not know what to do. The social assistant was the first to react: she called the ambulance, tried to help the girl to minimize her suffering, telephoned the teacher of the elder girl asking her to bring the girl to the mayor’s office, learned from the grandmother information about the relatives that could provide temporary shelter to the older girl and contacted those relatives.

Then, the procedure became confuse. It was not clear who was responsible for what; what actions needed to be taken and who should take them. The police officer drew up a report; the girl with burns was taken to the resuscitation department, while the elder daughter was taken by the identified relatives; the girls’ mother was not able to come home, because she was abroad illegally; the grandmother had sight problems and was not able to write any claims; the aggressor returned to his preferred occupation – drinking. Everything looked like nothing had happened – time was passing, things did not change. This story would probably have remained unchanged if...

The specialist in child rights’ protection from the SAFPD found out about this case by accident and wrote a request to the Police Commissariat and to the Prosecutor who had not even opened a criminal case for causing serious bodily harm to the child. As a result of the request, a criminal case was opened based on art. 201, item 2, Criminal Code of the Republic of Moldova.

In this context, the following questions emerge:

- Could the tragedy have been prevented?
- Where and how had the social assistant to address to?
- Why everything the police officer did was to write a report?
- Where could the grandmother who lived with permanent fear for the girls’ security have gone to for help?
- What is the role of the mayor’s office in this case?
- Why the children’s mother got in a situation when she did not have the possibility to help the girls?
- Where did the child protection mechanism fail?

There are other questions as well that are difficult to answer. This case proves that something needs to be changed instead of sending the case from one stakeholder to another or ignoring it, children’s issues must be solved in partnership, through efficient cooperation.”

“Dear colleagues, I want to make a “true unification”. We need to work together – social assistants and children. If there is a child in the class who cannot learn, I try to reach the family. If they need materials, I go to social assistance to report the case. These people must not be excluded. Our goal is to work together. If I know that I cannot solve the problem alone, I will go to social assistance. We shouldn't be looking at the salaries teachers or social assistants receive. Both have low salaries”

*GEYSD director, Ungheni*

“Why is it that social services are not equally developed in the country? Does Edinet district need more services than Cahul or Calarasi? I don't see a policy of the line ministry to clarify the situation in the country, how many children are there in country, what needs are there. Currently, those who are more insistent get what they want. We need to see things from a complex perspective when we want to develop services. We need to take account of the economic resources”

*Head of Finance Department,  
Calarasi*

Inter-agency cooperation is often determined by the existence of good relations established initially at personal level and then transferred to the professional level. It was identified that there is no sufficient knowledge among decisions makers and professionals on the scope of involvement of each sector program in the situation of children and families in difficulty, especially, on the overlapping segments. The following picture results – in certain situations, several sectors get involved (overlapping of interventions) or no one gets involved (gap of interventions). All these can lead to breaks in the continuity of child protection, inefficiency in case settlement, loss of time and resources.

The respondents declared that the efficiency and sustainability of the protection of children in difficulty at local level can be provided only through cooperation that is based on specific inter-agency work procedures, which are accepted and followed by all partners, at community and district level.

Efficient cooperation would make sure that children and families with complex and multiple problems have access to agreed services that are delivered at local level through the cooperation of professionals from different sectors, so as to ensure the efficient and prompt intervention and protection in the situation of children and families, the continuity in case settlement and the efficient use of existing resources at local level, with a view to solve problems and prevent their aggravation.

Efficient cooperation between sectors and professionals would ensure the delivery of child- and family-friendly services based on the following fundamental principles: best interest of the child, right of the child to protection, multidisciplinary and comprehensive approach to the issues of children and families, promptness of interventions in decisions making concerning the situation of children in difficulty, confidentiality of information on the child and family, which implies clear delimitation between confidentiality and compulsory reporting, especially, in cases of child abuse, prevention of repeated victimization of children in the evaluation and intervention process, efficient partnership with parents / carers of the child based on the settlement of issues affecting the child.

The discussions with various respondents highlighted cases for which the inter-agency cooperation and the multidisciplinary approach are vital: cases that require multidisciplinary assessment of the complex needs of the child and family in order to develop and implement an agreed service plan (e.g., involving the healthcare and education system); cases that impose the need to promote judicial

investigations, and attract the social services in order to prevent the repeated victimization of the child; cases that require therapeutic interventions (healthcare, social assistance, education, psychological counseling, public order), especially, to rehabilitate the victims of abuse, trafficking, exploitation, HIV/AIDS-infected people, for rehabilitation in cases of alcohol and drug abuse by children and parents; prevention of juvenile delinquency; counseling in case of teenage pregnancy, etc.

The respondents stated that the problems of children and families in difficulty are complex and require interventions from different sector programs. However, the beneficiaries' status of vulnerability is determined, first of all, by the social component of the problem. Based on this, the representatives of different sectors said that social assistance is the sector that should integrate all interventions made in the beneficiaries' situation.

Consequently, the SAFPD (at district level) and the community social assistant (at community level) must be the key department/person that coordinate the inter-agency interventions in case of children and families with complex and multiple needs. This will ensure better coordination of actions of different professionals, continuity in service delivery, record and monitoring of cases. In

this context, the child and family will have only one reference person – the case coordinator, who will facilitate their relations with different structures and services.

The discussions with respondents show several directions of work that might improve inter-agency cooperation, such as: strict definition and delimitation of responsibilities among sectors in the delivery of agreed services for children and families, prevention and protection programs, eliminating the gaps and overlapping in service provision; the role and duties of each service must be visible, clear and communicated to children; development of a common framework for comprehensive evaluation of the needs of children and families, with agreed planning and implementation of interventions through multidisciplinary approach; development, piloting and approval at local level of standard procedures of inter-agency cooperation with a view to ensure efficient and prompt intervention in the situation of the child and family in difficulty; awareness raising of beneficiaries on the roles and duties of different sectors in solving social issues; interpretation of the concept of professional confidentiality in the context of inter-agency cooperation.

#### **8.4 Child participation in decision making**

Child participation in decision making is a relatively new concept that is sometimes ignored. In our country, adults tend to think that they know better what children need in life, therefore, these adults develop policies and programs without consulting the children and young people. More than that, children are not involved in the implementation of these policies and programs, in monitoring and evaluating their impact.

By using the self-evaluation method, the level of child participation in social processes was determined in each district. This method included a series of statements classified in six different areas, such as: children and the organization, policies and procedures, prevention of child abuse, implementation and training, awareness raising and communication, monitoring and review.

The results of this exercise proved that the three districts lack a child protection and participation policy, as well as clear procedures for providing child safety, monitoring and reviewing child protection measures.

The study revealed that the degree of perception of child participation differs among the professionals who work in the child protection system. 85% of decision makers and specialists with child protection duties at local level, after the awareness raising activities, changed their attitude towards child participation in decisions affecting them and the importance of Advisory Boards of Children (ABC) in every district.

The ABC is a form of child and youth association that allows them to express their opinions and implement their own projects that meet the needs and interests of their community. ABC were created in the three pilot sites: Ungheni, Calarasi and Falesti. This structure will operate as a partner of the SAFPD for the development, implementation, monitoring and evaluation of local policies and programs on children and young people.

“In any issue, the child’s needs and views are taken into account. No matter how young children are, they must be listened to. When the child must be placed in another school or family, the child must express their opinion on this”.

“The child’s opinion is very important for me, because young children are very sincere and tell what they think directly. A child’s lie is detected easier”.

*Community social assistants, Calarasi*

“The child’s opinion plays an important role in the final decision. If, for example, it is envisaged to deprive parents of their parental rights, the child must be asked or, if it is about establishing guardianship or adoption, the child’s opinion must be sought”.

“The child is considered a personality, with equal rights as the adults, therefore the child’s opinion matters a lot”.

*Community social assistants, Falesti*

“We ask for children’s support when we collect information on the case, and we can learn many things that we will not hear from adults. The child never lies.”

*Community social assistant, Ungheni*

The notion of child participation in processes affecting their life progressed in the last five years, the most significantly, in the field of deinstitutionalization and improvement of processes of preventing the institutionalization for the regulation of children's placement. The introduction of the assessment methodology that consults the child, subject to their age and level of understanding, provided a framework for child participation at a very practical level. However, this is not very developed in every district, and children often are not present at the Gate-keeping Commission sittings, which makes decisions on the placement of children in institutions. Children feel that their points of view are not taken in consideration and their opinion is not always asked or welcomed at home, school or in community. According to children who are in residential care, they have limited possibilities to take part in practical activities, such as cooking, which does not enable the development of their essential life skills.

The study analyzed the extent to which the child's opinion matters for the community social assistants and when they take this opinion into account. Thus, the social assistants from Calarasi said that the child's view is the most important in cases of ill-treated children, when it is necessary to identify the child's place of living, to solve family problems; the interest of the child is paramount in all activities that concern them; the child's opinion is taken into account in most cases. According to the Family Code, the child's view is taken into account since the age of 10.

The social assistants from Falesti stated that the child's view is always taken into account – from identification to monitoring of the case: “because we protect the child's rights; it is a possibility for the child to regain self-confidence, be free in communication; especially, in critical moments, when the child is ill-treated, abused or when the child does not want to be placed in a family or institution; if a child is older than 10, we have the right to discuss with them; because they want to live in a better environment; the child says the truth”.

The social assistants from Ungheni said: (the child's view) “matters a lot because they are quite honest, do not lie; in any moment, especially, in cases of abuse, divorce, unofficial marriage; matters if the child is older than 10”.

Child participation in decision making and in the consultation of local public authorities in the development, delivery, monitoring and evaluation of social policies and services delivered at local level is not capitalized in the assessed districts. Both local public authorities and service providers, as well as children and young people need capacity building programs so that child participation is implemented in a safe and protected way for children and informs the developments of the social service system for children and their families in a positive way.

## 9. Local policies for children and families

Both levels, first (community) and second (district) of local authorities contribute to the implementation of child protection policies. SAFPD is the key institution in social assistance in charge for identifying social needs, organizing and providing social assistance, monitoring the efficiency and raising the awareness on its availability. In addition, SAFPD is required to support mayor's offices and civil society organizations in the development of social services. It must allocate and manage financial and human resources for social services, because the delivery of these services is considered the "own function" of local administration.

One of the main functions of SAFPD is to recruit, manage and supervise the social assistants who work in communities and are incorporated in the Community-Based Social Assistance Service (CBSAS), whose goal is to provide social services, facilitate access to cash benefits and mobilize the community in the prevention and settlement of social issues. The creation of the CBSAS has considerably improved the possibility of people from rural and urban areas to access social services. It is extremely important that the network of community social assistants provide services to all categories of people, not just to children, because this increases the social assistants' possibility to work with adults before children get in difficulty or risk.

At local level, social assistants are in charge for the provision of social services that should normally work in partnership with LPA and community-based professionals.

The GEYSD has maintained its responsibilities for children placed in care in the residential institutions run by the MoE. The Department for Minors of the Police Commissariat is in charge for monitoring children in conflict with the law. The cooperation between SAFPD and police commissariats differs from one district to another. The employees of police commissariats are members of multidisciplinary work teams, created to solve specific cases in social assistance.

The study showed that each of the assessed districts realized the need for a local policy on the development of services for different groups of population, including children and families in difficulty. Every district has a District Strategy developed and approved, which includes the strategic planning of services for children and families in difficulty. The districts already have the skills to assess the needs of people, the available and necessary resources, can shape the need for service development. This can be qualified as a considerable jump in the organizational and departmental management that represents a favorable prerequisite for the evolution of the child protection system at local level.

As example, we will present the strategic plans on service development for families and children for each district developed in groups consisting of local decision makers.

**The strategic plan on the development of the integrated social service system in Calarasi district for 2010 – 2014** (see Annex 4.) was developed and approved through decision of the District Council no. 03/05 of June 3, 2010. The goal of this strategic plan is to identify the problems and needs of beneficiaries in order to determine the need for social services. The priority areas of local policy development cover the development of specialized community services, development of human resources, funding and sustainability of services, informing people about the social services developed at district level.

The strategy comprises the following tasks of service development for children and families in difficulty:

- Create three multifunctional and temporary placement community centers in Calarasi town, Hirjauca and Horodiste villages;
- Extend the FTH service by adding eight units in Calarasi town, Valcinet, Bravicea and Sipoteni villages;
- Create the Foster Care service;

- Extend the services provided in the “Dorinta” Center by creating two protected workshops to provide independent life to young people with disabilities (aged 16-35);
- Reorganize the Calarasi auxiliary school by creating a social service facility;
- Consolidate the family support and reintegration services. Support the primary social services by involving international donors: UNICEF, Army of Salvation, Mission without Borders, “International Hour” Moldova, Counterpart, Micul Samaritean, Red Cross, as well as the LFPSS (material and humanitarian aid);
- Create services of psychological and legal assistance services for children, whose parents are abroad; children from families where alcohol is used; children from families with violence;
- Create the home care service for children with disabilities (personal assistant, mobile teams);
- Create the Extracurricular Psycho-Social Program in community schools.

In order to provide people with access to social services, it is planned to hold awareness raising campaigns on the social services existing in the district.

The Calarasi SAFPD aims at increasing the quality of the provided social services: identify beneficiaries’ needs; monitor and assess social services and the activity of social assistants; develop and approve at local level regulations of the social services.

Funds are planned in the district budget for the continuous training of professionals involved in the delivery of social services and study visits between districts.

The implementation of local policies in Calarasi district, according to local authorities, can be affected by the following challenges: insufficient human resources in the SAFPD; lack or insufficiency of family-type and community-based social services (Reintegration and Family Support, Foster Care, FTH), as well as political will after local elections.

At the same time, the following can be considered opportunities: support provided by the District Council to the consolidation of the child protection system; SAFPD commitment to improve the service system and reintegrate children from different residential institutions; efficient cooperation of SAFPD, GEYSD and GFD in this process; as well as support of the project.

**Falesti developed and approved a “Strategic Plan on the Development of Social Services for 2010-2014”** no. 10/4 of 02.12.2010. In developing the strategic plan, decision makers from departments with child protection responsibilities (SAFPD, GEYSD, Health Department) took part and the SAFPD was the key structure in charge for this paper. The strategic plan presents all social services for all groups of beneficiaries, but children and families are represented to a larger extent.

Currently, the population of children in Falesti makes up 22,308 children aged 0-18 (including 8306 under 7) of the total number of population – 89,101 people. The budget of the district for 2010 represents 179 mil. Lei. 12,057,400 lei are planned for the delivery of social services, of which: for the District Child and Family Protection Center – 163.2 thousand lei, for Community Social Assistance Centers – 3,205,500 lei and for FTH – 557,700 lei.

Falesti has developed a Social Map that reflects the groups of inhabitants from the social and demographic point of view, as well as the social service system.

In order to develop the network of social services for children and families the strategy recognizes the need to create a specialized mobile team in the SAFPD that would provide services to families with children in difficulty at their place of residence: psychological, pedagogical and legal assistance, speech therapy services (that are missing in the district), as well as social assistance. The existence of this complex service is absolutely necessary, because Falesti district has a large number of families that bring up children with disabilities at home (107 children of whom 17 under 7), as well as in terms of solving problems of children with disabilities from auxiliary schools who are to be reintegrated in their families. At the same time, many children with disabilities grow up in single-parent families (74 families), with all types of problems that are typical of them: insufficiency of financial resources, psychological and emotional problems, social exclusion, employment problems, risk of unstable future.

The inexistence of pre-school institutions in Falesti that have successful experience of inclusive education shows the large number of challenges faced by children with disabilities and their families, their social marginalization, the existing challenges in their preparation for the school, the existence of deficient social and educational policies, the real probability of their institutionalization.

The situation in schools can be considered a little better – 135 children out of 13541 have sight impairments or physical disabilities. They attend 48 schools in the district. These findings enable the LPA to conclude that inclusive education has become a good practice for the primary and secondary educational stage.

Families with three+ children (1535 families with 4295 children) represent another target group of the local policy. The social-economic problems of families often lead to the incapacity to provide food every day, adequate clothes and shoes, books and school supplies or transportation. Children attend the school irregularly, only when the family can afford this, or abandon it. Most children from poor families do not have the necessary conditions for education, their living conditions are bad, they are not supported by parents to prepare for school and, consequently, have poor school performance.

Children who are not enrolled in school or abandoned school represent another target of the local policy in Falesti district. In this context, it is known that the categories with the highest risk in this regard are children from poor, unorganized families, Roma children, children with disabilities, delinquent children, whose number in the district is significant.

A serious social problem of Falesti district are children without parental care whose parents are abroad – 665 children (including 227 under 7), especially, when children are totally without care. Problems of delinquent children and youth were identified. According to official statistics, their number makes up 143 children, but, in reality, it is much larger.

The incidence of abuse is increasingly higher and becomes a factor that causes child exclusion from the family. In 2010, 19 mothers/27 children where domestic violence occurs and 4 people – direct victims of human trafficking were registered. This proves the need for developing services to prevent and monitor situations of risk, services to assist and rehabilitate victims, community-based services to supervise and reintegrate these beneficiaries.

Development of family-type alternatives: launch of the deinstitutionalization and reorganization of the existing residential system for children with mental disabilities; development of the network of family-type temporary placement services is a priority of the social policy in Falesti district.

Extension of occupational services for children from single-parent families or children whose parents are abroad, children with deviant or delinquent behavior; development of services to inform and train parents by creating parents' schools is considered an important task for the district administration.

The number of families created by young people aged 17-21 who do not have education, stable jobs, dwelling, which becomes objective reasons of early divorces – 1126 cases (rural areas – 656, urban areas – 470 cases) has doubled. In the last two years, 12 orphans returned to the district after graduation of boarding-schools from other districts. In addition, 4 young persons from other districts stayed in Falesti after graduation of the boarding-school in the last three years. They do not have a family, are not taught a profession, do not socialize, do not have the motivation or resources (material, educational, social) required to meet their social needs.

A problem has become the growth of the number of drug and alcohol addicts in rural areas. Although official statistics indicate a minimum percentage of users (29), the reality is much more cruel.

The increase in the number of women aged 16-30 who divorced in 2010 – 83 people, of girls aged 14-18 who gave birth determines the need to take special measures, especially, in family planning.

The number of young people with oncologic diseases – 25, with mental disabilities – 163, with diabetes – 31, with HIV/AIDS – 72, demonstrates the need for specialized services, not only to fight diseases and develop a healthy lifestyle, but also for the psychological status of the personality.

The partnerships initiated between different educational factors in the last years have made LPA open to children's role as an important community resource. These experiences that are not consolidated yet, represent a success, but require planning and extension based on the real analysis of the situation.

Another need is the reduction of violence and abuse on children and young people or committed by them through information, education and counseling of the young and personnel working with them, concerning the violence and abuse and their consequences, creation of assistance and counseling services.

The strategic objective of developing the integrated social service system is: by 2014, Falesti will have a unitary, integrated and functional system of social services for preventing, restricting or removing the temporary or permanent effects of situations that can generate the marginalization or social exclusion of people, families, groups or communities from Falesti district.

The strategy stipulates the following tasks of developing social services for children and families in difficulty:

- Extend the social canteens to cover 50 vulnerable children;
- Create a mobile team for people with disabilities; victims of violence, abuse, human trafficking, etc. with the following membership: 1 doctor, 1 social assistant, 1 legal expert, 1 psychologist, 1 speech therapist. Target group - 150 beneficiaries.
- Extend the Foster Care service – create 10 foster families for 20 children;
- Extend the FTH service – increase the number of children in placement from 32 to 65 and the number of families from 8 to 13;
- Increase the placement of children in guardianship: from 14 to 155 children;
- Increase the number of children in adoption from 2 to 5 adoptions per year;
- Extend the scope of community-based social assistance centers (6), including for people living in nearby communities, which would allow people from 30 villages to receive the services of the centers; this does not require additional staff, but only transport for beneficiaries.
- Create 7 social apartments for young people exposed to the risk;
- In order to prevent the institutionalization of children from families at risk, it is suggested to consolidate the family support service by providing financial support to vulnerable families. The amount of the planned financial support for 2011 makes up 200 thousand lei.
- Create the Social-Educational Program in community schools: 3–4 schools, 30 beneficiary children per school.

The Falesti LPA considers the following tasks a priority for the immediate future: a) Inclusion of children with disabilities in mainstream education. Financial motivation and training of teachers in mainstream schools to stimulate them to work with children with disabilities, with a view to promote social inclusion and avoid their institutionalization; b) Development of a flexible mechanism for redirecting funds from residential facilities to the family; c) Promotion of the suggestion to regulate parents' migration by forcing them to determine the legal form of placement for children for the duration of their stay abroad so as not to leave children on their own and to prevent situations of risk; d) Consolidation of the financial responsibility of 1<sup>st</sup>-level LPA for everyone's fate to reduce the exclusion of children from their community; e) Introduction of unpaid community work as a form of punishment for parents deprived of parental rights.

**In Ungheni a “Strategic plan for developing social services for children and families for 2011-2014” has been developed and approved** (see Annex 6.)

In Ungheni district, the social assistance system evolved through the development of various social services due to massive allocations from the local budget or to fundraising, NGOs, concentration of

human resources that are qualified in the social-human field, dedication of people who experienced the reforms of different areas in social assistance from the beginning. These things did not evolve smoothly with the same intensity and rhythm in all villages/communes of the district, not all inhabitants of the district can benefit from services provided by different modern centers for their children with disabilities, modern and accessible accommodation facilities, over-night accommodation in case when there is a risk of sleeping in the street, a team of professionals to provide them with counseling. Not all local councils realized that providing funds for social assistance is a long-term investment in the humanness of every individual.

Statistics on the situation of children and families in difficulty: the number of children with parents abroad is 4925, of them with both parents abroad – 1312 children and with one parent abroad – 3613 children; 97 delinquent minors are in the police records.

In order to improve the social assistance provided to families and children, a database at district level was developed for 2010 that is permanently (annually) updated and enables keeping record of families with children at risk and children without parental care. The information for the database was presented by the community social assistants, as a result of local analyses they had conducted.

The goal of the strategy is to provide equitable and non-discriminatory access to people from all villages of Ungheni to social services and benefits adapted to the current social needs, with a view to increase the quality of life and foster principles of social cohesion and inclusion, in line with national and European laws and standards.

The implementation of the Strategic Plan in the following years will create new opportunities for social integration of all social groups at risk, will improve the living conditions and will strengthen the involvement of the community in different programs for disadvantaged groups.

Given that Ungheni district has a network of diverse social services, the SAFPD has been focused lately on providing the sustainability of social services, the training and requalification of human resources, creating a mechanism to inform people about the existing social services, adapting and improving the legal framework in the social field at district level.

In addition, SAFPD envisages to extend the network of social services for children and families:

- Extending the Community-Based Social Assistance Service by recruiting 4 additional social assistants thus increasing the total number of assistants to 48.
- Extending the Foster Care Service, increasing the number of beneficiaries by 20 children in placement and 16 additional foster families.
- Extending the FTH Service, increasing the number of beneficiaries by 12 and the number of educators by 2.
- Creating the mobile team in partnership with the Health Department and extending this service to reach 70 beneficiaries by 2014.
- Extending the Personal Care Service for people with severe disabilities by increasing the number of beneficiaries by 27 people and that of personal carers by 27.
- Developing the multifunctional community day-care center in Petresti commune by hiring additional 7 full-time and 1 part-time employee.
- Increasing the number of social canteens by 10 units and of the number of beneficiaries by 200. This might require additional personnel for each canteen.
- Developing the Service for the prevention of domestic violence in collaboration with the police and prosecutor's office that would cover about 50 beneficiaries.

It should be noted that the SAFPD specialists are a competent and enthusiastic team. The SAFPD is interested in consolidating the employees' skills and regularly allocates resources for the on-going training of the personnel.

Priority tasks for Ungheni LPA for the future: extend social services, Foster Care and Family Support Service; create a temporary placement center for children; social apartments for graduates

of the boarding-school and for families in extreme difficulty; create a Center of psychological counseling for parents.

In addition, several risks have been identified that might have negative influence on the change process such as: financial coverage of the proposed alternative social services and of expenses related to the reform; political will of the decision making authority (District Council); human factor, qualitative monitoring, support for the integration of children in the biological/extended family.

## **10. General conclusions and recommendations**

### **10.1 Conclusions and recommendations applicable to all districts**

#### **Needs of children and families and the need for social services**

- The districts identified similar groups of children considered the most vulnerable but prioritized them differently: children with special needs, children without parental care as a result of parents' migration, children from families where there is domestic violence and child abuse, deinstitutionalized children and graduates of residential institutions. The groups of children and families were identified in line with the following criteria: size of the group, growth dynamics, degree of complexity of issues they face, limited access to social services, stigmatization, social marginalization and exclusion, long-term negative effects on the community/society.
- The survey revealed that children's primary needs (educational, social, health, security, social integration, prevention of abuse and domestic violence) at local level are met to the lowest degree, largely by community-based services. The minimum coverage of primary needs provides a rather normal functioning of families in a period of relative social-economic stability. Any aggravation of the social-economic situation (e.g. price increase) determines a disbalance that will push the family in crisis. In other words, the support provided to families, in terms of amount and quality, cannot provide resilience to eventual hardships and the capacity to survive.
- The problems related to access to social services for children and families are caused by the following factors: the existing social services are mainly located in urban areas and are insufficient or even inexistent in rural areas; lack of information on social services; the requirements for confirming eligibility for some social services are considered complicated by people; inadequate attitudes towards beneficiaries may create obstacles in applying for services; the strict limitation of the beneficiary target group; deficiency of the system for reviewing cases and identifying the moment when the beneficiary is due to leave the system. All these may lead to errors of exclusion and inclusion.

#### **Local network of social services (1<sup>st</sup> and 2<sup>nd</sup> levels)**

- The urban community and the rural one differ by the number of population, amount and complexity of needs of children and families, infrastructure and resources, as well as the specialization of human resources. As a result, social services developed in urban and rural areas differ, especially, by the amount and specialization of services. In rural areas, primary community-based services are predominant with a wide range of assistance, rather general, for prevention and early intervention.
- The role of administrative levels in developing and providing social services are clearly delimited: the district level implements policies at local level, manages the budget for the district and for communes, provides specialized social services, supervises, monitors and evaluates social services provided at community and district level. The community level provides primary social services, ensures the cooperation of local decision makers and professionals, mobilizes the community, monitors and evaluates community-based services.
- All districts face problems related to the identification of people in need for social assistance, as well as the record of social service beneficiaries. The lack of exact data is a major problem and inevitably leads to the delivery of services only on the basis of known or perceived needs.
- The community level is represented by the Community-based Social Assistance Service, the Family Support Service, specialized services provided by the multifunctional community-

based centers, as well as by general services such as: educational, healthcare, public order services. The community-based social services face a number of functional problems and need strengthening because they are at the initial stage of development.

- The Community-Based Social Assistance Service reports achievements in terms of institutionalization and regulation of the service, as well as a number of challenges related to its operation: the strict delimitation of duties fulfilled by professionals working in the community and in the district; removal of previous stereotypes related to the professionals' tendency to control the area without capitalizing the community social assistants' potential. It is necessary to capitalize the role and status of the Community-Based Social Assistance Service by granting decision-making power within the area of responsibility. SAFPD must undertake to provide working conditions and necessary resources to community social assistants, improve the operation of the professional supervision mechanism, create opportunities for ongoing training.
- The efficiency of the Family Support Service is low because of the lack of by-laws regulating the service, of connection between social aid and family support service which makes the efficient operation of the gate-keeping system impossible. In this sense, it is important to institutionalize and capitalize the service in order to solve social problems and prevent many serious consequences, such as abandonment and institutionalization, abuse, neglect and exploitation and domestic violence.
- The extra-curricular program provided by the mainstream school does not meet the needs of all children, especially, children with special educational needs, from vulnerable families, as well as of children without parental care because of parents' migration. The new experiences of school inclusion are not fully integrated in the practice of mainstream schools institutionally and operationally or from the attitude point of view. Local and central authorities must take active part in the development of school inclusion programs that will not only include children reintegrated from the residential system, but will also prevent the separation of many children facing difficulties with learning and integration in mainstream school.
- The mainstream school must become a community educational center, open to all children in the community and their families. All educational and social activities and programs delivered at school must be united under a psychological-social program that will also include parents' training programs, services for gifted children from vulnerable families. Etc.
- The healthcare services provided to children place insufficient focus on prevention programs (because of insufficient human resources), home visits agreed with the community social assistant, do not have a sure cooperation on cases of child abuse. The fact that nurses working in the educational system are monitored by a (non-specialized) inspector employed by the Education Department raises questions about the quality of healthcare services provided to children.
- The public order service (provided by police officers and inspectors for minors) has good regulation and delimitation of roles and duties, ensures a child-friendly approach by employing people with pedagogical education as inspectors for minors, targets the activities to prevention and education tasks providing significant support to social assistance and contributing to an inter-agency approach to issues of children and families.
- The district level is represented by specialized services provided to children and families in difficulty: guardianship/trusteeship, adoption, Foster Care, Family-Type Home, reintegration of the child in family and community, as well as services provided by Specialized Centers, all of them being run and monitored by the specialist in child's rights protection and the specialist in issues of families with children in difficulty employed by the

SAFPD. In addition, the district level is in charge for managing social services provided in the community, and for monitoring and evaluating all social services in the district. The most complicated cases that require cooperation with LPA, education, health, police, etc. are brought to the district level.

- Guardianship/trusteeship and adoption are classic services with long history that are better regulated and operate under well established procedures. At the moment, they are the most common form of social protection for children without parental care. Foster Care and Family-Type Homes are new alternative family-type services with low experience of operation that require consolidation and extension. The weaknesses of these services are related to the enforcement of service methodology, especially, the selection and training of applicants, integration of children in the family for placement, monitoring of placement and preparation of children for leaving the service.
- The service of reintegrating children from residential institution in the family and community is capitalized in the context of residential system reform. This is a new service that does not have clearly established regulatory framework and operation procedures. The reintegration service is a complex service that requires close cooperation between the individuals, structures and institutions involved in this process. This pre-requisite creates confusion in relation to the delimitation of duties, lack of interagency cooperation, transfer of tasks to other stakeholders causing the risk of unsuccessful cases of reintegration.
- The need for reform in the residential system is realized by local authorities that must allocate the funds required for this process, develop community-based and family-type placement services and consolidate mainstream schools in order to develop inclusive practices. The personnel of residential institutions requires support for changing their attitudes with regard to reforming the system, realizing the consequences of residential care for children, accepting alternative solutions for the institutionalized children. Children placed in residential care need maximum support in the deinstitutionalization process with a safe and prompt reintegration plan.
- The existence of statutory structures addressed to child protection indicates the intent at national and local level to provide child protection. At the same time, the functions and roles of each structure are not clear yet. The Gate-keeping Commission proved to be the most efficient. In this context, it is necessary to lay down the roles and duties of each structure and the interaction arrangements very clearly.

### **Impact of social services**

- The survey had limitations in measuring the impact of services/programs implemented in the assessed districts, since they require a longer period to show results at community and system level. In addition, beneficiaries' views on the long-term changes produced at individual level were examined. Assessing the impact of services becomes extremely important given that the negative social trend is increasing despite the growth of the social service network.
- Many social service providers do not have the skills to measure the impact of services they provide and only assess the short-term effects at individual level. The districts require support in developing and applying a methodology for assessing the sustainability of the impact of social services. In addition, decision makers and professionals at district level know some general indicators that can be used for evaluation: diversification and compliance of services with the assessed needs of beneficiaries; coverage of the needs; effects and changes produced in beneficiaries' lives, as well as at community and system level; number and qualification of human resources involved in service delivery; existence of the regulatory framework for every social service; monitoring and evaluation system

applied by LPA; degree of beneficiaries' satisfaction with the improvement of the quality of life; improvement of service delivery conditions; etc.

- The survey set several directions of work that might improve the inter-agency cooperation: defining and delimiting the duties of different agencies in the delivery of agreed services for children and families; prevention and protection programs, eliminating the gaps and overlapping in the service delivery process; developing a common framework for the comprehensive assessment of children' and families' needs and planning and implementing interventions through an inter-agency approach; developing, piloting and approving at local level standard inter-agency cooperation procedures to provide efficient and prompt intervention in cases of children and families in difficulty.
- Child participation in decision making is not capitalized. The districts lack a policy on child protection and participation, as well as clear procedures for providing child safety, monitoring and reviewing child protection measures. The degree of perceiving child participation varies from one professional to another. LPA representatives, service providers, as well as children and young people need capacity building programs to make sure that child participation is performed in a safe and protected way for children and it informs positively the development of social service system for children and their families.

#### **Local policies addressed to the child and family**

- The survey revealed that every district realizes the need for a local policy on developing services for different groups of population, including children and families in difficulty. Every district has developed and approved a District Strategy, which comprises strategic planning of services for children and families. Currently, the districts already have skills for assessing the needs of groups of population, the available and necessary resources, can determine the need for developing services. This can be qualified as a qualitative step in organizational and departmental management, which represents a favorable prerequisite for the evolution of the child protection system at local level. In this context, it is necessary to continue building the skills of LPA in estimating the co-dependency: needs – demand of social services – offer – cost-efficiency analysis.

### **10.2 Conclusions and recommendations for every district separately**

#### **Calarasi district**

In Calarasi, the inter-departmental relations are relatively good, the District Council is supportive, the district has flexible human resources willing to create and develop new services, the personnel of the Education Department is competent and collaborative, the public order service has competent and cooperative employees. At the same time, human resources of the SAFPD are insufficient to cover all tasks related to the development of alternative family-type services and to manage the reintegration of children placed in residential care in other districts (over 100 children). The number of qualified employees is insufficient to extend the social service network, the social services are not diversified and cannot meet the needs of people in difficulty, the focus on prevention programs and activities is insignificant.

The support strategy for Calarasi district must be systematic and include consultancy and guidance. As compared to other districts, such support must be more intense to remove the differences and more investments are needed in building human resources.

In this context, SAFPD employees need capacity building in the development of Foster Care, Family Support Services, in financial mechanisms and in the strategic planning of social services on the basis of assessment of children's and families' needs.

In order to improve the operation of district social assistance structures, it is necessary to improve the relations between community social assistants and professionals at district level for a clear delimitation of duties, areas of intervention, cooperation and case referral procedures, improvement

of inter-agency teams, community mobilization, organization of work in mayor's offices that comprise several villages, etc.

Given that there are several communities in Calarasi district where Roma people live, it is recommended to conduct a survey to assess the needs of children and families in these communities in order to provide access to Roma people to services, eliminate their marginalization and stigmatization and support their social inclusion.

### **Falesti district**

Social assistance in Falesti district is supported by the District Council, the network of community-based social services is well developed, some SAFPD employees have a high level of skills, experience, social and professional status. At the same time, there seems to be no focus on the quality of social services, the delimitation of duties between different levels (community social assistants and SAFPD employees) is unclear, the inter-departmental relationships are not always efficient, the human potential of the Education Department is not even in terms of skills.

The record of beneficiaries and potential beneficiaries is not qualitative in all communities, the importance of the family for child development and education is not fully capitalized, nor the possibility to use the school for children's free time.

The community-based multifunctional centers – a widely represented service, as compared to the other districts, that is very much favored by the district administration and professionals – are outdated in their current format. In order to capitalize and improve this service, it is recommended to review the regulations of many of these centers from the perspective of the range of beneficiaries, to increase their coverage, adapt the services to the new needs of the community and ensure a more flexible delivery of these services.

Teaching support staff and key people on inclusion in charge for the inclusion of children with disabilities were established in the auxiliary schools of Falesti, but these experiences are new and have not been fully integrated in schools' activity.

The situation of children without parental care in the auxiliary school of Socii Noi must be reviewed in the nearest future and their reintegration and placement in alternative services must be prepared, while the future of the institution must be decided by the local authorities.

The support strategy for Falesti district must focus on developing prevention programs, consolidating Family Support and Foster Care services, on the quality of social services, on differentiating the duties by levels and types of employees, as well as on consolidating the Community-Based Social Assistance Service.

### **Ungheni district**

In Ungheni there is considerable support from the District Council for the strategic plans developed for social assistance. The network of social services is well developed at community and at district level; the SAFPD employees have a high level of skills and practical experience. The inter-departmental relations sometimes are only on paper and not functioning when it is necessary to solve very difficult cases.

Ungheni district has the largest experience in providing the Foster Care Service, running and providing social services for children and families in difficulty that are represented by a representative diversity of services developed in a balanced way to cover different needs of beneficiaries. Currently, the focus must be placed on the quality of services.

In the near future, it is necessary to decide on the situation of children remaining in the Sculeni auxiliary school in order to prepare them for reintegration and placement in alternative services. The new experiences of inclusion developed in the district must also be fully integrated in the schools' activity.

The model of the psycho-social service developed in a number of rural communities of Ungheni district (FACT) must be assessed from the perspective of impact, improved and disseminated in other communities of districts involved in the project.

The focus in the support strategy for Ungheni district must be placed on prevention activities and on consolidation of the quality of social services, the clear differentiation of responsibilities between the 1<sup>st</sup> and 2<sup>nd</sup> administrative levels and on the consolidation of the Community-based Social Assistance Service.

**The key challenges** for the implementation of this project refer to:

- Access to qualitative services: removing bureaucratic obstacles; changing attitudes and behaviors; extending the scope and communicating information; reducing the skepticism and strengthening people's trust.
- Social and school inclusion: supporting poor people who are not covered by social services; destroying the concept of irrecoverable people; integrating people with disabilities in the society.
- Social service delivery: building LPA skills; improving social assistance systems; identifying and establishing partnerships with civil society.
- Social service impact: the extreme poverty state is solved with the cash benefit system; eliminating beneficiaries' dependency on cash benefits; building the monitoring and evaluation skills.

The strategies of supporting districts must be focused on the following key issues as defined on the basis of analysis of the goal, tasks and context of project implementation:

- Developing, extending and reviewing social services must be done on the basis of the assessment of needs of children and families in difficulty and the focus must be placed on prevention programs;
- The relationship between the community and district level must be clearly delimited;
- The Community-Based Social Assistance Service must become fundamental for the community level, as well as the point of transition of cases for the referral mechanism;
- The supervision, monitoring and evaluation processes must be incorporated in all social services provided at all levels,
- The inter-agency cooperation is a prerequisite for the effectiveness of the child protection system;
- Child participation in decision making must become acknowledged, accepted and implemented at all stages of development and delivery of social and educational services.

## **Bibliography**

1. Government Decision no.450 of 28.04.2006 on approving Minimum Quality Standards for the care, upbringing and socialization of children placed in Temporary Placement Centers;
2. Government Decision no.614 of 06.04.2010 on financial support to orphan children and children without parental care in family-type homes;
3. Case Management // Social assistant's guide approved through Order of MSPFC no. 71 of 3<sup>rd</sup> of October 2008;
4. Mechanism of professional supervision in social assistance, approved through Order of MSPFC no. 99 of 31<sup>st</sup> of December 2008;
5. Strategic plan for social service development in Falesti district for 2010-2014, approved through decision of the District Council no.10/4 of 2<sup>nd</sup> of December 2010;
6. Strategic plan for developing the integrated social service system in Calarasi district for 2010 – 2014, approved through decision of the District Council no.03/05 of 3<sup>rd</sup> June 2010;
7. Strategic plan for developing social services for children and families in Ungheni district for 2011-2014, approved through decision of the District Council in 2011;
8. Activity plans of institutions, minutes of Teachers' Boards and of Administrative Boards of: the auxiliary school for children with special needs in Calarasi, boarding-school of Falesti, boarding-school of Ungheni, auxiliary school of Sculeni, Ungheni district;
9. National Program on establishing the integrated social service system for 2008-2012, approved through Government Decision no. 1512 of 31<sup>st</sup> of December 2008;
10. Report: Assessing the reform of the residential childcare system and technical assistance for sub-regional consultancy, Moldova. – OPM, EveryChild Moldova, 2009;
11. Framework-Regulation of the Community-based Social Assistance Service, approved through Order of MSPFC no. 54 of 10<sup>th</sup> of June 2009;
12. Regulations on the operation of lyceums in Calarasi, Falesti and Ungheni districts;
13. Regulations on the operation of Community Social Assistance Centers, approved through decisions of Falesti District Council;
14. Regulations on the operation of Gate-keeping Commissions in Calarasi, Falesti and Ungheni districts;
15. Regulation on the operation of the Community Center "Casa pentru toti", Ungheni, approved through decision of the City Council in 2002;
16. Regulation on the operation of the Center of social assistance for child and family, approved through decision of Ungheni District Council, 2005;
17. Regulation on the operation of the Center of social assistance for child and family, approved through decision of Falesti District Council, 2008;
18. Regulation on the operation of the Center for social integration of youth "CREDO", Ungheni approved through decision of District Council on 1<sup>st</sup> of January 2010;
19. Regulation on the operation of the Center of placement for parent-baby couple, Cornesti town, approved through decision of Ungheni District Council in 2007;
20. Regulation on the operation of the Center for social integration of youth "Epitrop", Calarasi, approved through decision of District Council no.03/17 of 18.09.2009;
21. Regulation on the operation of the Day-care Center for children with physical disabilities "Dorinta", Calarasi approved through decision of District Council in 2006;

22. Regulation on the operation of the Regional Resource Center for Youth “Faclia”, Ungheni approved through decision of City Council in 2005;
23. Regulation on the operation of the Foster Care Service, developed by EveryChild Moldova, approved by the MLSPF on 30<sup>th</sup> of May 2006;
24. Gate-keeping System // Practical Guide, approved through Order of the MSPFC no. 76 of 8<sup>th</sup> of September 2009.

## Annex 1. Services delivered at local level to the most vulnerable groups of children

<b>Children whose parents migrated abroad</b>					
<b>Calarasi</b>		<b>Falesti</b>		<b>Ungheni</b>	
<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>	<u>What might be done</u>
Guardianship Psychological counseling Keeping record of children Oversight Activity clubs Security Guidance Home visits Financial support	Guardianship Guidance Control Psychological counseling Oversight Creation of jobs, increase of the living standards Enrollment in activities Security Family support	Guardianship Discussions with children, grandparents and other relatives looking after children Record keeping Discussions with the police School enrollment Home visits Activity clubs Moral support Monitoring	Creation of jobs in the territory so that people can earn their living Guardianship Psychological counseling Placement center for children Sports clubs, activity clubs Cooperation of the local council, police, teachers Social aid benefit Asking confirmation from parents that children are enrolled in school and are left in guardianship	Information about the importance of education by parents Awareness raising services Keeping record of families Group activities for children Home visits	Creation of jobs Parents must be forced to inform the authorities and produce a document confirming that their children are left in the care of other adults when they leave abroad Extracurricular program, activity clubs Involvement of relatives Free time activities for children
<b>Children with alcoholic parents</b>					
<b>Calarasi</b>		<b>Falesti</b>		<b>Ungheni</b>	
<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>	<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>
Discussions with parents Discussing the case at the administrative commission Discussing the case at the Local Council for Child Rights Protection Psychological counseling Informing parents Discussing the case at the social commission Identification Record keeping Home visits	Free compulsory treatment from alcohol dependency Psychological service Employment Involvement in community work Deprivation of parental rights Discussions Cancellation of social aid benefit Parents must be forced by law to take care of their children	Temporary placement for children Discussions with parents Discussions with the police Treatment Deprivation of parental rights FTH Monitoring of families Prevention	Treatment from alcohol dependency Deprivation of parental rights if parents refuse treatment Psychological assistance Identification Employment Home visits accompanied by the police officer Involvement of LPA, police, doctor, teachers Work with parents	Financial support for school supplies and other purposes Home visits Separate discussions with children and parents School canteen Cooperation with the police Awareness raising on the harm of alcohol dependency Record keeping of the	Free treatment, because most of them are unemployed and do not have health insurance Awareness raising on the consequences of alcohol abuse Psychological counseling of children Day centers for socialization and free time spending Extracurricular activities

Child protection				family doctor Discussing the case at the Local Council for Child Rights Protection Counseling, support	Free health insurance Employment opportunities Record keeping and permanent visits to the families Free nutrition of children
------------------	--	--	--	--	--

**Children suffering from abuse/neglect in family environments**

<b>Calarasi</b>		<b>Falesti</b>		<b>Ungheni</b>	
<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>	<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>
Informing parents about their responsibilities Discussing the case at the Local Council for Child Rights Protection Identification Psychological counseling Discussions in the biological and extended family Analysis of parents-children conflicts and their resolution Child protection Work with parents' council in the school Home visits Record keeping Evaluation of the family	Isolation of the abuser Awareness raising Identification Psychological counseling Awareness raising of the police, teacher Informing children and parents about their rights and duties Legal consultation Restraining order Penalties	Discussions in the biological and extended family Temporary placement FTH Deprivation of parental rights Identification Monitoring Providing protection Discussions with the family doctor Discussions with the school	Involvement of police officer and doctor to provide protection to the child, home visits Work with the family Placement in Foster Care, FTH and other families willing to give love and support to children Work of the multidisciplinary team Psychological counseling Home visits accompanied by the police officer Inviting them at the local council Fining the parents	Discussions with parents and police officer Inviting parents at the Local Council for Child Rights Protection Assessing and monitoring the family Work with the police	Psychological service, emotional support for victims and potential victims Involvement in the FACT project Temporary placement Summer camps

**Children abused in educational settings**

<b>Calarasi</b>		<b>Falesti</b>		<b>Ungheni</b>	
<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>	<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>
Discussions with the personnel Awareness raising Psychological counseling	Warning and reprimanding the personnel in line with the Code of Education Discussions with the personnel and with children's participation	Discussions with school administration and teachers Identifying the problem and the guilty person Filing complaints to the Education	Discussions with competent people, psychological counseling Inviting parents at the school's administrative council Changing the institution or	Discussions with teachers, children and parents Discussions at parents' meetings Involvement of the Local Council for	Cooperation with parents and teachers Penalizing teachers Psychologist in every school The school library must

	<p>Awareness raising</p> <p>Isolation of the abuser</p> <p>Debates in the parents' council</p> <p>Multidisciplinary commission</p> <p>Reducing the abuser's salary</p> <p>Psychological counseling</p> <p>Legal consultation</p>	<p>Department</p> <p>Reprimanding the teacher</p> <p>Changing the child's educational environment</p>	<p>community</p> <p>Oversight</p> <p>Work of the multidisciplinary team</p> <p>Fighting the labeling of children especially by teachers</p> <p>Dismissing the teacher</p> <p>Seminars for children, parents and teachers</p> <p>Fining teachers</p> <p>Monitoring</p>	<p>Child Rights Protection</p> <p>Involvement of the police officer</p>	<p>have books for children</p> <p>Involving them in the FACT project</p> <p>Discussions with teachers</p> <p>Sufficient teachers in school</p>
--	--	---	---	---	--

**Children exploited through labor**

<b>Calarasi</b>		<b>Falesti</b>		<b>Ungheni</b>	
<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>	<u>What is being done</u>	<u>What might be done</u>	<u>What is being done</u>
<p>Analysis of the issue at the Gate-keeping Commission and at the multidisciplinary commission</p> <p>Identification of economic entities that use child labor</p> <p>Discussions and warnings</p> <p>Visits in the field</p>	<p>Consulting the labor code and informing the employer about eventual punishments</p> <p>Identification</p> <p>Informing</p> <p>Reprimanding the employer</p> <p>Terminating the child's employment</p>	<p>Discussions with the child</p> <p>Identification of cases</p> <p>Discussing the case at the Local Council for Child Rights Protection</p> <p>Addressing to entities that can solve the issue, politicians, economic entities</p> <p>Cooperation with the police</p> <p>Punishing the employer in line with the Labor Code</p>	<p>Work with the family and police</p> <p>Seminars for children on children's rights</p> <p>Terminating the child's employment</p> <p>Fining parents</p> <p>Addressing to the competent bodies and professionals</p> <p>Enforcing the right to education and rest</p>	<p>Discussions with parents</p> <p>Identification of cases</p>	<p>Summer working camps for children where they can get used to is, in line with the law</p> <p>Cooperation with parents</p> <p>Employing a psychologist</p>

\* (Actions are listed in the order of priorities)

## Annex 2. Case study

Mother-baby couple, Center in Cornesti, Ungheni (mother aged 33, children aged: 4 and 2.4).

### **Life story:**

In 2008, Larisa came to the Center from the maternity ward referred there by the SAFPD. Her house burned. She bought that house on the money she had earned with her partner in Moscow. Her partner was using alcohol, as well as his mother and brothers “I have never thought that my children’s father would leave me”.

Larisa grew up in Hincesti boarding-school (for children with disabilities) – 12 years. When she returned to the village, “I want to feel a human being, some people insult me”. “What was good at the boarding-school was that we were equal, but for the rest ...”. In the 1<sup>st</sup> and 2<sup>nd</sup> grades, we were all crying when parents were bringing us there”. “No matter how hard it would be for me, I will not place my children there” (with tears in her eyes).

My siblings help me, chop the wood, but they all have their own life to live. “Whose fault is it if not yours?” they tell me.

“I regret making 2 children, one would do for me.”

**The 1<sup>st</sup> placement** in the Center – she stayed there 4 months and returned to her mother’s home, while her mother was in hospital. She asked the District Council to help her renovate the house and they said it was impossible. The District Council decided to give her 15000 lei for a new house, but this money was not enough. She used this money to register the mother’s house on her name and renovate it and now she has all ownership documents on the house.

**The 2<sup>nd</sup> placement** in the Center – she stayed there 6 months in winter, because it was difficult to handle it alone and she did not have a job. Their incomes are 701 lei as social aid – the community social assistant helped her fill in the application form. She also has a disability pension.

The support provided by the Center is 1000 lei per month. She is on her own, the youngest child is in the village, and the psychologist is working with the eldest.

### **Plans for the future:**

The eldest child will go to the nursery school – 100 lei per month and the youngest child will also attend the nursery. Larisa is looking for a job, but the mayor cannot offer her anything, he says that people fight for jobs.

In the summer she intends to renovate the oven or buy a washing machine – “I only have 1000 lei and don’t know what to do. It is difficult to make savings.”

In general, I am ok, I cook – I’m very good at baking.

### **Opinion about the Center:**

There is a need for such a center – there are different complicated cases. She gets along with the other 6 mothers.

There was another mother with 2 children here. She did not take care of her children too much. She was a drunkard and very poor. Now she has a small shed; she has changed her lifestyle, takes the children to the nursery. I think this place helped changed her lifestyle.

The employees of the Center are kind, nice and friendly people, always willing to give advice. They don’t make any distinction – employee or beneficiary. At the end of the month, when the money finishes, they help us with bread. It is better at home, but life imposes us. Victorias keeps asking me when we will go home.

She recommended the Center to other women.

### Annex 3. Subjects discussed at the meetings of Falesti District Council for Child Rights Protection

No	Issues raised at the meetings	Obtained results Indicators
1	Improving the maintenance and education conditions for children with disabilities, children from socially vulnerable families, children without parental care and children at risk	<ul style="list-style-type: none"> <li>- No. of children exempted from the schoolbook renting fee - 160</li> <li>- No. of children from vulnerable families receiving free food in schools/nurseries – 771</li> <li>- Establishment of the Gate-keeping Commission</li> </ul>
2	The implementation of the district's Strategic Plan for Developing Integrated Social Services for 2006- 2011	<ul style="list-style-type: none"> <li>- Establishment of the District Center for Child and Family Protection within the SAFPD with the following services: psychological, legal and social assistance, family support;</li> <li>- Establishment of 8 FTHs where 38 children are placed;</li> <li>- Establishment of 7 Multifunctional Social Assistance Centers of which one for children with disabilities providing day care and temporary placement services to different categories of beneficiaries</li> <li>- Establishment of the Regional Center for Children and Youth in Falesti town</li> <li>- Establishment of the Foster Care Service</li> </ul>
3	Activity of the Local Council for Child Rights Protection	<ul style="list-style-type: none"> <li>- No. of held meetings - 133</li> <li>- No. of cases identified by community social assistants and examined by the Local Council for Child Rights Protection – 1161/ 246 families</li> <li>- No. of cases identified by other social stakeholders and examined by the Local Council for Child Rights Protection – 52</li> <li>- No. of cases solved at local level – 215/135 families</li> <li>- Family support provided by 1<sup>st</sup>-level LPA – 57 600 lei</li> <li>- No. of cases referred by the Gate-keeping Commission – 254 children/125 families</li> <li>- No. of cases referred to the multidisciplinary team within the SAFPD (NRS) 43 children /19 families</li> <li>- No. of cases referred to the Local Fund for Population Social Support – 169 children / 82 families</li> </ul>
4	Activity of the Gate-keeping Commission	<ul style="list-style-type: none"> <li>- Prevention of children's institutionalization – 100% during 5 years</li> <li>- Reintegration of institutionalized children in biological or extended families: 76 c / 47 f</li> <li>- 27 children from Falesti boarding-school; 41 children from the auxiliary school of Albinetul Vechi and Socii Noi and 8 children from FTH</li> <li>- Family support - 29 f /67 children - 82 500 lei</li> <li>- Establishment of Foster Care service – 2 families /5 children</li> <li>- Temporary placement for children in difficulty – 61 children / 29 families</li> </ul>
5	Establishing the child's status, enforcing the child's rights to maintain the family name and first name	<ul style="list-style-type: none"> <li>- 32 birth certificates were obtained for 32 children whose birth had not been registered</li> </ul>

6	Juvenile delinquency and prevention activities in Falesti district	<ul style="list-style-type: none"> <li>- Notifications referred by the Group for Minors and Morals and examined at the Local Council for Child Rights Protection meetings – 20</li> <li>- Children with deviations in behavior in the records of the Group for Minors and Morals - 143 children</li> <li>- Families that do not fulfill their parental obligations and are in the records of SAFPD – 40</li> </ul>
7	School enrollment and school abandonment of children	- School enrollment of children – 100%
	The observance of children's rights in the auxiliary schools of Albinetul Vechi; Socii Noi, their reintegration in the family.	- The auxiliary school of Albinetul Vechi was liquidated through decision of Falesti District Council. Only the auxiliary school in Socii Noi is currently operating. Out of the 82 children placed in the two auxiliary schools, 41 were reintegrated in families, while the other 41 children stay in the auxiliary school of Socii Noi.
8	Activity of the community-based social assistance centers social assistance	<ul style="list-style-type: none"> <li>- 46 children in the district are temporarily placed in the 7 community-based social assistance centers</li> <li>- 130 children receive day care services of the community-based social assistance centers</li> </ul>
9	Protection of the rights of children without parental care	<ul style="list-style-type: none"> <li>- Orphan children and children without parental care - 281. Of them: in guardianship –139, adopted – 45, placed in residential institutions – 64, in FTH – 39, in temporary placement centers – 51.</li> <li>- Children whose parents are abroad: with one parent abroad – 1653 children, with both parents abroad – 569 children.</li> </ul>

## Annex 4. Action plan for developing the social service system for families and children in Calarasi district (2010-2015)

### Strategic objective I. Develop social services for preventing anti-social phenomena

	Specific objectives	Structure in charge	Partners	Expected outcomes	Sources of funding	Indicators
1.	Establishment of multifunctional and temporary placement community centers - Calarasi town - Hirjauca commune - Horodiste village	LPA, SAFPD	Local NGOs, District Council, Moldovan Government, Decentralized services	Qualitative day care services, Temporary placement	SIFM, EU, District budget, local budget	3 multifunctional community centers established
2.	Establishment of Family-Type Homes - Calarasi town - Valcinet village - Bravicea village - Sipoteni village	LPA, SAFPD, GFD	NGOs, District Council, Decentralized services	Placement services for children	District budget, Donors	8 Family-Type Homes
3.	Establishment of the Foster Care service	LPA, SAFPD, GFD	LPA Decentralized services	Family placement services for 20 children	District budget	20 Foster Care units approved
4.	Establishment and development of the home care service (Personal Carer, Mobile Team)	LPA, SAFPD, FDC	District Council MLSPF Healthcare	Home care services for people with disabilities	State budget Donors	20 Family-Type Homes established
5.	Establishment and development of protected workshops for building independent life skills of young people with disabilities (aged 16-35)	SAFPD, LPA	Dorinta center District Council	2 protected workshops created	District budget Donors	2 protected workshops
6.	Establishment of social services in the premises of Calarasi auxiliary school	Director of the auxiliary school, SAFPD, Commission for Minors	District Council	Rehabilitation and placement services established	Local budget UNICEF	Temporary placement center
7.	Delivery of primary social services (material, humanitarian support and social aid)	SAFPD, community social assistants	UNICEF, Army of Salvation, Mission without Borders "International Hour" Moldova, Counterpart, Samaritan, LSSP, Red Cross	Services delivered on the basis of identified needs	State budget, Donors, LSSF	No. of social aid recipients No. of financial support recipients
8.	Establishment of the social canteen service	SAFPD, GFD Calarasi City Hall	SIFM, Decentralized services	Free food for 25 people every day	District budget Donors	No. of beneficiaries of the social canteen service
9.	Establishment of psychological and legal	SAFPD Community	UNDP	Qualitative services	District budget	No. of beneficiaries t

	<b>Specific objectives</b>	<b>Structure in charge</b>	<b>Partners</b>	<b>Expected outcomes</b>	<b>Sources of funding</b>	<b>Indicators</b>
	support services	social assistants		Prevention of anti-social phenomena	UNDP	

### **Strategic objective II. Publicize social services at district level**

	<b>Specific objectives</b>	<b>Who is in charge</b>	<b>Partners</b>	<b>Expected outcomes</b>	<b>Sources of funding</b>	<b>Indicators</b>
1.	Carry out awareness raising campaigns for social services in the district	Social service managers	District Council LPA Local media	Social services advertised	District budget Local budget Donors	Number of campaigns
2.	Permanently update the website of the District Council with information on social services	PR manager, SAFPD, social service managers, IT specialist of the District Council	District Council LPA	Social services advertised	District budget	Webpage of the District Council updated with information on social services Webpages of mayor's offices

### **Strategic objective III. Ensure the sustainability and quality of social services**

	<b>Specific objectives</b>	<b>Structure in charge</b>	<b>Partners</b>	<b>Expected outcomes</b>	<b>Sources of funding</b>	<b>Indicators</b>
1.	Plan and allocate resources from the district budget every year	Service managers GFD	Ministry of Labor, Social Protection and Family, Ministry of Finance	Resources allocated for service operation (annually)	District budget	Budget approved for every social service provider: in 2010 resources planned for 2011
2.	Attract funds in social field	Service for attracting and capitalizing investments	"Epitrop" and "Dorinta" NGOs SAFPD	Qualitative and diversified services established	EU, SIFM, USAID, Soros Foundation, Every Child UNICEF World Bank	4 projects implemented in social field
3.	Conduct a study for identifying beneficiaries' needs	SAFPD	"Epitrop" NGO GEYSD FDC	Need for services identified	District budget Local budget	Study conducted
4.	Conduct a study for monitoring and evaluating social services	SAFPD	"Epitrop" NGO GEYSD FDC	Quality of services researched	District budget Local budget	Study conducted
5.	Develop and approve regulations of public institutions providing social services	SAFPD	Service managers LPA Soros Foundation Moldova	Regulation	District budget Donors	Regulation and standards approved

	<b>Specific objectives</b>	<b>Structure in charge</b>	<b>Partners</b>	<b>Expected outcomes</b>	<b>Sources of funding</b>	<b>Indicators</b>
6.	Develop social entrepreneurship services	“EPITROP” NGO	Service managers LPA	Reduced social dependency		

#### **Strategic objective IV. Train and consolidate human resources in social field**

	<b>Specific objectives</b>	<b>Structure in charge</b>	<b>Partners</b>	<b>Expected outcomes</b>	<b>Sources of funding</b>	<b>Indicators</b>
1.	Provide on-job training for professionals delivering social services	SAFPD, Social service managers	Local NGOs MLSPF SIFM	Qualified professionals working in the established services	SIFM, UNICEF, USAID, District budget Local budget	20 professionals (per year) received training 100 professionals (5 years)
2.	Monitor and evaluate the work of social assistants and social workers	SAFPD	LPA Social service managers	Quality of primary social services	-	No. of monitored social assistants No. of monitored social workers
3.	Study visits and exchange of experience	SAFPD, Social service managers	National and foreign service providers	Personal experience and long-term cooperation, participation in joint actions	District budget Local budget	Projects, agreements, partnerships

**ANNEX 5. Social Service Development Plan of Falesti district (existing services and needs for developing new services by beneficiary groups (2006-2011))**

No.	Category of beneficiaries	Community services	Specialized services	Very high need services
1.	Children	1. Community multifunctional social assistance centers (6) providing: - day care services (for 90 children per day) - temporary placement services (for 70 children) 2. social canteen – 1 (10 children) 3. District Center for Child and Family Protection: - 20 families / 50 children - legal consultancy services - social assistance services - psychological counseling services	1. Guardianship / trusteeship services – 145 minors 2. Family-type homes – 8/32 children 3. Adoption – 3-4 children per year	1. Boarding school for orphan children and children without parental care – 2. Auxiliary school for children with special educational needs Socii Noi – 41 children
	Development needs	1. Social canteen - 10 – for 100 children 2. Mobile team for children / families at risk (with parents who are abroad,; victims of domestic violence and human trafficking, etc.)	1. Guardianship / trusteeship services – 200 minors 2. FTH –13/65 children 3. Adoption – 5 children per year 4. Foster Care – 10 units / 20 children	1. Reintegration of children from the boarding school for orphan children and children without parental care – 100% 2. Auxiliary school for children with special educational needs Socii Noi – 100% reintegrated 3. Redirecting of funds from the above mentioned institutions to the <b>family support service</b>
2.	People with disabilities:	1. Community social assistance center for children and adults with disabilities: a. temporary placement service: - children - 12 - adults – 5 b. day care services: - children - 18 - adults – 15  2. Center for rehabilitation of older people and people with disabilities – 4 people with disabilities	- Orthopedic and prosthetic services - 536 people - Guardianship services - 36 - Home care services – 43 beneficiaries	_____

	Development needs	<p>1. Increasing the number of beneficiaries of day care services at the community social assistance center for children and adults with disabilities:  - children – up to 25  - adults – up to 20</p> <p>2. Developing the Center for rehabilitation of older people and people with disabilities in the premises of the former auxiliary school from Albinetul Vechi village for 25 people</p> <p>3. Transporting children with mild disabilities from areas that are close to community centers to these centers</p>	<p>1. Family-type services for adults – 15 people</p> <p>2. Increasing the number of beneficiaries of:  - Orthopedic and prosthetic services – from 743 to 1000 people  - Guardianship services – to 100 people  - Home care services – to 100 people</p>	Placement of children from residential care in family-type services
4.	<p>Other groups of beneficiaries:  <b>Youth at risk:</b>  - reintegrated from residential care  - alcohol/drug dependents  - from disintegrated families  - HIV/AIDS-infected people  - delinquent youth  - youth released from penitentiary facilities  - young mothers with children at risk</p>	<p>1. Regional Resource Center for children and youth (for 1035 young people every year)  Services:  - awareness raising  - counseling  - integration  - involvement of youth</p> <p>2. Rehabilitation Center for Drug Addicts (10 people)</p> <p>3. Community multifunctional social assistance centers –</p> <p>4 centers / 8 places for mother/baby couples</p>	_____	_____
	To develop:	<p>1. Social apartments for graduates of residential institutions and young people without shelter</p> <p>2. Establishing the center for information, consultation, counseling, professional guidance for young people at risk, victims of human trafficking and domestic violence</p>		

## Annex 6. Strategic plan for developing services for children and families in Ungheni district (2011 – 2014)

No.	Activities	Outputs	Indicators	Sources of information	Terms	Structure in charge
1	Community social assistants	4 units	No. of units No. of beneficiaries	Reports, District's social map, SAFPD activity plan; Law no.547 of 25.12.2003;	2012-1 2013-1 2014-2	District Council; SAFPD; 1 <sup>st</sup> -level LPA; GFD;
2.	Home care for older people	18 units/ 180 beneficiaries	No. of units No. of beneficiaries	Reports, District's social map, SAFPD activity plan; Law no.547 of 25.12.2003;	2012-6 2013-6 2014-6	District Council; SAFPD; 1 <sup>st</sup> -level LPA; GFD;
3	Foster Care	16 units/ 20 beneficiaries	No. of units No. of beneficiaries	Reports, District's social map, SAFPD activity plan; Decision no.924 of 31.12.2009; Law no.547 of 25.12.2003;	2011-4/5 2012-4/5 2013-4/5 2014-4/5	District Council; SAFPD; 1 <sup>st</sup> -level LPA; GFD;
4	FTH	2 educators / 12 children	No. of units No. of beneficiaries	Reports, District's social map, SAFPD activity plan; Regulation; Decision no. 937 of 12.07.2002 – Regulation of the Family-Type Home; Law no.547 of 25.12.2003;	2011-1/6 2013-1/6	District Council; SAFPD; 1 <sup>st</sup> -level LPA; GFD; "Aschiuta" Home; Save the Children
5	Social services for children – mobile team	4 units / 70 beneficiaries	No. of units No. of beneficiaries	Reports, District's social map SAFPD activity plan; Law no.547 of 25.12.2003;	By 2014	District Council; SAFPD; 1 <sup>st</sup> -level LPA; GFD;
6	Personal carer for people with severe disabilities	27 personal carers /27 beneficiaries	No. of units No. of beneficiaries	Reports, District's social map, SAFPD activity plan; Law no.547 of 25.12.2003;	2011-2014  2011 – 3 2012- 8 2013 – 8 2014 – 8	SAFPD, GFD
7	Multifunctional community center	8 units/	No. of units No. of beneficiaries	Law no.547 of 25.12.2003;	Through out 2011	District Council; SAFPD; 1 <sup>st</sup> -level LPA; GFD;
8	Social canteen	10 canteens / 200 beneficiaries	No. of units No. of beneficiaries	National Plan for developing integrated social services; Regulation; Reports; District's social map, SAFPD activity plan.	2012-2014  2012 – 1 <sup>st</sup> quarter 2013 - 1 <sup>st</sup> quarter	SAFPD; LPA; GFD.

					2014 - 1 <sup>st</sup> and 2 <sup>nd</sup> quarters	
9	Services against domestic violence	1 social assistant /50 beneficiaries	No. of units No. of beneficiaries	Reports, District's social map, SAFPD activity plan; Law no.547 of 25.12.2003;	2012 - 1/30 2013- 0/40 2014- 0/50	District Council; SAFPD; 1 <sup>st</sup> -level LPA; GFD.

**Annex 7. Funding of social services by categories of beneficiaries and types of services in 2010**

**A) Calarasi district**

Name of service	Amount, thousand lei	Share, %
<b>Overall budget for social assistance</b>	<b>12828.9</b>	<b>100%</b>
including:		
<b>Social services for families with children</b>	<b>2832.2</b>	<b>22.0%</b>
of which:		
<i>Primary services</i>	<i>1369.1</i>	<i>10.6%</i>
of them:		
Community-based Social Assistance Service	849.7	6.6%
Family Support and Reintegration Service (including one-off support in line with LPA decisions)	519.4	4.0%
<i>Specialized services</i>	<i>1463.1</i>	<i>11.4%</i>
of them:		
Family-Type Homes	141.8	1.1%
Guardianship	474.0	3.7%
Adoption	294.0	2.3%
Day center for children with physical disabilities "Dorința" in Calarasi town	132.0	1.0%
Social Reintegration Center for Young People "Epitrop"	421.3	3.3%
<b>Social Services for older people and people with disabilities</b>	<b>4612.8</b>	<b>36.0%</b>
of which:		
Home care service	1204.2	9.4%
Asylum for older people and people with disabilities	837.0	6.5%
Prosthetic and orthopedic service	24.8	0.2%
Transport compensations for war veterans and people with disabilities	1015.0	7.9%
One-off support in line with LPA decisions	1531.8	11.9%
<b>Other expenses</b>	<b>5383.9</b>	<b>42.0%</b>
of which:		
One-off compensation for connection to the gas pipe	49.8	0.4%
Compensation of property for people repressed and then rehabilitated	864.2	6.7%
Subsidies for interest payment and repayment of preferential bank loans	1155.2	9.0%
Support to people who suffered from natural disasters	64.4	0.5%
One-off support in line with LPA decisions	695.1	5.4%
Allowance for the construction (procurement) of dwelling	1861.8	14.5%
Capital investments in the construction of social-cultural facilities	49.0	0.4%
Administrative expenses	644.4	5.0%

## B) Falesti district

Name of service	Amount, thousand lei	Share, %
<b>Overall budget for social assistance</b>	<b>13820.6</b>	<b>100%</b>
including:		
<b>Social services for families with children</b>	<b>4481.3</b>	<b>32.4%</b>
of which:		
<b>Primary services</b>	<b>1396.6</b>	<b>10.1%</b>
of them:		
Community-based Social Assistance Service	809.6	5.9%
Family Support and Reintegration Service (including one-off support in line with LPA decisions)	587.0	4.2%
<b>Specialized services</b>	<b>3084.7</b>	<b>22.3%</b>
of them:		
Family-Type Homes	498.1	3.6%
Foster Care	18.0	0.1%
Guardianship	809.3	5.9%
Adoption	243.0	1.8%
Social Center within the Falesti SAFPD	292.1	2.1%
Social service center "Pentru Voi" from Falesti town	315.6	2.3%
Community social assistance center "ProSperare", Risipeni village	165.6	1.2%
Community social assistance center "Nufarul alb", Glinjeni village	197.5	1.4%
Community social assistance center "Casa Sperantei", Falesti town	202.0	1.5%
Community social assistance center "Impreuna", Ciolacu Nou village	184.7	1.3%
Community social assistance center "Vivatis", Calinesti village	158.8	1.1%
<b>Social Services for older people and people with disabilities</b>	<b>7025.2</b>	<b>50.8%</b>
of which:		
Home care service	2095.6	15.2%
Social Center for older people and people with disabilities from Falesti town	452.9	3.3%
Social service center "Pentru Voi" from Falesti town	315.6	2.3%
Community social assistance center "ProSperare", Risipeni village	165.6	1.2%
Community social assistance center "Nufarul alb", Glinjeni village	197.4	1.4%
Community social assistance center "Casa Sperantei", Falesti town	202.1	1.5%
Community social assistance center "Impreuna", Ciolacu Nou village	184.6	1.3%
Community social assistance center "Vivatis", Calinesti village	158.9	1.1%
Prosthetic and orthopedic service	34.1	0.2%
Social canteens	52.0	0.4%
Transport compensations for war veterans and people with disabilities	1371.7	9.9%
One-off support in line with LPA decisions	1794.7	13.0%
<b>Other expenses</b>	<b>2314.1</b>	<b>16.7%</b>
of which:		
Compensation of property for people repressed and then rehabilitated	133.5	1.0%
Subsidies for interest payment and repayment of preferential bank loans	1379.6	10.0%
One-off support in line with LPA decisions	253.6	1.8%
Allowance for the construction (procurement) of dwelling	66.5	0.5%
Maintenance of the Auxiliary school in Albinetul Vechi	57.3	0.4%
Administrative expenses	423.6	3.1%

### C) Ungheni district

Name of service	Amount, thousand lei	Share, %
<b>Overall budget for social assistance</b>	<b>21240.1</b>	<b>100%</b>
including:		
<b>Social services for families with children</b>	<b>5988.6</b>	<b>28.2%</b>
of which:		
<i>Primary services</i>	<i>2123.7</i>	<i>10.0%</i>
of them:		
Community-based Social Assistance Service	1147.6	5.4%
Family Support and Reintegration Service (including one-off support in line with LPA decisions)	976.1	4.6%
<i>Specialized services</i>	<i>3864.9</i>	<i>18.2%</i>
of them:		
Family-Type Homes	96.5	0.5%
Foster Care	510.8	2.4%
Guardianship	1421.9	6.7%
Adoption	99.0	0.5%
Center for Youth Social Reintegration CREDO, Ungheni town	196.1	0.9%
Community Service Center "Casa pentru toti", Ungheni town	815.3	3.8%
Social assistance center for children within Ungheni SAFPD	431.9	2.0%
Placement center for parent-baby couple, Cornesti town	293.4	1.4%
<b>Social Services for older people and people with disabilities</b>	<b>7712.9</b>	<b>36.3%</b>
of which:		
Home care service	2083.8	9.8%
Center for rehabilitation and social integration of the elderly	1047	4.9%
Family-type care service for older people	198	0.9%
Home care service for bed-ridden people	197.5	0.9%
Prosthetic and orthopedic service	26.9	0.1%
Social canteens	503.5	8.6%
Transport compensations for war veterans and people with disabilities	1817.1	8.6%
One-off support in line with LPA decisions	1839.1	8.7%
<b>Other expenses</b>	<b>7538.6</b>	<b>35.5%</b>
of which:		
One-off compensation for connection to the gas pipe	23.3	0.1%
Subsidies for interest payment and repayment of preferential bank loans	1644.2	7.7%
Support to people who suffered from natural disasters	1488.7	7.0%
One-off support in line with LPA decisions	290.3	1.4%
Allowance for the construction (procurement) of dwelling	2781.6	13.1%
Capital investments in the construction of social-cultural facilities	773.6	3.6%
Administrative expenses	536.9	2.5%

## Annex 8. Expenses of residential institutions in 2010

### A) Calarasi

Expenses	Auxiliary school for children with special educational needs, Calarasi town	
	Amount, thousand lei	Share, %
<b>Overall expenses</b>	<b>2412.4</b>	
<b>Current expenses</b>	<b>2404.0</b>	<b>100.0%</b>
<i>Remuneration of work</i>	<i>1303.7</i>	<i>54.2%</i>
basic salary	675.7	28.1%
salary increments	217.0	9.0%
complementary remuneration	308.7	12.8%
financial support	102.0	4.2%
rewards	0.3	0.0%
<i>Social insurance contributions</i>	<i>287.4</i>	<i>10.2%</i>
<i>Payment for goods and services</i>	<i>765.3</i>	<i>31.8%</i>
electricity	57.4	2.4%
office supplies	37.7	1.6%
heating	215.6	9.0%
textbooks, teaching materials	0.5	0.0%
books and publications	4.9	0.2%
nutrition	325.4	13.5%
medicines and consumables	8.0	0.3%
telecommunication and post services	3.5	0.1%
transportation	10.0	0.4%
soft furniture and equipment	15.7	0.7%
current repairs of buildings and rooms	18.9	0.8%
professional training	3.7	0.2%
IT works	4.0	0.2%
water and sewerage	55.4	2.3%
sanitation	3.0	0.1%
goods and services that are not covered by other items	1.6	0.1%
<i>Business trips</i>	<i>0.4</i>	<i>0.1%</i>
<i>Compulsory health insurance</i>	<i>42.2</i>	<i>1.8%</i>
<i>Transfers to the population</i>	<i>5.0</i>	<i>0.2%</i>
<b>Capital expenses</b>	<b>8.4</b>	
Purchase of fixed assets	8.4	

## B) Falesti

Expenses	Boarding school for orphan children and children without parental care, Falesti town		Auxiliary school for children with special educational needs, Socii Noi village		Auxiliary school for children with special educational needs, Albinetul Vechi village	
	Amount, thou lei	Share, %	Amount, thou lei	Share, %	Amount, thou lei	Share, %
<b>Overall expenses</b>	<b>5812.9</b>		<b>1773.7</b>		<b>1863.6</b>	
<b>Current expenses</b>	<b>5713.4</b>	<b>100.0%</b>	<b>1761.7</b>	<b>100.0%</b>	<b>1857.3</b>	<b>100.0%</b>
<i>Work remuneration</i>	<i>2476.1</i>	<i>43.3%</i>	<i>1044.6</i>	<i>59.3%</i>	<i>1408.7</i>	<i>75.8%</i>
basic salary	1246.9	21.8%	604.4	34.3%	693.2	37.3%
salary increments	414.8	7.3%	163.7	9.3%		
complementary remuneration	444.7	7.8%	200.9	11.4%		
financial support	99.4	1.7%	75.6	4.3%	77.3	4.2%
rewards	110.5	1.9%				
other payments	159.8	2.8%			638.2	34.4%
<i>Social insurance contributions</i>	<i>510.7</i>	<i>8.9%</i>	<i>222.9</i>	<i>12.7%</i>	<i>159.5</i>	<i>8.6%</i>
<i>Payment for goods and services</i>	<i>2644.5</i>	<i>46.3%</i>	<i>457.9</i>	<i>26.0%</i>	<i>263.6</i>	<i>14.2%</i>
electricity	258.2	4.5%	54.4	3.1%	30.3	1.6%
gas	450.2	7.9%				
office supplies	189.6	3.3%	42.7	2.4%	17.9	1.0%
textbooks, teaching materials	7.0	0.1%	2.5	0.1%		
books and publications	6.0	0.1%	6.0	0.3%		
nutrition	701.6	12.3%	182.8	10.4%	144.5	7.8%
medicines and consumables	26.3	0.5%	5.7	0.3%	3.8	0.2%
telecommunication and post services	25.6	0.4%	5.3	0.3%	1.3	0.1%
transportation	52.8	0.9%	17.4	1.0%		
soft furniture and equipment	150.0	2.6%				
current repairs of buildings and rooms	211.4	3.7%	32.9	1.9%		
current repairs of the equipment and furniture	21.6	0.4%	0.5	0.0%		
professional training	8.3	0.1%				
fuel			102.0	5.8%	61.7	3.3%
interdepartmental security	4.6	0.1%				
IT works	8.1	0.1%				
water and sewerage	485.4	8.5%				
sanitation	10.0	0.2%	5.7	0.3%		
goods and services that are not covered by other items	27.8	0.5%			4.1	0.2%
<i>Business trips</i>	<i>4.6</i>	<i>0.1%</i>	<i>2.3</i>	<i>0.1%</i>	<i>1.2</i>	<i>0.1%</i>
<i>Compulsory health insurance</i>	<i>77.5</i>	<i>1.4%</i>	<i>34.0</i>	<i>1.9%</i>	<i>24.3</i>	<i>1.3%</i>
<b>Capital expenses</b>	<b>99.5</b>		<b>12.0</b>	<b>0.7%</b>	<b>6.3</b>	<b>0.3%</b>
Procurement of fixed assets	99.5		12.0	0.7%	6.3	0.3%

### C) Ungheni

Expenses	Boarding school for orphan children and children without parental care, Ungheni town		Auxiliary school for children with special educational needs, Sculeni village	
	Amount, thou lei	Share, %	Amount, thou lei	Share, %
<b>Overall expenses</b>	<b>4042.9</b>		<b>1908.2</b>	
<b>Current expenses</b>	<b>4042.9</b>	<b>100.0%</b>	<b>1904.7</b>	<b>100.0%</b>
<i>Work remuneration</i>	<i>2002.7</i>	<i>49.5%</i>	<i>1011.3</i>	<i>53.1%</i>
basic salary	1020.2	25.2%	493.2	25.9%
salary increments	323.0	8.0%	132	6.9%
complementary remuneration	346.9	8.6%	167.8	8.8%
financial support	81.1	2.0%	64.6	3.4%
rewards	94.1	2.3%	153.7	8.1%
other payments	137.4	3.4%		
<i>Social insurance contributions</i>	<i>410.0</i>	<i>10.2%</i>	<i>197.3</i>	<i>10.4%</i>
<i>Payment for goods and services</i>	<i>1566.2</i>	<i>38.7%</i>	<i>665.6</i>	<i>34.9%</i>
electricity	145.9	3.6%	73.2	3.8%
gas	317.8	7.9%		
office supplies	59.3	1.5%	27.8	1.5%
textbooks, teaching materials	10.0	0.2%	3.9	0.2%
books and publications	4.4	0.1%		
nutrition	588.2	14.5%	229.3	12.0%
medicines and consumables	22.1	0.5%	2.2	0.1%
telecommunication and post services	9.9	0.2%	3.8	0.2%
transportation	35.0	0.9%		
soft furniture and equipment	53.0	1.3%	23.8	1.2%
current repairs of buildings and rooms	121.0	3.0%	55.9	2.9%
current repairs of the equipment and furniture	15.0	0.4%		
professional training	9.7	0.2%		
interdepartmental security	9.3	0.2%		
Fuel			229.8	12.1%
procurement and installation of meters			2.8	0.1%
IT works	6.3	0.2%		
water and sewerage	143.6	3.6%	4.0	0.2%
sanitation	1.8	0.0%		
goods and services that are not covered by other items	13.9	0.3%	9.1	0.5%
<i>Business trips</i>	<i>1.5</i>	<i>0.1%</i>	<i>1.2</i>	<i>0.1%</i>
<i>Compulsory health insurance</i>	<i>62.5</i>	<i>1.5%</i>	<i>29.3</i>	<i>1.5%</i>
<b>Capital expenses</b>			<b>3.5</b>	
Procurement of fixed assets			3.5	

## Annex 9. Average cost of social services per beneficiary in 2010

### A) Calarasi

Name of service	No. of beneficiaries / pupils / families	Annual average cost per beneficiary / pupil / family, lei
<b>Primary services</b>	<b>4715</b>	<b>290</b>
of them:		
Community-based Social Assistance Service	3955	215
Family Support and Reintegrated Service	760	683
<b>Specialized services</b>	<b>299</b>	<b>4893</b>
of them:		
Family-Type Homes	3 FTH / 9 children	15755
Guardianship	85	5576
Adoption	50	5880
Day center for children with physical disabilities "Dorinta", Calarasi town	42	3143
Social Reintegration Center for Young People "Epitrop"	113	3728
including:		
day care services	100	900
temporary placement services	13	25485
<b>Very high need services</b>		
<b>expenses for education</b>	<b>72</b>	<b>12454</b>
<b>expenses for care</b>	<b>72</b>	<b>20935</b>
of them:		
Auxiliary school in Calarasi		
expenses for education	72	12454
expenses for care	72	20935

## B) Falesti

Name of service	No. of beneficiaries / pupils / families	Annual average cost per beneficiary / pupil / family, lei
<b>Primary services</b>	<b>6153</b>	<b>227</b>
of them:		
Community-based Social Assistance Service	4645	174
Family Support and Reintegration Service	1508	389
<b>Specialized services</b>	<b>1422</b>	<b>3030</b>
of them:		
Family-Type Homes	8 FTH / 32 children	15566
Foster Care	1 FC / 2 children	9000
Guardianship	139	5822
Adoption	45	5400
Social Center within the Falesti SAFPD	300	974
Social service center "Pentru Voi", Falesti town	78	8092
including:		
day care services	42	900
temporary placement services	36	16483
Community social assistance center "ProSperare", Risipeni village	191	1734
including:		
day care services	167	900
temporary placement services	24	7538
Community social assistance center "Nufarul alb", Glinjeni village	327	1208
including:		
day care services	305	900
temporary placement services	24	5017
Community social assistance center "Casa Sperantei", Falesti town	98	4123
including:		
day care services	65	900
temporary placement services	33	10473
Community social assistance center "Impreuna", Ciolacu Nou village	68	5431
including:		
day care services	46	900
temporary placement services	22	14905
Community social assistance center "Vivatis", Calinesti village	140	2269
including:		
day care services	106	900
temporary placement services	34	6538
<b>Very high need services</b>		
<b>expenses for education</b>	<b>163</b>	<b>15046</b>
<b>expenses for care</b>	<b>163</b>	<b>30813</b>
of them:		
Boarding school for orphan children and children without parental care, Falesti town		
expenses for education	120	14432
expenses for care	120	33180
Auxiliary school, Socii Noi		
expenses for education	43	16760
expenses for care	43	24209

### C) Ungheni

Name of service	No. of beneficiaries / pupils / families	Annual average cost per beneficiary / pupil / family, lei
<b>Primary services</b>	<b>8333</b>	<b>255</b>
of them:		
Community-based Social Assistance Service	5870	196
Family Support and Reintegration Service	2463	396
<b>Specialized services</b>	<b>1262</b>	<b>3063</b>
of them:		
Family-Type Homes	1 FTH / 5 children	19300
Foster Care	22 FC / 38 children	13442
Guardianship	256	5554
Adoption	21	4714
Center for Youth Social Reintegration CREDO, Ungheni town	139	1411
including:		
day care services	110	900
temporary placement services	29	3348
Community Service Center “Casa pentru toti”, Ungheni town	246	3314
Social assistance center for children within Ungheni SAFPD	500	864
Placement center for parent-baby couple, Cornesti town	23 mothers, 34 babies	5147
<b>Very high need services</b>		
<b>expenses for education</b>	<b>177</b>	<b>11479</b>
<b>expenses for care</b>	<b>177</b>	<b>22124</b>
of them:		
Boarding school for orphan children and children without parental care, Ungheni town		
expenses for education	128	9678
expenses for care	128	21907
Auxiliary school for children with special educational needs, Sculeni village		
expenses for education	49	16182
expenses for care	49	22690