Changing THE WAY WE care℠

Situational Assessment of Social Services For Vulnerable Children and Families

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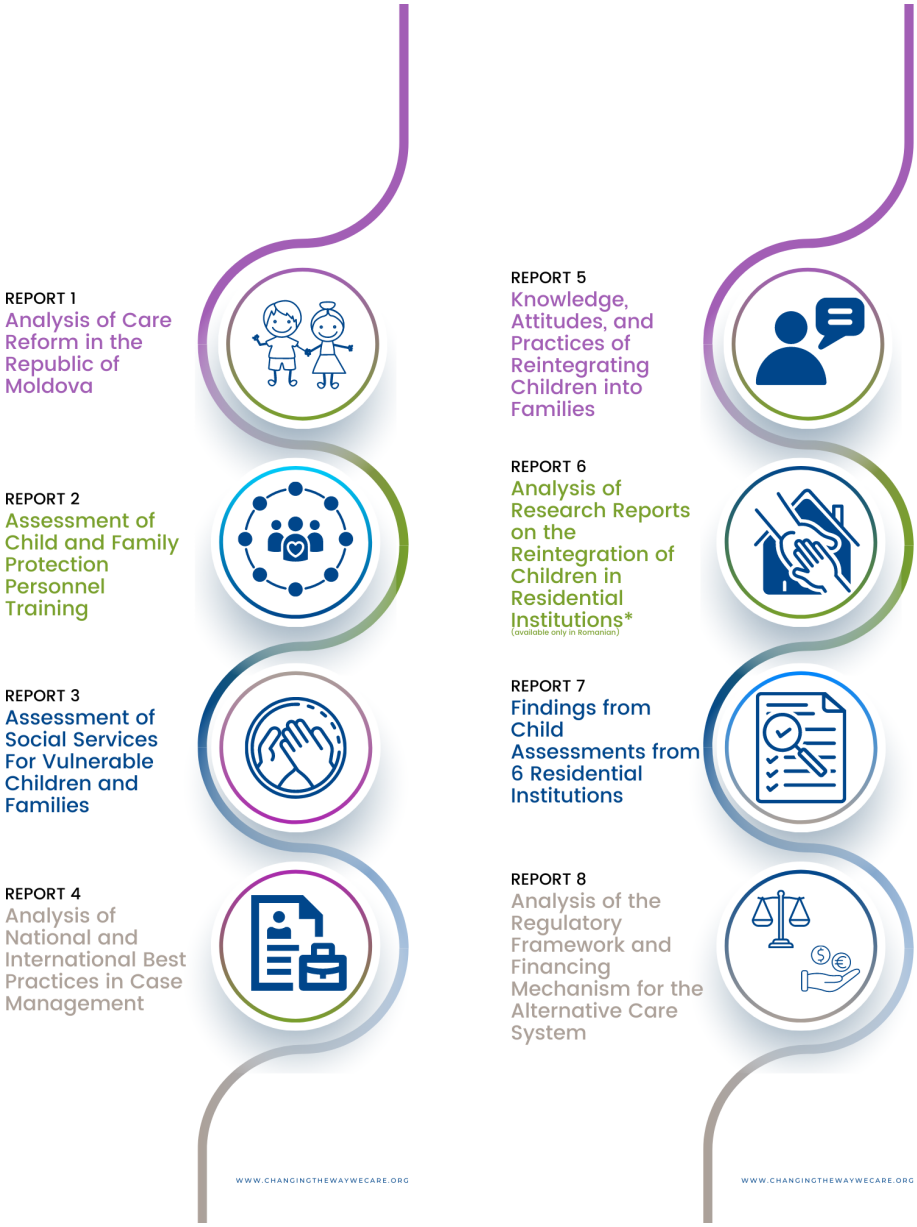
Situational Analysis of the Care System in the Republic of Moldova



Changing The Way We Care℠ (CTWWC) is implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are the Better Care Network, Lumos Foundation, and Faith to Action. CTWWC is funded in part by a Global Development Alliance of USAID, the MacArthur Foundation and the GHR Foundation.

Need to know more? Contact Changing the Way We Care at, info@ctwwc.org or visit changingthewaywecare.org.

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ACRONYMS

ANAS	National Social Assistance Agency
APP	Professional Parental Assistance
CCTF	Family-Type Children's Home
CP	Case Plan
CPA	Central Public Authority
CTWWC	Changing the Way We Care
CMT	Community Multidisciplinary Team
EU	European Union
FGD	Focus Group Discussions
CPCD	Commission for the Protection of Children in Difficulty
IEP	Individual Education Plan
LPA	Local Public Authority
LSEB	Local Specialized Education Body
MECR	Ministry of Education, Culture and Research
MHLSP	Ministry of Health, Labor and Social Protection (recently restructured)
NGO	Non-Governmental Organization
PA	Public Association
PCA	Public Central Authority
RM	Republic of Moldova
SS	Social Service(s)
STAS	Territorial Structure of Social Assistance
UAT	Administrative Territorial Unit
VNET	Violence, Neglect, Exploitation and Trafficking

GLOSSARY

Alternative Care Social Services: Specialized social services provided at UAT Level 2 that provide family-type care, offer rehabilitation, and develop individual capacities to overcome difficult situations (e.g., foster care, family-type children's homes (CCTF), kinship/guardianship, community homes for children at risk, community homes for children with disabilities, maternity centers, "Respiro" social services, assisted social housing for children and young people, etc.).

Child protection system: The comprehensive set of measures aimed at fulfilling all children's needs, and is ensured by proper allocation of human and financial resources, and the corresponding legal-normative and institutional frameworks.

Gatekeeping: The institutionalized decision-making mechanism providing the necessary measures for the protection of children at risk of separation or already separated from their parents, fulfilling their best interests, and based on the decision of an authorized body empowered to determine the alternative care of children only when it is absolutely necessary, in strict compliance with their individual needs and specific care standards.

Minimum package of social services: Set of specialized social services established by the government, including the following: monetary support for disadvantaged families/people, support services for families with children, and personal assistance services.

Population Support fund: Financial source for special-purpose programs in the field of social assistance, services included in the minimum package of social services under the conditions established by the government, and food banks.

Residential care institutions: Highly specialized social services provided both at Administrative Territorial Unit (UAT) Level 2 and at the national level providing temporary placement to beneficiaries and requiring a range of complex interventions that may include any combination of specialized social services. Beneficiaries have high dependency and require continuous supervision (24/7 hours). Residential institutions may include: auxiliary boarding schools, special boarding schools, temporary placement centers for children with disabilities, and/or temporary placement centers for children at risk.

Social assistance system: Component of the national social protection system in which the State and civil society are committed to preventing, limiting, or eliminating the temporary or permanent effects of events considered to be social risks which may lead to the marginalization or social exclusion of individuals and families at risk.

Social services: Set of measures and activities aimed at meeting the social needs of children and families in order to overcome difficulties, prevent separation, and ensure the well-being of children. Services are divided into Primary (Community), Specialized, and Highly Specialized services. Social services do not include cash benefits or universal services.

Social services for the prevention of separation of the child from the family: Primary and specialized social services provided at the community level that prevent or limit situations of hardship that may cause child-family separation, marginalization, or social exclusion (e.g., support services for families with children, mobile social services team, personal assistance services, day centers, and early intervention and rehabilitation services for children with disabilities and developmental disorders).

Territorial structure of social assistance (STAS): Internal administrative structure set up under the principle of organizational autonomy by second-level local public administration authorities for the purpose of implementing social assistance policies.

UAT classification strategy: Means of identifying and prioritizing the support needed by UATs in order to develop and strengthen social services to prevent child-family separation and promote alternative care services.

Universal services: Medical institutions, which provide primary health care and preschool, primary, secondary (cycle I and II), and professional-technical educational institutions.

EXECUTIVE SUMMARY

Context

Changing the Way We Care℠ (CTWWC) is a global initiative launched in October 2018 by a consortium of organizations, including Catholic Relief Services (CRS) and Maestral International. CTWWC is working with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments.

In the Republic of Moldova, CTWWC aims to end the placement of children in residential care institutions and to ensure that family support systems are strengthened, so children can continue to thrive in families. CTWWC has embarked on a detailed needs analysis of the care reform sector to establish a baseline and plan of action for the coming years. This study is part of a series of seven thematic reports that provide a picture of the situation of vulnerable children and their families, both in the context of deinstitutionalization, and prevention of placement in residential institutions. This research will form a theoretical and practical picture of the child care system in the Republic of Moldova, in particular in the post-COVID-19 context.

Aim and Objectives of the Research

The aim of the study is to understand the current situation of social services focused on strengthening families' capacity to provide a safe, stable, and nurturing environment for children, as well as services for children in need of, or currently in, alternative care and/or in the process of reintegration, in order to be able to formulate recommendations that will contribute to evidence-based decisions for their improvement.

The research objectives focused on: (i) mapping available social services for children and families in the Republic of Moldova, (ii) analyzing differences between geographical regions and level of accessibility; (iii) assessing the workforce and mechanisms for intersectoral coordination and collaboration to address the social problems of children and families; and (iv) assessing the impact of the COVID-19 pandemic on the development and functioning of social services for vulnerable children and families.

Methodology

The research methodology applied a comprehensive approach (see Annex 1), focusing on the assessment of the current situation at national and local authority levels in the provision of social services for vulnerable children and families. The methodology was based on the analysis of primary data collected in the field from institutions responsible for child protection and/or service providers, as well as specialists working in child care and protection. Secondary data was collected from various administrative sources.

Ethical considerations took into account the principles and ethical norms promoted by the United Nations Evaluation Group.[1] The research protocol, developed for this purpose, included: (i) ensuring the protection of the identity of the specialists participating in the research, and (ii) protection of the data collected, etc.

Research management was provided by the SocioPolis Company team in five stages: (i) drafting the research protocol, (ii) data collection, (iii) data quality control and assurance, (iv) analysis and drafting of the research report, and (v) validation and dissemination of the results and key research recommendations.

The methodology's limitations included data collection having been completed online through digital data recording and collection platforms. The research team had limited capacity to verify and validate submitted data as validation was mainly conducted through control questions in the questionnaire(s) and triangulation with administrative data. Further, the data collected does not reflect the situation across the social domain (one STAS did not provide data). Data on social services provided, number of beneficiaries, funding, and number of children in residential institutions reflect the situation as of January 01, 2021.

Despite these limitations, the report presents valuable data on mapping of social services, mapping and typology of residential institutions, profile of children in residential care, trends within the deinstitutionalization process, impact of COVID-19 on social services (including residential institutions), training of social work specialists, etc., which can help to better understand the existing situation and plan interventions by the Ministry of Education, Culture, and Research (MECR), the Ministry of Health, Labor, and Social Protection (MHLSP), the National Agency for Social Assistance (ANAS), and the STAS, as well as by international organizations and active non-governmental organizations (NGO).

Key Findings

Firstly, service mapping revealed a diverse range of services to prevent child-family separation and promote alternative care nationally, but their distribution is highly uneven, and social protection/family support measures are not accompanied by complementary quality services that address the complexity of vulnerabilities.

Key features of the protection system include the still large number of children in the residential system and their placement in structures that are morally outdated and in need of reform, as well as the placement of children under 3 years of age and the complex difficulties of placing or reintegrating children with disabilities.

Individualized Support Plans (ISP) partially address the complex issues underlying the placement of children in institutions, as well as the major challenges presented by reintegrating children into their families.

Secondly, in terms of human resources, the child protection and care system, as a whole, is characterized by a lack of staff specialized in prevention services and overstaffing in residential institutions. Staff training needs are complex, both in quantitative and qualitative terms.

The financing of the minimum package of services seems to have been seriously affected by the COVID-19 pandemic. The entire sector is facing a systemic lack of financial resources and the most disadvantaged communities cannot develop services due to lack of funds. Residential institutions seem to benefit from a certain balance of financial resources, including some institutions accessing various complementary sources.

Thirdly, in terms of inter-professional collaboration in general, in thematic activities as well as in standard collaboration tools such as multidisciplinary teams (MDT), there is little involvement of specialists from related systems such as education, medical, and/or law enforcement.

In terms of intersectoral and inter-institutional collaboration, the Commissions for the Protection of Children in Difficulty (CPCD) play a primary role in gatekeeping—i.e., the role of controlling entries into the system—and are managing to place children in family-type structures (professional parental assistance [APP] and CCTFs) in most cases proposed for institutionalization.

Fourthly, the COVID-19 pandemic affected all services, primarily due to the reduction of financial resources accumulated in the Population Support Fund and therefore affecting the provision of the minimum package of social services. However, the most affected were those where telephone and online support could not compensate for the need for direct physical contact (e.g., rehabilitation services for children with disabilities or residential services where children could not maintain relationships with their birth families).

Particularly in residential settings, the issues of institutionalization, deinstitutionalization, and reinstitutionalization of children were strongly affected by the COVID-19 pandemic. Internal dynamics were characterized by the adaptation of standard measures and the transfer of education to online models. However, the biggest challenges were the psycho-emotional effects of isolation, lack of regular recreational activities, etc. on the children.

Main Recommendations

Group 1: Develop and strengthen a common set of minimum services for the vast majority of UATs that go beyond the current minimum package by expanding and diversifying with complementary quality services that address the complexity of vulnerabilities faced by children and their families.

With regard to the residential system, formalize a moratorium on the placement of children under the age of 3 in residential institutions and develop service mechanisms that address the complex needs of children with disabilities.

Strengthen ISPs with a coherent mechanism and appropriate multidisciplinary and intersectoral approaches.

Group 2: It is recommended that both the number of professionals and the quality of training be increased. Human resources need to be strengthened through reorientation, training, and capacity building, but also by hiring specialists at the community level, where the need is greatest. Thematic and specialist training needs to be accompanied by training in basic interpersonal, cooperation, and technological skills. Training protocols need to be developed and made available to the whole staff structure by retraining those in the residential system and increasing the skills of those in the prevention system.

With regard to financial resources, it is recommended that a secure and coherent mechanism for financing the minimum package of services be developed, ensuring sustainability and predictability. The redirection of financial resources from the state budget to residential services needs to be framed within a coherent and articulated process of closing outdated residential institutions, thus ensuring complementarity of funding for the alternative care system and separation prevention services.

Group 3: It is recommended that a legislatively-regulated mechanism be identified and strengthened to facilitate the involvement of all stakeholders in addressing issues at the community level, ensuring a multidisciplinary approach to child development and best interests.

Given that the work of the CPCD is unanimously appreciated by research participants, the commissions should be legally strengthened to ensure the formality necessary to allow for appropriate training and capacity building.

Group 4: It is further recommended that joint emergency response plans be organized and developed, linked to the current alert and management mechanisms, and adapted to the specific needs of each service in order to address both funding and operational issues. Contingency plans should also be utilized to address the specific problems that arise from crisis situations in the residential system, such as the crisis caused by the COVID-19 pandemic.

INTRODUCTION

Context

CTWWC is a global initiative launched in October 2018 by a consortium of organizations, including CRS and Maestral International. CTWWC is working with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments.

In the Republic of Moldova, CTWWC aims to end the placement of children in residential care institutions and to ensure that family support systems are strengthened, so children can continue to thrive in families. CTWWC has embarked on a detailed needs analysis of the care reform sector to establish a baseline and plan of action for the coming years. This study is part of a series of seven thematic reports that provide a picture of the situation of vulnerable children and their families, both in the context of deinstitutionalization, and prevention of placement in residential institutions. This research will form a theoretical and practical picture of the child care system in the Republic of Moldova, in particular in the post-COVID-19 context.

In 2007, the Republic of Moldova began the process of deinstitutionalizing children by focusing on prevention and alternative care services. Since that time, the need for a strategic vision at the state level in order to develop and regulate social services and legal frameworks for children and families at risk of separation has become clear.

In 2008, the National Program on the Integrated System of Social Services was drafted and approved. In 2010, the Law on Social Services was drafted and approved. An assessment of development, existing gaps, and priorities for strengthening the system of social services for children and families at the country level has not been carried out in the last 10 years. In order to understand the existing situation and make data- and evidence-based decisions regarding the strengthening and development of social services for vulnerable children and families, CTWWC, in collaboration with the non-profit association Partnerships for Every Child (P4EC), carried out this study from April–June 2021.

Objectives, Methodology, and Limitations

The aim of the study was to gain an understanding of the current state of social services focused on strengthening families' capacity to provide a safe, stable, and loving environment for children. The study also assessed services for children in need of (or currently in) alternative care and/or in the process of reintegration in order to make evidence-based recommendations for improvement.

Research objectives focused on: (i) mapping available social services for children and families in the Republic of Moldova, (ii) analyzing differences between geographical regions and the level of accessibility; (iii) assessing the workforce and mechanisms for intersectoral coordination and collaboration to address the social problems of children and families; and (iv) assessing the impact of the COVID-19 pandemic on the development and functioning of social services for vulnerable children and families.

The study also focused on identifying strengths, successes, and lessons learned in the operation, delivery, and impact of services to inform recommendations on:

- Adapting and strengthening key components of social services aimed at strengthening families and preventing separation, promoting family-based alternative care, and reintegrating children into a safe and protective family environment.
- Streamlining the process of developing the National Child Protection Program for 2022-2026.
- Classifying UATs based on the level of development of social services for children, as well as conceptualizing strategic interventions for the post-initiation period of CTWWC in Moldova (Annex 1), identifying issues requiring further research in the field of social services for children and families, and capacity building of social assistance specialists.

The research methodology was based on a comprehensive approach (see Annex 1) focusing on the assessment of the current situation at national and local authority levels in the provision of social services for vulnerable children and families. The methodology is based on the analysis of primary data collected in the field from institutions responsible for child protection and/or service providers and specialists working in child care and protection. Secondary data included in the assessment was collected from various administrative sources. Primary data collection methods included quantitative and qualitative research methods allowing for triangulation of data. On the qualitative component, the study included a sample of 36 STASs, 48 residential institutions managed by central and local public authorities (CPA/LPA), and a sample of 1,030 specialists working in the field of child social protection from all UATs in the Republic of Moldova. For various reasons, 10 residential institutions did not provide complete data. The qualitative component of the survey included a sample of three CPA representatives and 125 representatives of social service providers. The research took the conditions of the COVID-19 pandemic and compliance with the imposed rules and restrictions into account. The reference period for the data collected is January 01, 2021.

Ethical considerations took into account the principles and norms promoted by the United Nations Evaluation Group.[2] The research protocol, drawn up for this purpose, included: (i) ensuring the protection of the identity of specialists and participants in the research and (ii) protection of the data collected, etc. Participants were informed about the context and purpose of the research and were assured of their anonymity and confidentiality. The research team was sensitive to the opinions, beliefs, and habits of the participants, and interactions with them were based on criteria of integrity and honesty. Research management was provided by the SocioPolis Company team in five stages: (i) development of the research protocol, (ii) data collection, (iii) data quality control and assurance, (iv) analysis and drafting of the research report, and (v) validation and dissemination of key research findings and recommendations.

Main Limitations

The assessment was influenced by some limitations:

- Regarding the prevention of COVID-19, data collection was conducted online. Focus group discussions were conducted via Zoom, questionnaires addressed to STASs and residential institutions were collected via electronic mail, and questionnaires on training needs of social care specialists were collected online via digital recording and data collection platforms.
- The research team had limited capacity to verify and validate data submitted by STASs and residential institutions. Data validation was mainly conducted through control questions in the questionnaire(s) and triangulation with administrative data that institutions regularly report to the MHLSP or the MECR. Data collected does not reflect the situation on the entire social sector as one STAS (Leova) did not provide data.
- Data collected on the number of beneficiaries, funding information, and the number of children in residential institutions reflect the situation as of January 01, 2021. As of May 31, 2021, the number of children in residential institutions, especially those under MECR and the Local Specialized Authorities in Education (LSAE), had changed as some children had graduated from the institution and others had been transferred from one institution to another.

Despite these limitations, the report presents valuable data on the mapping of social services, mapping and typology of residential institutions, and provides a profile of children in residential care. The study recorded trends in the deinstitutionalization process and the impact of COVID-19 on social services, including on residential institutions, training of social work specialists, etc., which can help to better understand the existing situation and assist in the planning of interventions by MECR, MHLSP, ANAS, STAS, as well as by international organizations and NGOs.

Structure of the Report

This report is organized into three main chapters:

The first chapter presents and analyzes the main results of the mapping of social services available for children and families in the Republic of Moldova, including an analysis of the differences between geographical regions, as well as an analysis of the level of accessibility and relevance of a number of key services.

The second chapter assesses the human and financial resources currently dedicated to social services, as well as the mechanisms for intersectoral coordination and collaboration to address the social problems of children and families. The chapter also addresses the impact of the COVID-19 pandemic on the development and functioning of social services for vulnerable children and families.

The third chapter provides a cross-cutting analysis of the main thematic findings with the goal of addressing key challenges, lessons learned, and recommendations for further consideration in order to develop and strengthen the delivery of social services for children and families.

Three annexes are also made available to the reader, including: (i) detailed information on the methodological approach, (ii) details on the quantitative data collected in the field, and (iii) details on the views of the professionals interviewed for the qualitative research.

CHAPTER 1. MAPPING AVAILABLE SOCIAL SERVICES FOR CHILDREN AND FAMILIES IN THE REPUBLIC OF MOLDOVA

This chapter provides comprehensive mapping of all types of social services (prevention of child-family separation, alternative care, residential care) available at the national level, and focuses on analyzing the differences between geographic regions and backgrounds with regard to service availability, as well as analyzing the level of accessibility.

Mapping Separation, Prevention, and Alternative Care Services

In the Republic of Moldova, there are a number of social services for the prevention of child-family separation and the promotion of alternative care were available. Half of the services focus on family strengthening and prevention of child separation, and the others involve alternative care services. Services provided include: twenty-eight services managed by the STAS, 16 managed by NGOs, and six managed by municipalities. Their availability is territorially uneven. Mapping indicates the presence of community social assistance and family support services in all UATs participating in the research; personal assistance and guardianship/custody services are available in 35 UATs; professional parental assistance (APP) in 34; and custody services in 33. The other 22 types of social services available are found in a small number of UATs, and seven types of social services are found in only one UAT.

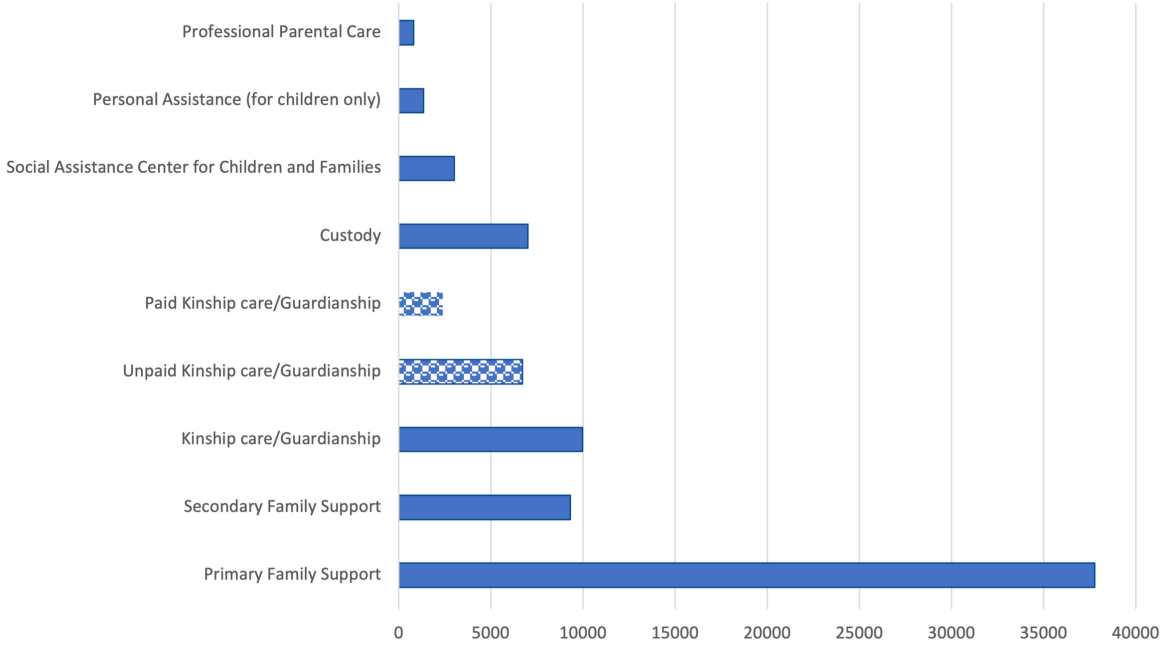
Table 1. Availability of social services for children and families by category, by number of UATs

Types of services available in the UAT assessed, in groups of 10			
In over 30 UAT	In 20 - 30 UAT	In 10 - 20 UAT	In 1 - 10 UAT
• Community social assistance • Family support • Personal assistance • Guardianship/kinship care • APP • Custody	• CCTFs • Mobile disability support team • Soup kitchens • Temporary placement center for children at risk • Day center for children at risk • Maternity center	• Day community social welfare center • Day center for children with disabilities • Community home for children at risk • Community home for children with disabilities • Resource and support center for children • Psychosocial support center for children in situations of violence, neglect, labor, exploitation, and trafficking (VNET) • Center for the (re)integration of young people • Child and family welfare center • Early intervention and rehabilitation services for children with disabilities and developmental disorders	• Day care centers for children aged 4 months to 3 years • Temporary placement centers for children with disabilities • Assisted social housing • Center for street children • Community center for children and young people • Social center for people with HIV/AIDS • Social service to support young people who have left Foster care • Respiro service

In 23 of the assessed UATs, NGOs and religious missions provide social services for children and their families. The number of services provided varies from one to seven. In 15 of the 36 UATs, social services are provided under the first level LPA. There, the number of social services provided varies from one to four. Moreover, the distribution of social services for children and their families (by environment) appears uneven. Of the social services managed by the STAS, community social assistance services and the mobile team service are present in both environments, and APP and CCTF services are more frequently present in rural areas than in urban areas.

In terms of beneficiaries, family support has the highest number (47,107), especially the primary family support component (37,775). Thus, the research shows that 6.6% of the total number of children aged 0-17 in the Republic of Moldova received primary family support and 1.6% received secondary family support. The remaining categories of beneficiaries are shown in Figure 1.

Figura 1: Categorii de servicii sociale pentru copii și familii funcție de numărul de beneficiari



STAS representatives mentioned the need to develop separation prevention services as well as alternative care within the UATs. Somewhere between 1–14 services need to be developed. The analysis highlights the need for APP services (especially for the placement of young children), respite placement for children with disabilities, placement for children with deviant behavior issues, and placement of siblings. To this end, the need for information campaigns for the development of APP services was stressed.

Other necessary services mentioned by STAS representatives included: (i) day centers for the care of children aged 4 months to 3 years ("social crèches"), (ii) day centers for children at risk; (iii) social services for young people leaving foster care; (iv) community homes for children with disabilities; (v) services for children with deviant behavior; (vi) parenting skills development programs; (vii) services for the rehabilitation of alcohol-dependent parents; (viii) early intervention and rehabilitation services for children; (ix) soup kitchens; (x) rehabilitation services for children victims of violence; and (xi) assisted social housing services, etc. Please note, the services mentioned above are not based on research that focuses on existing needs.

The PCA representatives who participated in the research pointed out that currently, the STAS does not have the research and evaluation skills to analyze the demand for, or the supply of, social services at the territorial level. Neither do they have sufficient skills to argue for the needed social services at district council meetings in order to allocate financial resources for their development.

Mapping Residential Care Services

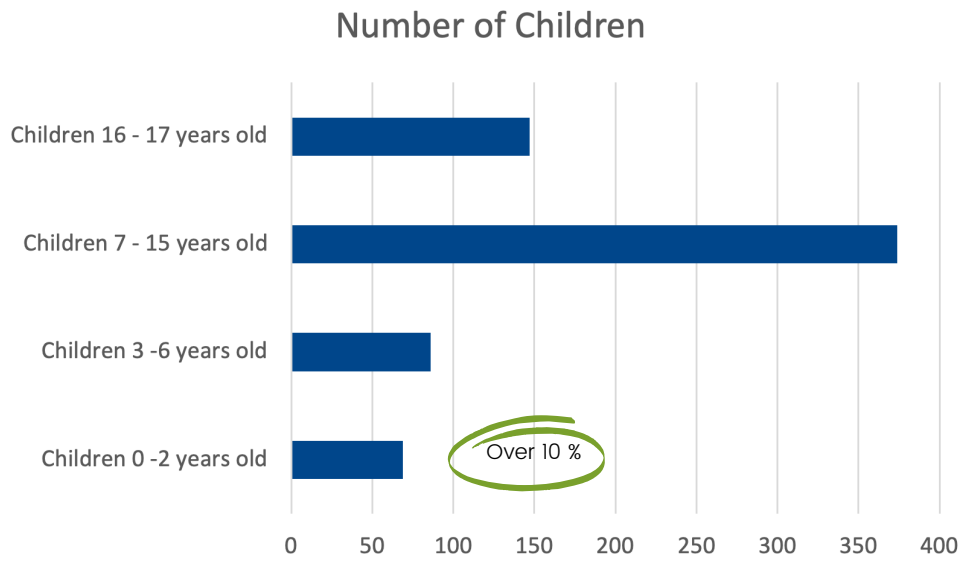
The mapping of residential care services included 48 institutions. Thirty-nine had children in residence, six had no children but employed staff, and four institutions, though they were called "residential," did not have a residential component and provided only day education services. Residential institutions are categorized according to type, the institutions to which they are subordinated, and the profile of the children in them. As of January 1, 2021, of the 39 institutions that had children in residence: 25 operated under the STAS, four operated under ANAS, eight operated under the MECR and LSAE, and two operated through NGOs. Seventeen institutions provide services at the district/municipal level, 10 at the local level, 10 at the national level, and two at the regional level.
Table 2 below show this information by type of institution, organizational body, and number of institutions, including the number of beneficiaries of each type of specialized residential service.

Table 2: Types of residential institutions participating in the research

Types of institutions	Institution to which they are subordinate	Number of institutions	Number of placed children	Average number of placed children	Minimum number of place children	Maximum number of placed children
Temporary placement centers for children, maternity centers, multi-functional centers, etc.	STAS/APL	25	321	13	3	39
Temporary placement centers for young children and placement centers for children with disabilities	ANAS	4	136	34	19	61
Institutions for children with sensory impairments, auxiliary boarding schools, boarding schools for children left without parental care	MECC/OLSDÎ	8	203	25	9	58
Temporary placement center for children	ONG	2	16	8	7	9
Total		39	676	17	3	61

As shown in the table above, 676 children (307 girls and 369 boys) were placed in the 39 residential institutions evaluated on January 1, 2021. Three hundred and twenty-one children are in the 25 institutions under the STAS, 136 children are in institutions under the ANAS, 203 children are in institutions under the MECR/LSAE, and 16 children are in NGO centers. A further 305 children received only educational services from four residential institutions under MECR/LSAE (three institutions provide only educational services without a residential component; one institution provides both placement and day educational services). In terms of the breakdown of age groups, 69 of the children placed are aged 0–2 years, 86 children are 3–6 years old, 374 children are 7–15 years old, and 147 are 16–17 years old, as illustrated in Figure 2 below.

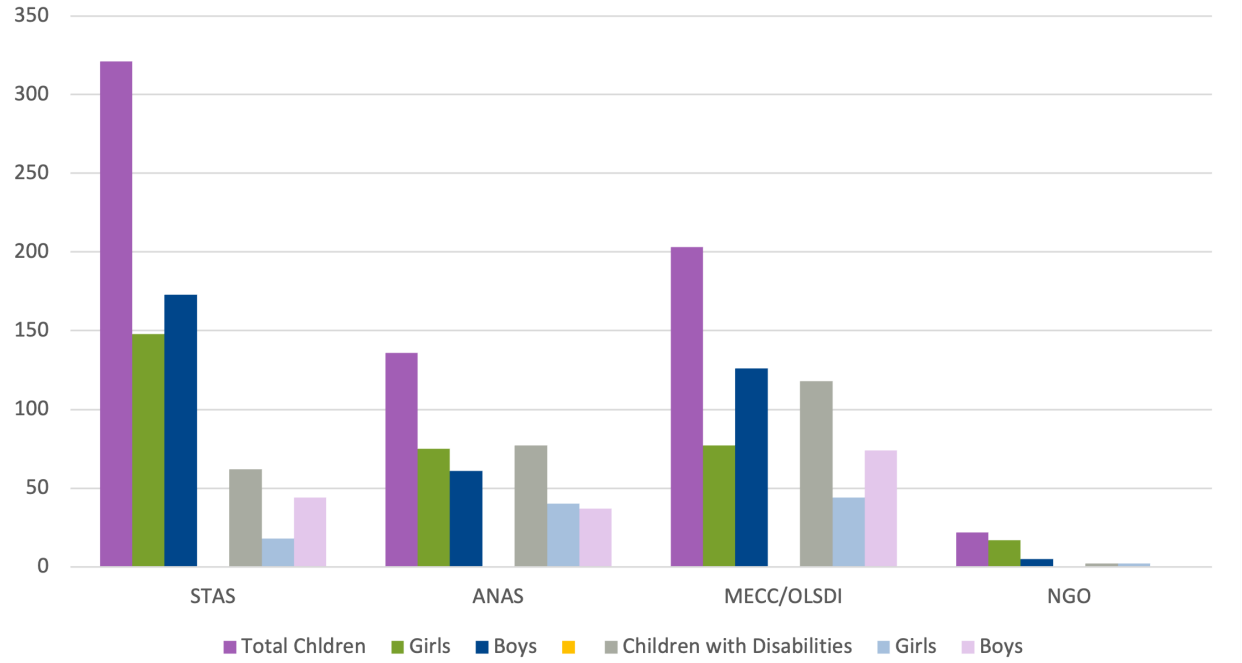
Figure 2: Number of children in residential institutions by age group



The fact that more than 10% of children placed in residential care are under the age of 3 is one of the biggest challenges facing the protection system and clearly indicates the need for a moratorium on this practice, which is in line with the call by UNICEF and the Office of the UN Commissioner for Human Rights to stop placing children under the age of 3 in institutions. Some of the older children were poised to leave the institution(s) under the regulation which does not allow children to remain institutionalized after graduating or reaching the age of majority. Of the eight residential institutions operated by the MECR/LSAE that had children placed as of January 1, 2021, three institutions ended their residential components by January 7, 2021 by reintegrating or graduating all children in the institutions.

Of the placed children, 259 were children with disabilities, 118 of these children are living in institutions operated by the MECR/LSAE. Seventy-seven children are in institutions operated by the ANAS. The analysis of children with disabilities in residential institutions shows that 177 of them have a severe degree of disability, 48 have a moderate to severe disability, and 34 have a moderate disability. In terms of disability, intellectual disabilities predominate, followed by sensory and neuro-motor disabilities. Figure 3 shows the data for gender breakdowns and presence of disabilities.

Figure 3: Total number of children/children with disabilities in residential institutions by gender



The analysis of the number of children according to duration of placement shows that 295 of the children placed have been in residential institutions for more than three years. Of those children, 179 have been there for more than six years. Of the children who have been in residential institutions for more than six years, 112 are in institutions operated by the MECR/LSAE. One hundred sixteen children were institutionalized from the ages of 3–6. Of those children, 76 were in institutions managed by the STAS. Ten were in institutions operated by the MECR/LSAE. One hundred thirty-one children were institutionalized from age 1–3, 151 children from age 6–12 months, and 99 children from birth to 6 months. Most of the children in the STAS-run institutions are in shorter placements.

Five hundred and fifty-two (82%) of the children in residential care have an Individualized Assistance Plan (IAP). In 2019 and 2020, 1,179 children left residential institutions. In 2020, of the 547 children who left institutions, 315 were reintegrated into their biological or extended families, 50 were placed in APP/CCTFs, and 66 were transferred to another institution. The remaining children either graduated from the institution or reached the maximum age of placement.

The data indicate that residential institutions are operating at a low capacity in terms of placement services for children. Institutions under the MECR/LSAE, as well as those under the ANAS, have a high capacity to place children, but operate at a low carrying capacity (from 3–39%).

The situation is different in the temporary placement centers for children, nursery centers, multi-purpose centers, etc. operated by the STAS/LPA. These centers operate, on average, at 67% capacity. One situation was identified where the number of children placed was higher than the capacity of the institution (a temporary placement center for children separated from parents, v. Cupcui, Leova, which has a capacity of 32 children, but was housing 34 [106%]).

Some residential institutions do not solely provide placement services for children. Some offer day educational services for children in the community and others have developed various day services for children and parents (rehabilitation services, social crèches, mother-child services, etc.). Additionally, some institutions, depending on their status (multi-purpose centers, maternity centers) or on the impossibility of reintegrating children and/or young people with disabilities into their families or placing them in residential institutions for adults, offer placements to people over 18 years of age (e.g., temporary placement center for children with disabilities in the municipality of Minsk, and Hincesti). This situation characterizes the residential institutions operated by the ANAS, where the share of children placed is only 36%.

The services and activities that children benefit from in the placement centers are extensive. Data collected shows that 38 institutions offer life skills development services/activities, 36 offer birthday celebration activities, 35 offer counseling/psychological support services, 33 offer sports activities, 30 offer various clubs, and 29 offer excursions, etc. In some group discussions, representatives mentioned that difficulties may be encountered in organizing some activities by the food control authorities in connection with the procurement or manufacture of certain sweets. There is also a wide spectrum of services and activities outside the institution in which children participate, with data showing that children from STAS/LPA and NGO institutions are more involved in services/activities outside the institution. In four of the 39 institutions, children do not benefit from outside services/activities.

Specialists from residential institutions under the STAS/LPA also raised the issue of inclusion of children with disabilities into mainstream education. They mentioned that educational institutions are not always open to accepting children with disabilities.

In the next two to three years, residential institutions under the MECR/LSAE will no longer have children in foster care, therefore a strategic vision for their reorganization is needed.

Some of the representatives of the institutions under the STAS/LPA mentioned that the state policies promoted in the field of deinstitutionalization are less relevant for them as they tend to provide services as close as possible to the family environment (i.e., for a small number of children, for a fixed period of time, often due to the insufficiency of APP services, CCTFs, and difficulties in establishing guardianship/custody). To this end, specialists in these institutions work with biological and extended families, and with first level LPAs, in order to reintegrate children into their families and communities.

In analyzing the most common causes of institutionalization, STAS specialists focused on primary social causes such as neglect, excessive alcohol consumption, parents' inability to care for children, and domestic violence, while representatives of residential institutions appeared to focus more on the social and/or medical problems of children (i.e., the need for emergency placement, deprivation of parental rights, disability of the child, death of parents or carers, etc.).

In the opinion of STAS specialists, factors that support in the process of deinstitutionalization and reintegration of children are: the presence of APP or CCTF services; the presence of legal mechanisms of material support for the family at risk; and the presence of NGOs, religious missions, or initiative groups that provide material and/or financial support.

In 2020, the STAS reported 467 cases of child-family separation/institutionalization. Such cases were reported in 27 UATs. The number of children per UAT varies from 1 to 87. Seven children (1.5% of the total number of children in residential institutions) in three UATs (one child in Comrat, one child in Briceni, and five children in Drochia) were separated from family due to COVID-19 (death or illness of parent, loss of job).

Accessibility and Relevance of Social Services for Children and Families

In the analysis of social services for vulnerable children and families, the following elements were highlighted: (i) number of beneficiaries; (ii) admission to the service; (iii) strengths; (iv) challenges; and (v) recommendations to improve the quality of services. The social services with the highest number of beneficiaries, with the largest territorial distribution, and which are most often used by specialists were analyzed.

Family Support Service

Family support services are the most accessible services for children and their families. STAS specialists state that there are many referrals and requests for secondary family support. They try to allocate financial resources for this service according to the local population. Before assistance is given, the family situation is assessed at the community level, and local MDT meetings are held to discuss which families will benefit from the service. Once decided, the file is submitted to the CPCD.

Usually, secondary family support is granted to families that are in difficult situations, when support is needed to prevent the of separation of the child from the family, or to support the reintegration of a child who has lived in an institution into the family. Specialists pointed out that there were no problems in the delivery of secondary family support in 2019, but problems appeared in 2020 and 2021 due to the COVID-19 pandemic. This demonstrates that the current method of financing the minimum social services package is not sustainable in exceptional situations. In order to help families, social workers turned to NGOs and economic agents, offered food packages, and evaluated the possibility of providing these families with social aid.

Criteria for admission to services mentioned by specialists include: (i) families with a large number of children who have no living space, (ii) children with disabilities (in order to prevent institutionalization or provide support after the reintegration period), (iii) children reintegrated into extended families, placed in guardianship/kinship service, (iv) children placed in APP, and/or (v) families with many children.

Social work professionals consider family support a relevant service for preventing child-family separation. The strengths of this service are: (i) providing primary support at the community level by enrolling and placing children in early education institutions to meet their need for communication and socialization, supporting families in crisis situations by including the family in secondary family support, and supporting them in overcoming temporary problems, and (ii) developing and maintaining the database of service beneficiaries. Challenges in providing family support include: (i) community social workers' emphasis on financial needs, (ii) lack of involvement by all MDT members (i.e., social workers and/or child rights protection specialists carry out all actions alone), (iii) organization of CPCD meetings, (iv) poor documentation of money management, including when money changes location, (v) lack of legal provisions for the responsibility of families for the goods procured, and (vi) lack of a family support manager unit in addition to the current STAS organization chart.

The quality of family support services can be improved through the following actions:

- Empowering parents through parenting skills development programs, training community social workers on service components, file completion, etc.
- Empowerment and active involvement of MDT members in the development of the IAP.
- Evaluation and streamlining of case management.

Guardianship Services

As of January 1, 2020, 9,972 children were benefiting from the guardianship/curatorship service: 6,718 children received guardianship/kinship care free of charge and 2,390 paid for the service. According to the data collected, guardianship/kinship services are the second most accessible service in Moldova. However, the availability of the service varies throughout the region. It is provided in 35 UATs, but in some UATs it is not. Further, the services are offered free of charge in only 27 UATS. In terms of admission criteria, the service is provided to children who are left without parental care, both those children whose parents have died and those whose parents have been temporarily relieved of their rights. These children are registered with community social workers and the STAS. There can be problems with establishing the legal status of such children. For example, in the case of children who are temporarily without parental care, if a court levels a deprivation of liberty sentence and the guardianship authorities are not notified, it is more difficult to track the children within the system.

Strengths of guardianship/kinship services include: (i) child remains in the family environment of relatives and retains his/her identity, (ii) children can be placed with relatives and/or family friends, (iii) allows for the possibility of adoption by guardians, (iv) children benefit from a one-time financial allowance which helps their families to provide for necessary goods, and (v) guardians are often open to cooperation and monitoring.

Challenges in providing guardianship services include: (i) lack of framework/regulations, (ii) files are rarely completed in a uniform manner, (iii) complex documentation is required, such as medical examinations, however the guardians can also benefit from free of charge psychiatric and therapeutical evaluations, (iv) unmotivated guardian/curator who does not receive any allowance, (v) allocation of pocket money only for certain children depending on age, and (vi) high workload for guardianship/curator specialists.

Increasing the quality of the service depends on:

- Drafting and approving framework/regulations and legislative changes.
- Drafting a guide for youth specialists and guardianship/curator specialits.
- Training of specialists and ensuring exchange of learning among the UATs.
- Training of guardians/curators.
- Creating a communication platforms

Custody services

As of January 1, 2020, a total of 7,012 children were benefiting from the guardianship service. According to the data collected, this is the third most accessible service in Moldova. However, the availability of the service varies throughout the region. Custody service is provided in 33 UATs.

In terms of eligibility, custody service is provided for children whose parent(s) are temporarily in another part of the country or abroad, and is usually offered at the parents' request. Custody service is a relevant social service for children whose parents are working abroad because it ensures their protection by establishing a guardian responsible for their care. This service should be accessible to all children who need it, although in reality, the situation is more complicated and we cannot say that all children with parents working abroad have custody established.

The strengths of custody service lie in: (i) establishing an adult responsible for a child whose parents have gone abroad and (ii) keeping the child in a family environment. The challenges include: (i) parents' failure to give notice of departure, including failure to comply with legislation on parental consent, (ii) lack of awareness of legislation and parental responsibilities therein, (iii) heavy workload of social workers and the large number of parents who have gone abroad, (iv) failure of educational institutions to notify the guardianship authority of children whose parents are abroad, (v) failure of mayors to attend training sessions organized by the STAS to explain their responsibilities, and (vi) limitations on legal abilities of guardians to make decisions on the education and/or other urgent needs of the child in custody.

Increasing the quality of the custodial service could be achieved by:

- Holding mayors accountable.
- Engaging children's rights specialist(s) at the community level and involving them in monitoring.
- Organizing thematic trainings on the responsibilities of all relevant parties in the process.

Personal Assistance Service for Children with Disabilities

As of January 1, 202, the number of children with disabilities receiving personal assistance was 1,362. The service is provided to children in 35 of the 36 UATs that participated in the research.

Beyond the admission criteria, focus group discussions revealed that the service is not currently provided to all children with disabilities and access is limited. Some specialists responsible for the personal assistance service mentioned that they give priority to children with severe disabilities. In some districts, children included in the service receive a hot lunch at home.

The strengths of the personal assistance service for children with disabilities include: (i) service is provided by mothers who are unable to find permanent employment, (ii) the majority of children with disabilities who are in the personal assistance service also benefit from the mobile team service, and (iii) quality staff training on their rights.

Challenges in providing personal assistance to children with disabilities include: (i) employing the parent to care for the child (ii) providing psychological support to children and carers of children with disabilities, (iii) lack of money for temporary employees needed during employees' annual leave, and (iv) limited collaboration with local MDT members.

Increasing the quality of personal assistance service for children with disabilities can be achieved by:

- Providing psychological assistance to the child and his/her family members.
- Introducing training programs for carers.
- Granting annual leave or Respiro service.
- Increasing the number of mobile teams and offering the services of these teams to the children in personal care.
- Developing a mechanism to temporarily replace a personal assistant during annual leave.
- Publicizing success stories and best practice models.
- Empowering health workers/family doctors to more actively enter the field to monitor children with disabilities.
- Raising awareness in society to support these children and their families.

Parental Assistance Service and Family-Type Children's Homes

In general, these services are described as "difficult" and "complicated," although they are also considered useful and enjoy a particular importance. APP and CCTF services have met the challenges and have stood the test of time due to the success of children who have been in care.

However, in the vast majority of UATs, services are not accessible to all children in need. In few UATs, these services actually cover the needs of children. Services are less accessible for children with disabilities, children with deviant behavior, sibling groups, and children aged 0–3.

Professionals participating in the focus group discussions stressed that it is difficult to place children with health problems in APP and CCTFs. The process of identifying professional parent assistants and parent educators is also complicated. During the pandemic period, the number of applicants for these services declined and advertising did not help to increase the number of people who want to become professional parent assistants or parent educators. In the identification department, the specialists responsible said they work closely with community social workers and strive to identify and intervene in families where there is a risk of separation.

Strengths of APP and CCTF include services: (i) individual approach and focus on children's needs, (ii) ensuring growth and development in the family environment, (iii) improving the situation of children in general, (iv) socialization of children, (v) non-discriminatory approach, and (vi) people who are trained in these services become professional parenting assistants and parent educators with skills and dedication of heart.

Challenges include: (i) ensuring regular annual leave for professional parent assistants and parent educators, (ii) reintegrating children into their biological families, (iii) professional parent assistants going abroad, (iv) salaries for professional parent assistants and parent educators with two or more children in care, and (v) staff turnover of professional parent assistants, particularly in urban areas.
Increasing the quality of services could be improved by:

- Addressing the systemic challenges that have been mentioned.
- Regular training of professional parenting assistants and parent educators.

Mobile Team Service

The data collected shows that 416 children with disabilities benefit from the mobile team service. The service is not available in all UATs. Furthermore, the service is not available to all children with disabilities in the same UAT.

There is no single criteria for receiving mobile team services. The research shows that each mobile team service has approved regulations and the inclusion of children in the service depends on those regulations. In practice, the UATs, knowing the number of potential beneficiaries, have developed those admission criteria. Thus, in some UATs, only children with severe disabilities are admitted to the service, whereas in others, children with moderate as well as severe disabilities are included. Frequently, after receiving an application for service, the mobile team summons the community MDT to assist in assessing the family, after which the decision to admit or refuse service is made.

The strengths of the mobile team service include: (i) individualized assistance for children with disabilities from a team of specialists (physiotherapists, psychologists, speech therapists, etc.) provided at home, (ii) development of the abilities of children with disabilities and their inclusion in school, (iii) psychological support for the biological and extended family, (iv) promotion of the rights of these families through information, provision of assistance, etc., (v) mobilizing the community to provide support and help

the children and their families, (vi) collaboration with SAP software available in some UATs, and (vii) collaborating with Resource Centers for Inclusive Education in educational institutions.

Challenges facing the mobile team service include: (i) meeting the service requirements put forward by the mobile team members, (ii) reduced number of units and specialists, (iii) completing the required paperwork regarding all of a child's health problems/difficulties, (iv) including the children in school, including preschool, (v) limited budget, (vi) poor collaboration with medical specialists, (vii) poor MDT collaboration, (viii) lack of transportation for some mobile teams, and (ix) low involvement of community members in supporting these families.

Increasing the quality of the mobile team service can be achieved by:

- Hiring the necessary specialists for the team.
- Organizing ongoing staff training for methods of working with children, families, and communities; writing project proposals; and organizing fundraising activities.
- Raising awareness among medical and educational specialists, including community members.

Day Care Services for Children at Risk

As of January 1, 2021, 408 children at risk were benefitting from services offered by day centers. According to the regulatory framework, children are admitted to day centers by direct request of the parents, and referrals are then made through community social workers. In reality, things are a bit different. Some children come to the center because they have been referred by teachers. Their representatives then communicate with a local community social worker so that the required assessments (initial and complex) and referrals can be completed. In this sense, social workers behave as intermediaries between the STAS and the day centers. The problem is that the managers of the centers do not always receive the necessary assessments (either initial or complex).

Strengths in the operation of day centers for children at risk include: (i) diversity of activities, (ii) provision of hot lunches, (iii) homework support, and (iv) trained teams of specialists.

Challenges include: (i) insufficient funding, including for basic materials, (ii) social workers are not made aware of the children's situations and do not carry out initial and/or complex assessments, (iii) representatives of the centers do not have complete files on the children, and there is a lack parent applications for the services, and (iv) provision of initial and ongoing training for teachers, including staff from other sectors.

Increasing the quality of the day center service for children at risk can be achieved by:

- Analyzing and streamlining admission requirements.
- Training all social workers (including nurses and teachers) working in the centers (including online centers).

- Creating educational degrees/certifications for nurses and social pedagogues. (Currently, there are no qualification degrees in the social field, which contributes to demotivating the specialists professionally.)
- Developing curricular models for activities.

Day Centers for Children with Disabilities

As of January 1, 2021, 152 children with disabilities were benefiting from the day center for children with disabilities social service, which is only 1.2% of the 12,300 total children with disabilities.

For this service, children are admitted by direct request of their parents and submission of the necessary documents to the STAS, including the disability certificate where it is specified that the child requires the service. The STAS then refers the beneficiaries to the day centers. The number of children on waiting lists is high. In some centers, due to high numbers, children receive services only for a certain period, and it is very rare that services continue.

Strengths of day centers for children with disabilities include: (i) development and socialization of beneficiaries, (ii) inclusion in different interest groups, (iii) teams of specialists involved in the provision of services, (iv) some beneficiaries are able to attend a centers' activities until they reach the age of majority.

Challenges include: (i) lack of services for young people with disabilities who have reached the age of 18, (ii) low involvement of some parents in home exercises, (iii) level of training of parents, and (iv) short holiday periods.

Service improvement can be achieved by:
- Training (including applied behavioral analysis (ABA) behavior therapy, specifics of intellectual disabilities, etc.).
- Ensuring continuity of services.
- Providing transportation for beneficiaries to and from activities.
- Providing meals.

Maternity Centers

Demand for maternity center services is lower than supply, which is why some of these services are reorganizing. On January 1, 2021, there were 101 children in maternity centers. Children are placed in maternity centers on an emergency basis by order of the guardianship authority (for 72 hours) or by planned placement through the STAS and/or the CPCD.

The strengths of the maternity center service include: (i) prevention of child abandonment, (ii) funding through state budgets, (iii) centers are members of the Life Without Violence coalition and are supported by teams trained by the coalition, (iv) availability of additional funding to cover the needs of the Life Without Violence coalition, (v) staff support from psychologists to prevent burnout, and (vi) training of parents (mothers).

Challenges in providing the service include: (i) difficulties with intersectoral collaboration and preparing files for children brought in for emergency placement, (ii) providing services to mothers with mental health problems, (iii) children returning to the service, and (iv) lack of a joint database of beneficiaries of the maternity centers.

Increasing the quality of service can be achieved by:

- Developing and implementing parenting education programs and skills training programs for children.
- Improving intersectoral collaboration.

Day Care Centers for Children Aged 4 Months–3 Years (Social Day Care)

Day care centers for children aged 4 months–3 years (social day care) is a new service. Regulations were developed in 2018 and minimum quality standards are currently being developed. Research data shows that 36 children aged 4 months–3 years and their mothers were benefiting from this service as of January 1, 2021. The low number of children in this service can be explained by the COVID-19 pandemic. It caused a suspension of day care services from March–November 2020. The service later reopened at half capacity according to the epidemiological rules submitted by the National Agency for Public Health. Regarding admission criteria, the territorial guardianship authority is responsible for admission to this service. They identify beneficiaries in need of this service and submit requests to the STAS and the CPCD. Their decisions enable children to be enrolled in the service.
The strengths of day care services for very young children include: (i) preventing child-family separation and (ii) allowing mothers to find employment.

Challenges include: (i) carrying out medical investigations for the child and mother, (ii) lack of quality standards, and (iii) lack of financial resources to celebrate various events.

Increasing the quality of the service can be achieved by developing and approving minimum quality standards.

Community Home Service for Children with Disabilities

The survey data shows 24 children with severe disabilities were beneficiaries of the community homes for children with disabilities as of January 1, 2021. To qualify for service, files must be prepared and submitted by community social workers. Approval is decided by the STAS. At the time of the survey, the managers mentioned that they have a few vacancies. Some managers have even changed the center's rules so that when children with disabilities turn 18, their placement in the community home can be extended.

The strengths of the community homes for children with disabilities include: (i) providing a family-like environment, (ii) making progress in the child's development, (iii) keeping the child and family members connected through visits by parents or relatives, (iv) a stable and trained team, (v) providing the necessary financial resources for the activity, and (vi) collaboration with economic agents.

Challenges in providing the service include: (i) gaps between the standards set out in the rules and regulations and the de facto situation, (ii) clarification of standards and regulations, (iii) lack of services for adults with disabilities and changing regulations regarding providing services for both children and adults with disabilities, (iv) lack of equipment and/or specialists to handle therapy techniques, equipment, etc., and (v) attitudes of society towards people (including children) with disabilities.

Recommendations for increasing the quality of the service include:

- Collaborating with medical institutions.
- Employing a staff psychologist
- Meeting service quality standards.

Temporary Placement Centers for Children at Risk

The research data shows that as of January 1, 2021, a total of 496 children were receiving services from multiple temporary placement centers for children at risk including, centers for social rehabilitation of children separated from parents and municipal centers for rehabilitation and placement of young children. Services were also being offer by multipurpose centers, community centers for social assistance, and community homes for children at risk. Managers and specialists in these centers mentioned that temporary placement services are affordable.

Strengths of temporary placement services include: (i) beneficiaries have the possibility to continue their education, (ii) teams of specialists, (iii) collaboration agreements with different partners, (iv) some centers are very well equipped, and (v) employees of some centers work to establish the legal status of the child.

Challenges in the provision of placement services include: (i) lack of medical control in emergency situations, (ii) some placement centers cannot receive children with disabilities, (iii) lack of programs to work with children with deviant and delinquent behaviors, including a lack of staff training in this area, (iv) lack of parenting training for parents (for when they regain custody of the child) and/or the parents' lifestyle is itself an issue, (v) period of placement is too long, (vi) lack of work with parents at the community level, (vii) lack of a nighttime teacher and insufficient staff, including psychologist(s), (viii) physical and verbal abuse of specialists by beneficiaries, and (ix) marginalization of these children in educational institutions.

Increasing the quality of temporary placement centers can be achieved by: (i) reviewing quality standards for the staff (psychologists, night teachers, doctors, etc.), (ii) developing programs for working with children with deviant behaviors, and (iii) training staff, etc.

Professional Views on the Relevance and Accessibility of Services

The most requested social services for children provided in the UATs are: family support, personal assistance, guardianship or conservatorship, APP, and the mobile team for assistance for people with disabilities. At the same time, the professionals participating in the research also indicated other sub-services available at the UAT level that are requested for children, including psychological services, speech therapy services, and specialized rehabilitation services that are found within other services.
The top social services provided (to which most referrals are made from medical, educational, and police institutions) include: APP, family support, personal assistance, CCTFs, and temporary placement centers for children at risk. In some UATs, referrals to certain types of specialized services such as Respiro placement, emergency placement, mother-child placement, rehabilitation services, and/or psychological services were mentioned.

The research data also shows that the most relevant (or essential) social services for the prevention of child-family separation according to STAS representatives are: family support, personal assistance, guardianship or conservatorship, APP, and mobile teams for the assistance of people with disabilities. Other services mentioned were psychological services and parenting services.

In the opinion of STAS representatives, of those available, the most useful services for children who have left residential institutions and their families are: family support, APP, guardianship/custody, CCTFs, and community social assistance. These services are complemented by psychological counseling and parenting services.

Main Findings on the Mapping of Services

The mapping of services for the prevention of child-family separation and the promotion of alternative care revealed the availability of 29 different services nationwide. However, the distribution of services at the national level is not uniform and in the vast majority of cases, the UATs have developed a minimum set of services, which include: (i) community social assistance, (ii) family support, (iii) personal assistance, (iv) guardianship/custody, (v) professional parental assistance, and (vi) custody. Family support includes the largest number of beneficiaries with over 47,000 nationally, but the needs of the vulnerable population are complex and the lack of complementary services, such as certain types of day centers (for children with disabilities, young children, or those facing a range of socio-economic problems, including behavioral and adjustment issues) means that children's problems are not being addressed at the level of need.

Six hundred seventy-six children (307 girls and 369 boys) are still in the residential system, placed in the 39 functional institutions operated by the various sector institutions (STAS/LPA, ANAS, MECR/LSAE, NGOs, etc.). Of these children, two categories are the most vulnerable and face a number of difficulties: children under 3 years of age (over 10%, or 69 children) and children with disabilities (over 38%, or 259 children). Of those with disabilities, over 68% (177 children) have a severe disability.

About a third (37%) of children in the residential system have been in care for less than one year and about 40% for more than three years. Of the total, 552 children (82%) have an ISP. The most common causes of institutionalization are neglect, excessive alcohol consumption by parents, parents' inability to care for the children, domestic violence, child disability, and/or death of parents or caregivers. The greatest difficulties in the process of deinstitutionalization include: disinterest on the part of parents or extended family, lack of a potential guardian for the child, lack of treatment and/or rehabilitation services for parents who are dependent on alcohol or other substances, and/or child disability.

The mapping took an in-depth look at 12 types of child separation prevention and alternative care services, providing detailed information on the service situation as of January 1, 2021 (the criteria for admission to the service, strengths and challenges, as well as a range of opportunities for service quality improvement). The issue of the quality and number of human resources employed arose often, indicating the need to strengthen the workforce. The issue of inter-institutional and intersectoral cooperation and collaboration also came up frequently, indicating the need to strengthen mechanisms in this area.

CHAPTER 2. ASSESSMENT OF RESOURCES AND MECHANISMS FOR INTERSECTORAL COORDINATION AND COLLABORATION

This chapter aims, first, to analyze the resources available for the functioning of the entire childcare system in the Republic of Moldova, both in terms of human and financial resources, in order to understand what the main gaps and needs are, both at the level of separation prevention and alternative care services and at the level of residential care services.

Secondly, mechanisms for cross-sectoral coordination and collaboration are explored, taking into account the diversity of sectors and professionals that need to interact in order to preserve the best interests of the child.

Thirdly, the main effects of the COVID-19 pandemic are analyzed, taking into account a number of its characteristics that have directly affected both community social care and direct work with beneficiaries within residential institutions.

Available Resources and Main Challenges

In terms of available resources, both human resources (i.e., the workforce involved in child care and protection activities) and financial resources allocated to the functioning of both the prevention and protection systems were taken into account.

Human Resources in Prevention

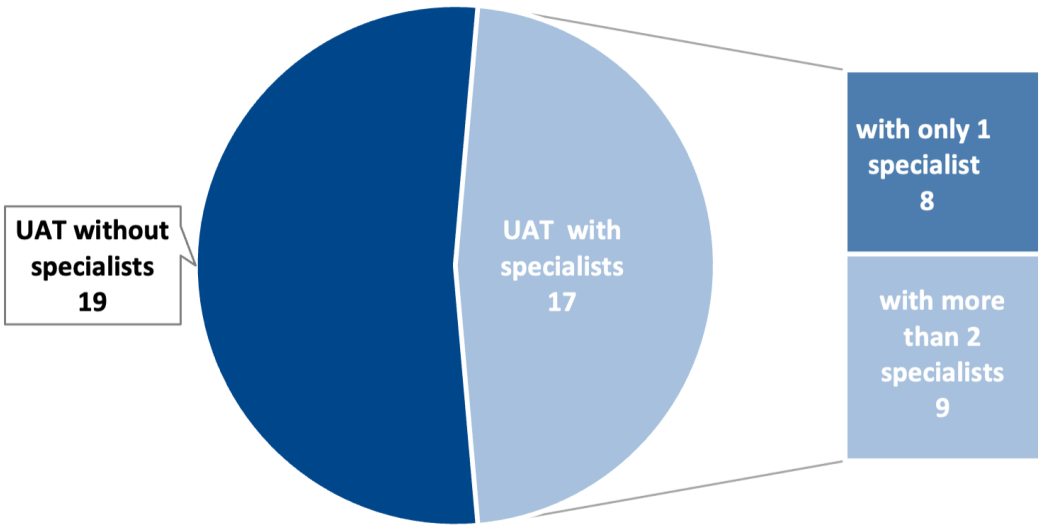
The STAS in all UATs face a number of difficulties in recruiting staff for social services for children and families. The most difficult, according to specialists, is the recruitment of staff for APP (in 26 STAS), CCTF (in 15 STAS), guardianship/custody (in 5 STAS), and personal assistants (in 4 STAS). It was pointed out that it is extremely difficult to identify staff for APP for children with disabilities (especially those with severe and/or mental disabilities), respite APP, APP for children with deviant behaviors, and sibling groups. Last but not least, it is also difficult to employ psychologists in children's social services.

According to Law No. 140 on special protections for children at risk and children separated from their parents, in addition to the community social worker, each municipality may employ a child protection specialist whose role is to carry out support activities for the local guardianship authority in the field of protection of children's rights. The child rights protection specialist provides support to the local guardianship authority in receiving, registering, and examining complaints about violations of children's rights; undertaking assistance and support measures for children and their families in order to prevent child-family separation or, where appropriate, in (re)integrating the child into the family; ensuring that measures are taken to protect children, including those deprived of parental care from abuse, neglect, exploitation, or trafficking. The data

collected show that in 17 of the 36 UATs that participated in the research, child protection specialists are employed in the municipalities according to Law No. 140, but the tasks of the specialists are not detailed or clearly set out in the legislation, and their workload and involvement varies. It should be noted that the number of local authorities is extremely diverse in terms of the number of municipalities and the population living in each local authority.

Figure 4 below shows information regarding the presence of child rights protection specialists in the evaluated UATs, as well as the number of these professionals, which can vary greatly, as explained above.

Figure 4: Distribution of child protection specialists at the level of evaluated UATs:



Financial Resources for Prevention

The development of social services in the Republic of Moldova was carried out with the exclusive technical and financial support of NGOs. With the regulation of services obtained with the support of the NGOs, local public authorities started to take over, integrating them into the local child protection structure, and even financing them. By 2015, when amendments to the law on public finance were approved (including provisions on financing social services exclusively from the local budget), many LPAs had already managed to develop and finance a minimum set of social services for children and families. With the approval of the new law, the entire financial burden fell on the shoulders of the district councils and the STAS. The minimum package of social services was regulated in 2018[3] with the aim of easing the pressure on local budgets and ensuring a minimum state-guaranteed support for children and families in vulnerable situations.

The services included in the minimum package are mainly focused on prevention and include: (i) financial support for disadvantaged families/people; (ii) social support service for families with children; and (iii) social service personal assistance. They are financed by the Population Support Fund.

Regarding funding sources for the other social services for children and their families, those managed by the STAS are funded by the approved annual budget of the STAS and, in the case of some UATs, from additional sources allocated by the district/municipal councils. At the same time, some services are co-financed by NGOs and religious missions. Some services were originally funded from the budgets of the district councils/STAS, but are now funded from the central budget (e.g., some maternity centers). At the same time, STAS chiefs mentioned difficulties in developing social services due to limited financial resources in local budgets. "Residential institutions have closed down, money has remained in the state budget, but we are required to create services. But with what to create?" (FGD_1).

Some institutions providing social services to children and families can also benefit from financial resources on the basis of projects. Often, financial resources allocated do not cover all of the needs, and the service manager is left looking for additional financial resources. Representatives of community homes for children with disabilities also mentioned some challenges in receiving donations from individuals. "There are some donors who are categorically against, if they donate some money, being registered in the accounts. But we are required to register them. Then, if someone has donated $500, I just have to put it in the community house account. But we don't get $500, the state stops the tax" (FGD_12).

Also, in the case of APP, specialists mentioned that additional expenses for medical treatment, psychological counseling, and material goods are frequently paid from the budgets of some NGOs. In collaboration with the non-governmental sector, training for professional parental assistants is provided.

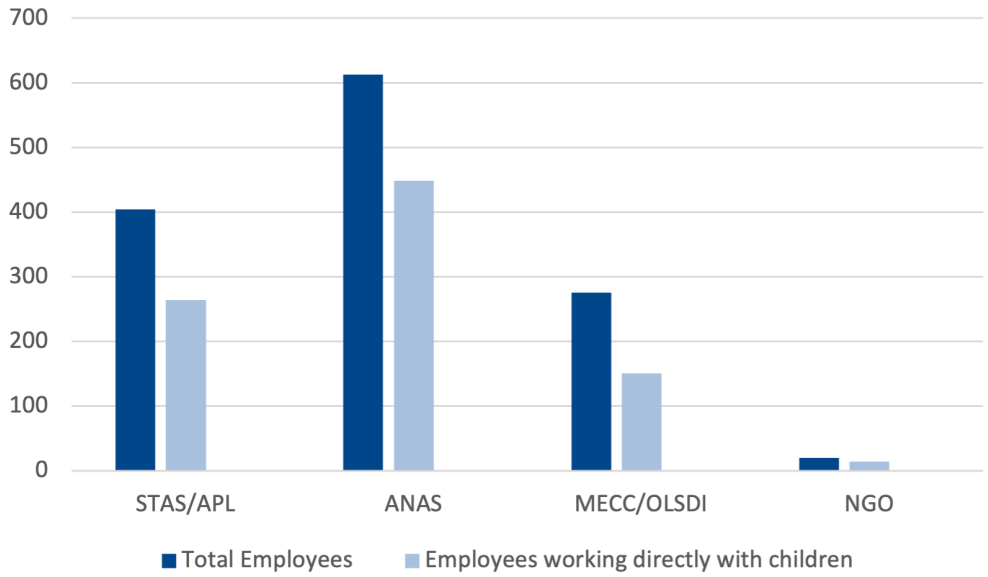
Social services run by municipalities are financed from their local budgets and in some cases are co-financed by NGOs and/or religious missions. The data show three types of social services for children and families: the social aid food bank, the day center for children with disabilities, and the day center for children at risk.

Human Resources for Protection (Residential Structures):
The highest number of employees was identified in institutions under ANAS that are also rehabilitation centers and centers for children with disabilities. On average, 153 employees work in institutions in this category. It should be noted that some of these institutions also provide other types of social services—day services and/or services for people aged +18 years. In the institutions under MECR/LSAE, on average, 35 individuals are employed, and those under STAS/LPA typically employee 16 individuals. The high number of employees in the Municipal Center for Placement and Rehabilitation of Young Children in Chisinau (72) contributes to the increase in the average number of employees in the institutions under the STAS. The lowest average number of employees was found in residential institutions managed by NGOs (10).

The analysis of the employees in terms of their direct tasks related to the care, rehabilitation, and education of children in residential institutions shows that only 53% of the staff of the institutions subordinated to MECR/LSAE have direct tasks related to children, while in the other institutions the distribution is as follows: 68% in institutions

under STAS/LPA, 70% in NGOs, and 73% in institutions under ANAS. The greatest variations are found in the institutions under STAS/LPA and those under MECR/LSAE. Figure 5 below shows these data in an illustrative way, compared with the total number of employees.

Figure 5: Distribution of staff working in residential institutions by category



The total number of employees in relation to the total number of beneficiaries (children, adults, beneficiaries of residential and day services) shows that in practically all institutions, for every 100 beneficiaries, more than 100 employees are employed. The highest ratio is found in the institutions under MECR/LSAE (1.8), followed by institutions under ANAS (1.3), institutions under STAS/LPA (1.1), and NGOs (0.8).

However, it should be noted that this ratio must be analyzed for each institution individually, including in terms of the categories of beneficiaries and services provided, as there are differences between institutions in the same category. For example: This ratio reaches a maximum of 2.8 in the institutions under the STAS/LPA, being exceeded only by the institutions under the MECR/LSAE.

Financial Resources in Residential Care

The analysis of the funding sources of the 39 institutions for 2020 shows that some institutions have more than one source of funding: 17 institutions receive donations from individuals, 12 from economic agents, 12 from local NGOs and international organizations, and 10 from local and/or international religious organizations. One institution mentioned that it is self-managed and operates from services provided by beneficiaries.

It should be noted that the report on the analysis of the regulatory framework and financing mechanism of the alternative care system in the Republic of Moldova presents additional data on financial aspects.

Training of Specialists in the Social Care System

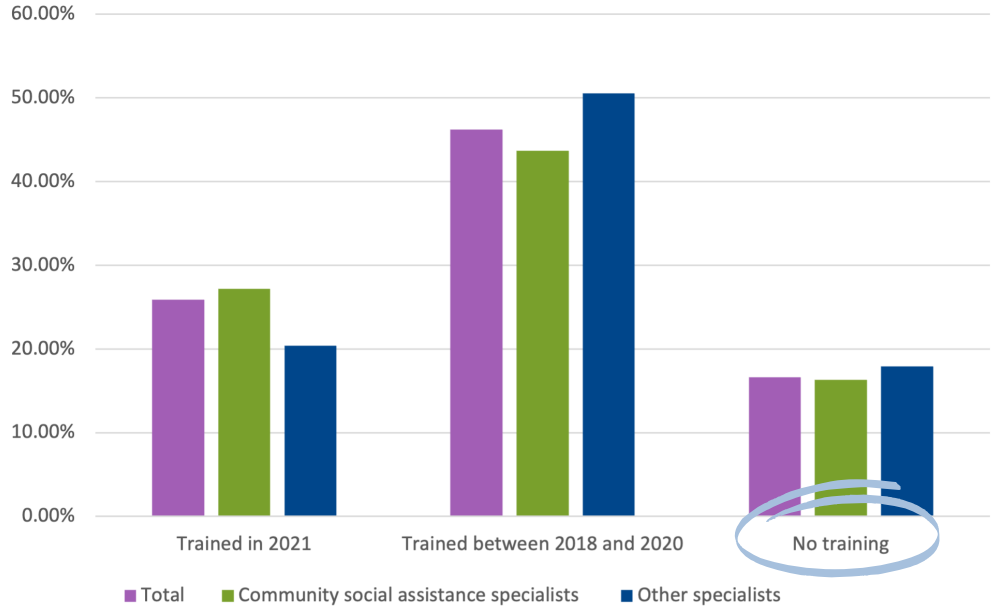
ANAS is the institution responsible for the initial and continuous training of social care specialists. Although the regulation on the organization and functioning of the system of initial and continuous training of social assistance staff is approved, ANAS does not

currently have an approved implementation methodology of training, i.e., it does not have commissions that accredit the training curriculum and/or trainers. Therefore, training is currently organized sporadically, based on partnerships between international and national organizations and ANAS, or as needed by STAS specialists.

However, ANAS has developed an e-learning platform, and they are working on the electronic register of social work staff. In the future, they will be able to keep track of staff and their training needs. Currently, ANAS is training its own trainers, from ANAS, who will go to the territory and carry out the initial trainings for new staff. Continuing education will be provided by trainers to be accredited. ANAS has also developed partnerships for the development of e-learning courses with various international (UNICEF, USAID, UN Women, etc.) and national (CCF, P4EC, Keystone Moldova, etc.) organizations for STAS, service centers, etc.

In order to understand the challenges of social work specialists in providing social services for children and families, an online questionnaire was developed. The collected data shows that the child protection trainings do not cover the existing needs in the territory: 16.6% of social work specialists have not received any child protection training, and the number increases to 28.2% among young specialists aged 19-30 years who have been working for up to six months. Figure 6 below shows the data on ongoing training for child protection specialists over the last four years, grouping the recipients into three categories: those trained during 2021, those trained between 2018 and 2020, and those who received no training.

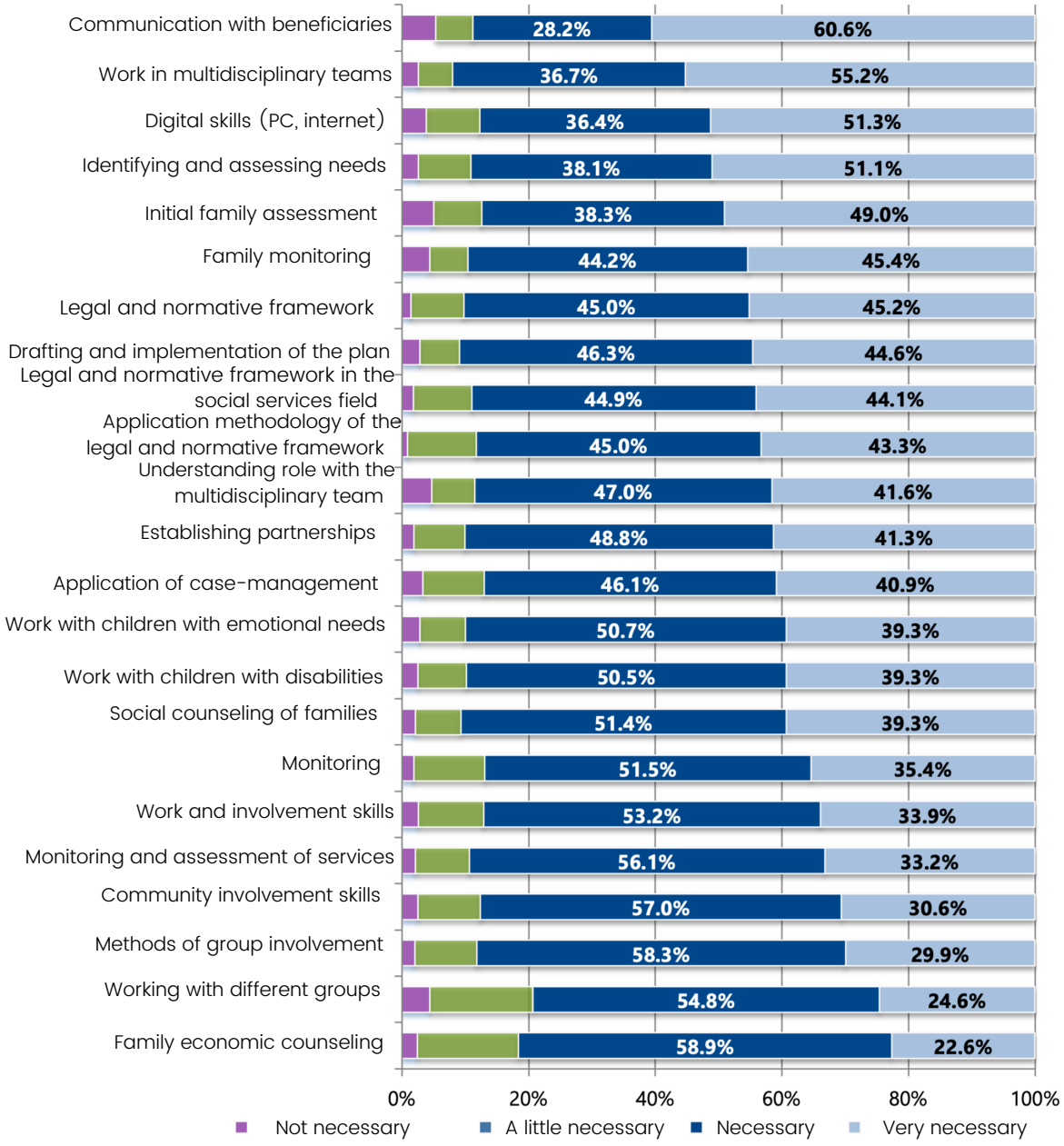
Figure 6: Further training in child protection over the last four years



At the top of the list of basic knowledge and skills that need to be improved in the professional work of child care and protection specialists are communication with beneficiaries (60.6%), working in a multidisciplinary team (55.2%), digital skills (51.3%), identifying and assessing the needs of beneficiaries (51.1%), and initial family assessment (49.0%). Communication with beneficiaries was rated as very necessary by 70.7% of community social workers who are less than 30 years old, decreasing with the age of the employees to 45.5% among those aged 60 and older.

Working in a multidisciplinary team was rated as very necessary by 70.7% of community social workers up to the age of 30, decreasing with the age of the employees to 45.5% among those over 60. For the other skills, there was also a greater need among younger specialists compared to older ones (38.2%). Details in Figure 7.

Figure 7: Knowledge and skills needed by child care and protection professionals, %



The research also highlights other important aspects of professional activity including the professional burden of high case volume (49.0%), the lack of regular training focused on increasing skills (45.7%), the lack of methodologies/tools (19.9%), and the lack of studies in the field (13.6%). There are some small differences in difficulties in relation to the age of the specialists, but significant differences were found between the difficulties of community social workers and other specialists.

Specialists in the survey mentioned other difficulties (in order of importance):

- Diversity of categories of beneficiaries and the specific features of interaction with them, namely the need to employ a specialist in the protection of children's rights at the community level, which is provided for by Law No. 140.
- Lack of intersectoral cooperation and lack of social services at the local level.
- Limited financial ability to respond to the needs of beneficiaries and/or the lack of working conditions (no computer, cold offices, etc.).
- Lack of standards for some social services, problems of burnout, etc.

The data collected was grouped by training needs of social work specialists into four categories - not at all necessary, a little necessary, necessary, and very necessary.

It should be noted that if the "very necessary" and "necessary" response options are combined, the proportion of specialists who highlighted the need for such knowledge and skills exceeds 80%. The need for training differs for community social workers and specialists in STAS, managers (STAS or service centers), social workers in child protection services, professional parental assistants, and parent educators. Therefore, in the following, training needs will be presented separately for community social workers and other categories of professionals.

The data show that social workers, other than community social workers, feel the need for training more strongly. Continuing education/training should emphasize communication with beneficiaries. Strengthening the knowledge and skills required when working in a multidisciplinary team is also considered very necessary by 53.4% of community social workers. Digital skills were mentioned as very necessary by half of the community social workers.

Figure 8: Knowledge and skills required by a large majority of community social workers, %

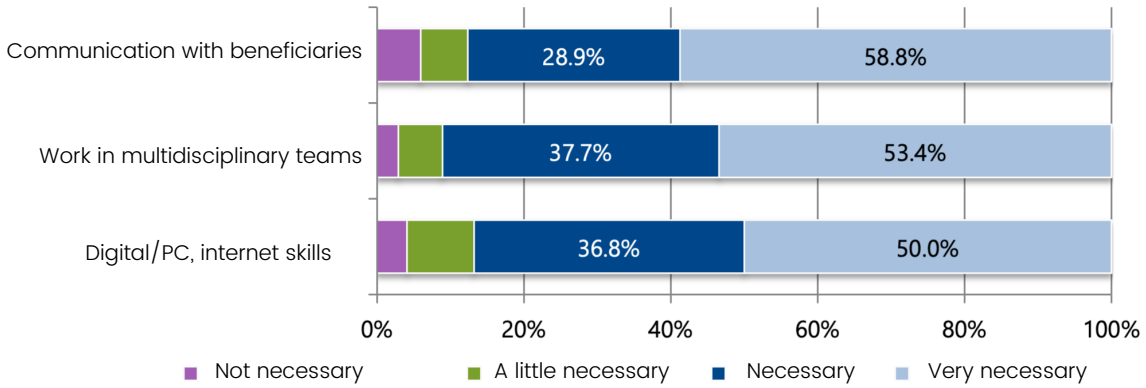
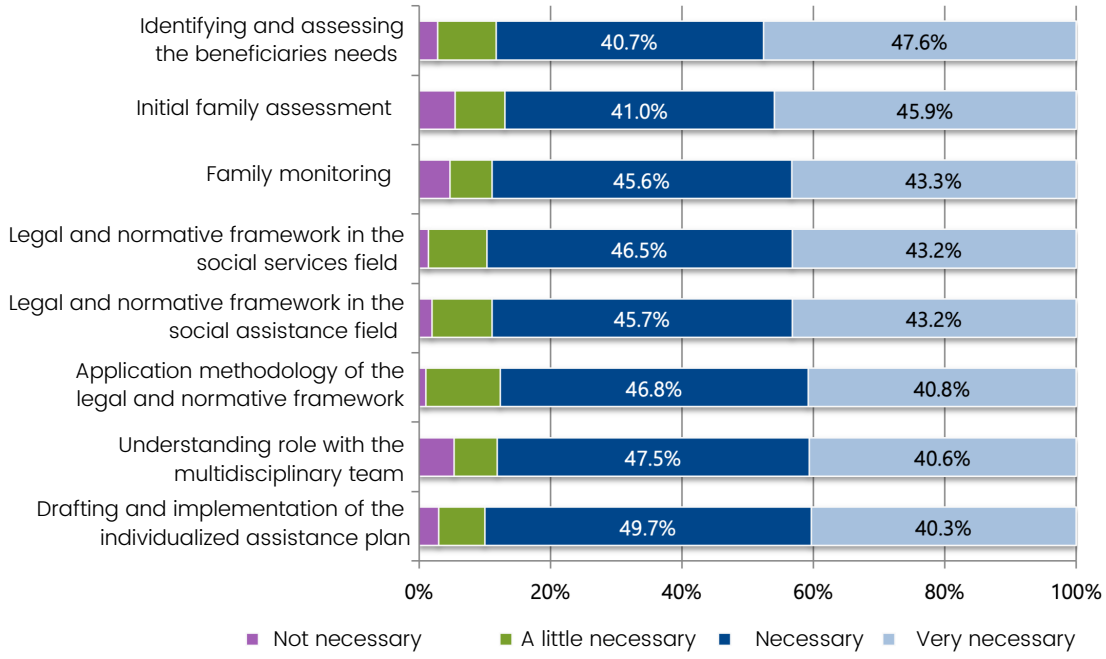
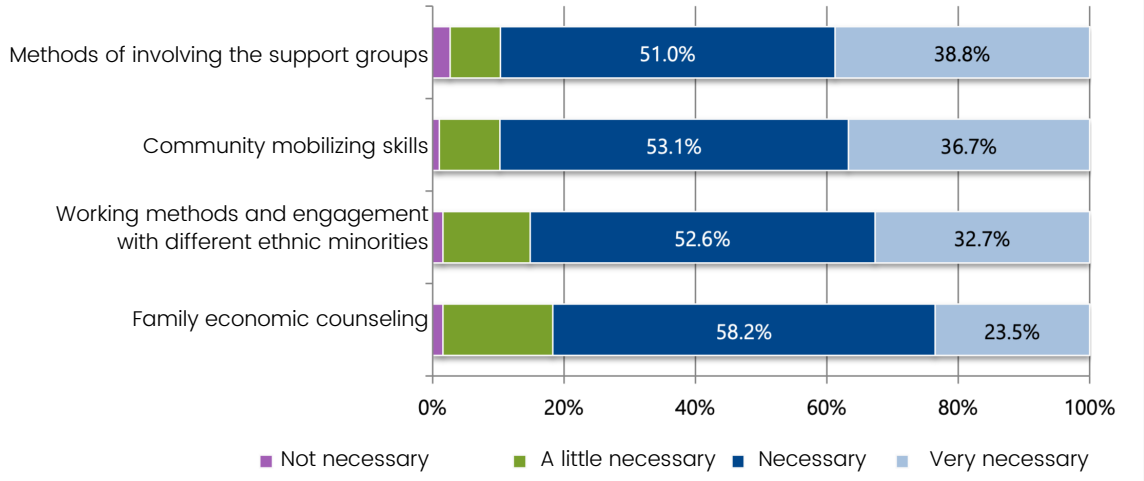


Figure 9: Knowledge and skills needed by a majority of community social workers, %



The specialists who participated in the research also mentioned other knowledge and skills needed by child care and protection specialists.

Figure 10: Other knowledge and skills needed by a majority of community social workers, %



Mechanisms for Intersectoral Cooperation

Cross-Sectoral Collaboration Between Professionals, in General

Representatives of the social care system providing different social services to children and families mentioned that collaboration with other professionals in other fields should be improved. In their opinion, representatives of other institutions are not always responsive to requests for comprehensive assistance to children and families. In some UATs, there is more collaboration with the SAP, educational institutions, and Resource Centers for Inclusive Education, less with the police, and very rarely, with representatives of the medical sector.

CPA representatives confirmed that the involvement of specialists from the educational, medical, and public order systems in the prevention of child-family separation is low at the community level. Primary risk prevention and ensuring child welfare should also involve representatives of the education and health sectors, but the tools for early risk identification and welfare assessment that were developed in 2017–2018 were approved only for the social welfare sector. Therefore, it is suggested that the tools should be finalized and approved by a joint order of the MHLSP and MECR.

At the level of the MDTs, it is noted that the work of the community MDT differs from community to community. In some communities, there are positive changes, but in general, community social workers mentioned that specialists from the fields of medicine, education, and police are not very involved in MDT activities, but also in those related to the prevention of child-family separation and family strengthening.

CPCD members, interviewed in the qualitative research, mentioned that in general, MDTs usually meet and are active (perhaps two or three MDTs at the district level), but they have difficulties making decisions. At times, CPCD members travel to the territory where they attend MDT meetings and guide community team members in decision-making. It was noted that not all mayors are involved in getting the local guardianship authority to make a decision in cases of child-family separation, even when it is a primary need and no other solution can be found. The community social workers stressed that the population needs to be informed about the specifics of the work of the community social worker, including the responsibilities that each citizen and member of the community has in supporting children and families.

STAS managers and CPCD secretaries believe that some legislative changes need to be made regarding the roles of each specialist within MDTs to improve cooperation. For example, currently, the community social worker does not have the authority to convene the MDT. They also pointed out the need for joint training for all MDT members on the basis of a single program agreed on by all parties.

Inter-sectoral Collaboration Within the CPCD

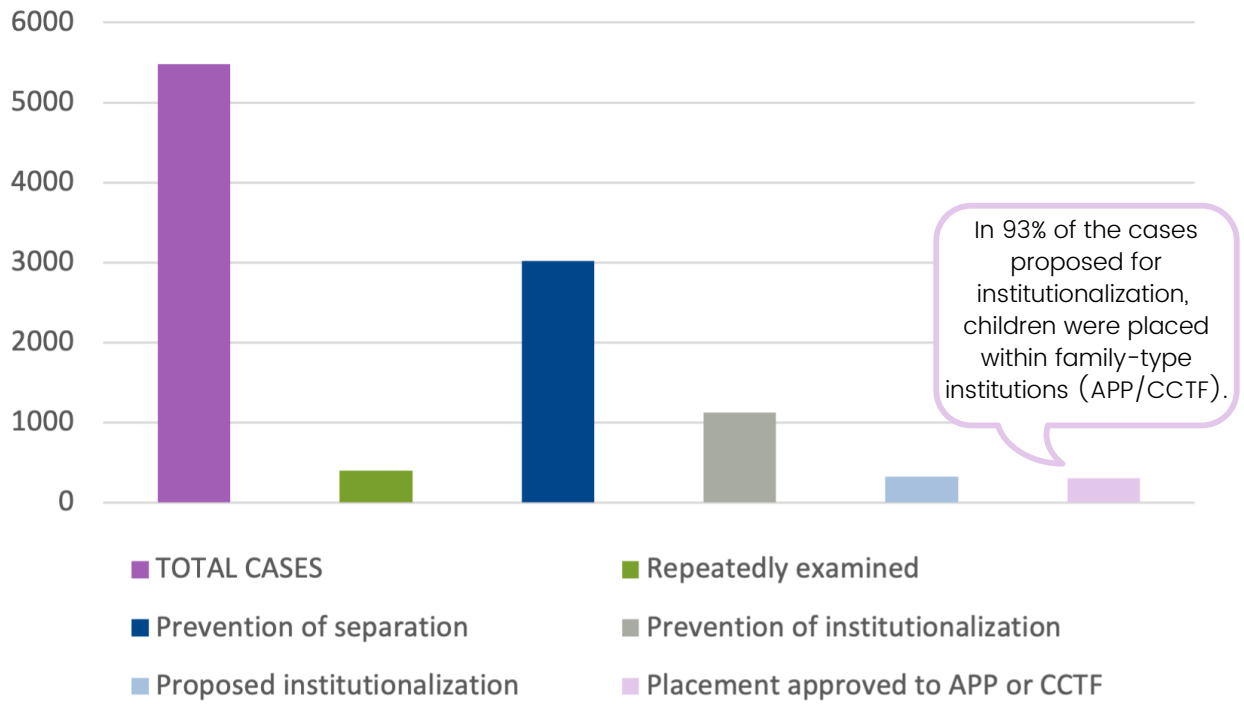
The work of the commissions is regarded positively and participants in the group discussions mentioned that they meet monthly, sometimes even two or three times a month if there are urgent cases. Apart from these meetings, they guide and check social workers in the communities on concrete cases related to actions to prevent child-family separation. Some CPCDs also examine applicants for APP and the service activity report of APP.

The data collected from the CPCD secretaries show that they met in 2020 in all UATs, however, the work of each committee is different in the UATs analyzed. During 2020, the number of meetings varied from three (in Balti municipality) to 23 (in Floresti district), and the average number of meetings per UAT was 10.

The total number of analyzed cases of children in need was 5,482. Of the cases examined, child-family separation was prevented in 55%, the institutionalization of the child was directly prevented in 21% of the cases, in 6% the institutionalization of the child was proposed, and in another 6% placement in APP or CCTF was approved. It should be noted that 7% of the cases examined were repeat cases. The indicators relating to the number of cases (of children at risk) examined per UAT show that there is room for improvement in the work of this commission: In some CPCDs, only seven cases of children at risk were examined during the entire year, while in others more than 1,000 cases were examined.

Numerical data on the cases of children in need examined are shown in Figure 11 below, including details of the types of measures taken.

Figure 11: Total cases reviewed by CPCD and number of cases by category of measures taken



The following improvements were suggested in order to make the CPCD's activities more efficient: train CPCD secretaries, reduce the number of members (in particular, exclude representatives of the associative sector), approve a single model of minutes, complete the regulatory framework with a description of the procedure for the termination of placements, and consider the possibility of making the CPCD's decisions binding rather than optional.

Impact of COVID-19 on Social Services

Impact of COVID-19 on the Provision of Social Services

The COVID-19 pandemic has affected the accumulation of financial resources in the Population Support Fund and therefore, the minimum package of social services has been affected. Thus, the COVID-19 pandemic indicated that this manner of financing the minimum package of social services is not sustainable. The pandemic affected all social services for children and families, but in different ways: some services had reduced financial resources, others could not be physically monitored. There are also services whose activity have been stopped on an ad hoc basis (Respiro service, social crèche, day centers, and mobile team).

The impact of the COVID-19 pandemic on the functioning of services continues into 2021. The halt of transfers in August 2020 has caused difficulties in providing financial family support services. Thus, at the community level, social workers have directed parents to register with the Territorial Employment Agency. In some communities, the community social worker, together with the mayor, called on economic agents to help families in need with food, clothing, and shoes. The STAS turned to the volunteer sector to help families in need, but the vast majority of families were left to cope alone.
In the case of guardianship/custodianship services, difficulties were encountered in carrying out physical monitoring of families; they were not visited in person—communication with children and guardians/custodians was by telephone. Specialists mentioned that due to the pandemic, they now have a closer collaboration with guardians/curators. In some families, the district council has also provided technical equipment to ensure the participation of pupils in online education. Overall, the pandemic has led to a greater involvement of mayors in the difficult situations faced by children in this service.

The custody service was less in the STAS's sights due to the lower frequency of monitoring. These children came to the attention of social work specialists at the end of the school year because parents could not come to document their children and the children could not take their exams without ID. The personal assistance service for children with disabilities was greatly influenced by the epidemiological situation in the country. The families of these children were not monitored face-to-face, and access to necessary medical services was also restricted, however, in some UATs, specialists formed groups of personal assistants on social media to support and monitor the children. As a service in the minimum package of social services funded by the state, STASs have had to reduce the number of personal assistants employed. In most cases the number of staff employed was reduced for

those providing the adult personal assistance service, but there were also reductions for children with disabilities receiving the service.

The APP and CCTF services were also monitored only by telephone, and there were difficulties for families in terms of ensuring access to online learning when more than two or three school-age children were placed with a family. Not all professional parental assistants were able to help children in the educational process, especially children with special educational needs. In some UATs, the specialists responsible for these services mentioned that the formality in monitoring these families increased. There were few cases of COVID-19 infection of professional parental assistants and their children, but when infections did occur, the situation was extremely tense, including cases of death among professional parental assistants.

The pandemic period restricted children's relationships with their biological families. Whereas before the pandemic, professionals used to arrange three or four interviews a month, during this period interviews were reduced to a minimum so as not to put the child and the professional parent carer at risk. Communication with parents, when possible, was organized by telephone, but these were considered less effective than interviews with professionals. The mobile team service worked remotely (a little), but the number of children included in the service increased.

The pandemic caused difficulties in families with children with disabilities. Service beneficiaries were very anxious during the pandemic period and consequently, a lot of work was done online including psychologists providing online counseling. There were, in some situations, also impediments related to a lack of telephones and/or internet in some families. Some mobile teams also faced problems with the quality of the disinfectant provided and there were times when the work of specialists in some mobile teams was affected by active COVID-19 infections.

Day centers for children with disabilities organized themselves online to create a much closer link with parents. They organized trainings for parents in small groups of two to three people on known online platforms. For children, it was more difficult. Many were isolated and some became depressed. Some centers mentioned that they received donations and gave children game tablets and electronic devices.

Due to the pandemic, many specialists attended training courses. Some also revamped select services. Day centers for children at risk stopped their in-person activities and many children had difficulties participating in online studies because they did not have computers.

Community homes for children with disabilities, although they complied with prevention measures, experienced cases of COVID-19 among both staff and children.

Impact of COVID-19 on Children in Residential Institutions and Deinstitutionalization

Quantitative survey data show that during the COVID-19 pandemic period, 26 out of 39 institutions had children leave. In total, 271 children left residential institutions. Subsequently, in 11 of the 26 institutions from which children left, there were cases of children returning to the institution. A total of 115 of the children who previously left returned to residential care, mostly to the institutions under MECR/LSAE where 105 of the 115 children who left returned.

The data collected in the survey shows that the COVID-19 pandemic affected, to a lesser extent, children in institutions under the STAS/LPA, although some mentioned that they had more requests from vulnerable families during this period.

Placement centers for children with disabilities and placement centers for children at risk were restricted in terms of entry and exit, and disinfectants and other necessary equipment were procured. Some of this equipment helped children in the e-learning process, but with challenges (i.e., some managers reported that they faced the problem of needing to train employees in IT). Employees learned all of the online platforms used by the educational institutions, but they mentioned that they also had situations where children were excluded from online training groups.

Children were emotionally affected because trips to the park, library, etc. were not organized. Some centers experienced cases of infection of both children and employees. Other influences on residential institutions included: (i) increased precautionary measures and compliance with the recommendations of the Extraordinary National Public Health Commission on the prevention and spread of COVID-19, (ii) parents were not able to visit children (i.e., visits of children to parents' homes were reduced and more communication was done by telephone and through educators and social workers), (iii) lack of interaction with the community where the children were supposed to return, (iv) increased placement duration, (v) deinstitutionalization process was more difficult as CPCD meetings were more sporadic and were held online, and (vi) transferring children from one institution to another was complicated because medical check-ups and negative COVID-19 tests were required.

The COVID-19 pandemic also influenced the overall process of institutionalization of children. Of the 39 institutions participating in the research, 23 institutions placed between one and six children. The number of children placed in institutions during this period decreased as CPCDs operated on a reduced schedule or did not meet at all. Travel restrictions were also introduced and some institutions went into quarantine. The institutionalization process was also complicated by the need to perform a COVID test at the time of placement and establish a period of isolation. At the same time, the Municipal Center for Placement and Rehabilitation of Young Children noted that the number of children in the planned placement service had increased. In addition, educational training in some auxiliary and special institutions was carried out only in-person.

Main Findings on the Assessment of Resources and Mechanisms for Intersectoral Coordination and Collaboration

Analysis of available and allocated resources for the child care system in the Republic of Moldova, together with the analysis of coordination mechanisms and intersectoral collaboration (which take into account the diversity of sectors and professionals that need to interact in order to preserve the best interests of the child), have highlighted a number of systemic challenges that will need complex reform responses, both at the strategic and legislative level and at the programmatic level.

The issue of human and financial resources is complex, regardless of the field of prevention, alternative care, or residential services:

- Faced with great difficulty in recruiting any kind of human resource in the prevention services at the community level, the UATs evaluated also face the problem of a lack of child protection specialists with more than half of them having no specialist on staff at all.
- The regulation of the minimum package of services (financial support for disadvantaged families/people, social support service for families with children, social service personal assistance) in 2018 provided funding from the Population Support Fund that was severely affected by the COVID-19 pandemic. The entire sector is therefore facing a systemic lack of financial resources, and the most disadvantaged communities are unable to develop services due to lack of funds.
- The staffing structure of residential institutions is complex and often cumbersome, in some cases with direct child-related tasks falling to a very small percentage of the total staff. This is the case with MECR/LSAE, with just over half (53%) of the human resource directly allocated to services for/with children.
- Residential institutions appear to benefit from a certain balance of financial resources, including some institutions accessing various sources of funding in addition to the state budget.
- In terms of training of social care professionals, about one fifth (18%) have not received initial or ongoing training in child protection during the last four years, but another fifth (20%) have received it during the last year, indicating that the COVID-19 pandemic has not completely blocked the ongoing training process.
- Training needs are very complex, including both basic knowledge in the field, such as some technical knowledge, and the acquisition of skills and competences complementary to technical ones, such as teamwork, communication and collaboration, and digital skills.
- In terms of collaborating with other specialists from other fields and providing comprehensive assistance to children and families, there is a need for very strong collaboration with the SAP, educational institutions, Resource Centers for Inclusive Education, and also with the police, representatives of the medical sector, etc.
- In terms of inter-professional collaboration in general, within the thematic activities, and within standard collaboration tools such as MDTs, there is a low involvement of specialists from the education, medical, and/or public order systems.

CONCLUSIONS AND RECOMMENDATIONS

The thematic analysis in the previous two chapters highlight a number of positive aspects, but also address areas for improvement regarding the way in which social services for children and families in the Republic of Moldova, regardless of the category analyzed, are available, accessible, and respond to the needs of the most vulnerable groups. The analysis presents its findings with a focus on preserving the best interests of the child and promoting safe and supportive family care, or at least family-type care, for both children who have left residential care and children at risk of separation from their families. The recommendations of this study are therefore grouped into four main categories based on the logic of the research.

Conclusions and Recommendations Resulting from the Mapping of Services

The wide range of child separation prevention and alternative care services at the national level does not compensate for the problem of their extremely uneven distribution, leading to the idea that, although there is a common core of minimum services in the vast majority of UATs, they still need to be expanded and diversified. This need is also confirmed by the concentration of the largest number of beneficiaries of social protection (family support type measures) lacking complementary quality services that address the complexity of vulnerabilities faced by children and their families, and which need to be developed.

Two key features of the specialized protection system are the large number of children in the residential system and their placement in structures that are morally outdated and in need of reform. In addition, the issue of placement of children under 3 years of age and the complex difficulties of placing or reintegrating children with disabilities highlight the need to establish a moratorium on the placement of children under 3 years of age in residential institutions and to develop service mechanisms that respond to the complex needs of children with disabilities.

Although a high percentage of children in the residential system benefit from an ISP, the serious and complex problems underlying the placement of children in institutions, as well as the major challenges of family reintegration of children, cannot be effectively and efficiently addressed due to the lack of a coherent mechanism and/or an appropriate multidisciplinary and cross-sectoral approach. The recommendations in the sections below make explicit reference to these needs.

Conclusions and Recommendations Based on Resource Assessment

The child protection and care system as a whole is characterized, in terms of human resources, by a twofold trend: a lack of specialist staff within the prevention services and an oversized staff structure in residential institutions. Both issues highlight the need to strengthen human resources through reorientation, training, and capacity building, but also by hiring specialists at the community level, where the need is greatest.

Staff training needs are complex, both in quantitative terms—many professionals have not received any training in the last four years—and in qualitative terms—thematic and specialist training needs are often coupled with the need to acquire basic interpersonal, cooperative, and technological skills. Training programs need to be developed and made available to the entire staff structure by retraining those in the residential system and improving the skills those in the prevention system.

The funding of the minimum package of services seems to have been seriously affected by the COVID-19 pandemic, and with the entire sector facing a systemic lack of financial resources and the most disadvantaged communities unable to develop services due to lack of funds, the need to ensure a secure and coherent mechanism for funding the minimum package is imperative. However, residential institutions seem to benefit from a certain balance of financial resources (including some institutions accessing various sources in addition to the state budget) which is why a redirection of resources within a coherent and articulated process of closing outdated institutions seems to be one of the relevant complementary options for financing the system of alternative care and separation prevention services.

Conclusions and Recommendations Based on the Analysis of Cooperation Mechanisms

Both in terms of inter-professional collaboration in general (within the framework of thematic activities), and within the framework of standard instruments of collaboration (such as MDTs), there is little involvement of specialists from the educational, medical, and/or public order systems. This is why there is a need to identify a mechanism, regulated by law, that facilitates the involvement of all stakeholders in tackling problems at the community level.

The CPCD plays a key role in gatekeeping. They ensure that in the majority of cases proposed for institutionalization, children are placed in family-type structures (APP/CCTFs). Given that the work of the CPCD is unanimously appreciated by the research participants, there is a need to strengthen them both legislatively, to ensure the necessary formality, and in terms of incentives and capacity building, including through appropriate training.

Conclusions and Recommendations Based on the COVID-19 Impact Assessment

All services analyzed were affected by the COVID-19 pandemic, primarily due to the reduction of financial resources accumulated in the Population Support Fund, and therefore affecting the provision of the minimum package of social services. However, the most affected services were those where telephone and online support (the most common communication approaches during the peak of the pandemic) could not compensate for the need for direct physical contact, i.e., rehabilitation services for children with disabilities or residential services that could not maintain relationships with birth families. These problems point to the need to organize and develop joint emergency response plans linked to current alert and management mechanisms, and tailored to the specific needs of each service.

Particularly in the residential setting, the issue of institutionalization, deinstitutionalization and re-institutionalization of children has been strongly affected by the COVID-19 pandemic. Internal dynamics were characterized by the adaptation of standard measures (restricted admissions and discharges, procurement of disinfectants and other necessary equipment) and the transfer of education to online models. However, the biggest challenges were the psycho-emotional effects of isolation, lack of usual recreational activities, etc. In line with the previous recommendations, joint intervention plans can be a solution to address the specific problems of crisis situations such as the one caused by the COVID-19 pandemic.

ANNEX 1

CRITERIA FOR CLASSIFICATION OF UAT

Presence of types of social services addressed to children and families in the UAT:

- 1–9 offered services: UATs with reduced opportunities for children in need of social protection.
- 10–11 offered services: UATs with moderate opportunities for children in need of social protection.
- 12 or more offered services: UATs with diversified opportunities for children in need of social protection.

Number of CPCD Meetings in 2020:

- 3–7 annual meetings: UATs with reduced opportunities for children in need of social protection.
- 8–11 annual meetings: UATs with moderate opportunities for children in need of social protection.
- 12 or more annual meetings: UATs with diversified opportunities for children in need of social protection.

Presence of APP and CCTF services:

- Lack of APP or CCTF: UATs with reduced opportunities for children in need of social protection.
- Long-standing APP and CCTF: UATs with moderate opportunities for children in need of social protection.
- Short-term, emergency, and interim APP: UATs with diversified opportunities for children in need of social protection.

Presence of the Child Rights Specialist in the Municipalities of the UAT:

- Lack of specialist: UATs with reduced opportunities for children in need of social protection.
- Presence of specialist: UATs with diversified opportunities for children in need of social protection.

ANNEX 2

CENTRALIZING STRENGTHS AND CHALLENGES WITH REGARD TO SERVICES

Table 3. Strengths and challenges in providing separation prevention services

Service	Strengths	Challenges
Services for families and children	• Provide primary support at community level through various actions. • Supporting families in crisis situations by including the family in secondary family support and providing monetary support. • Developing and maintaining the database of service beneficiaries (on STAS) in some UATs.	• Lack of full involvement of all MDT members. Usually, the social worker or child rights specialist carries out all the actions alone. • Correct documentation of money management. • Lack of legal provisions on the accountability of families for goods purchased. • The need to establish a family support manager unit in addition to what is currently in the STAS organization chart. • Community social workers have a high workload, and files are only opened when families receive monetary support. • Community health workers need ongoing training.
Social service mobile teams	• Individualized assistance given at home to the child with disabilities by a team of specialists (physiotherapist, psychologist, speech therapist, etc.). • Development of the abilities of children with disabilities and their inclusion in school. • Psychological support for the biological and extended family • Mobilization of the community to provide support and help to children with disabilities and their families. • Collaboration with SAP, Resource Centers for Inclusive Education in educational institutions.	• Failure of parents to meet the requirements put forward by mobile team members. • Reduced number of units and specialists. • Incomplete information by parents to team members about all health issues that their child with disabilities has. • School inclusion of children with disabilities, including preschool. • Limited budget. • Poor collaboration with MDT. • Lack of transportation for some mobile teams. • Limited involvement of community members in supporting these families

Services	Strengths	Challenges
Social service personal assistance	• Most children with disabilities who receive personal assistance service also benefit from the mobile team service. • Training of employees on their rights.	• There is not enough funding so the parent is committed to one full unit (they are offered 0.5). • Provision of psychological support, counseling for children and carers of children with disabilities. • No salary for the temporary employees filling in for those on annual leave. • Reduced collaboration with local MDT members.
Day centers for children at-risk	• Diversity of activities: carpet weaving circle, embroidery circle, wood cutting circle, cooking circle, tailoring circle, etc. • Provision of hot lunches. • Support in preparing homework for school. • Team trained by specialists.	• Funding the service and the work of the circles. • Social workers do not know the situation of children attending day centers, and initial and complex assessments are not carried out. • Representatives of the centers do not have complete records of these children, i.e., applications from parents are missing. • Teacher training and salaries, including staff from other sectors.
Day centers for children with disabilities	• Development and socialization of the beneficiaries, inclusion in circles based on their interests (computer, origami, ceramics, etc.) Some beneficiaries attend the activities of the centers until the age of majority.	• Lack of services for children with disabilities who have reached the age of 18. • Low involvement of some parents in homework. • Parent training. • Short holiday periods.
Intervention services and rehabilitation of children with disabilities and learning developmental disabilities (social day care)	• Prevention of separation of the child from the parent(s). • Ensuring the child's upbringing in the family. • Giving mothers the opportunity to work.	• Compulsory medical investigations of the child and the mother in order to benefit from the service. • Lack of quality standards. • Lack of financial resources to celebrate children's birthdays, International Children's Day, etc.

Table 4. Strengths and challenges in providing alternative protection services

Social services for alternative care	Strengths	Challenges
Professional parenting and family child care home	• Individual, non-discriminatory, child-centered approach. • Ensuring the child's growth and development in the family environment • Improving the situation and socialization of children. • People trained in the provision of these services, APPs, and parent educators with skills and dedication.	• Provide regular annual leave for APPs and parent educators. • Difficulties in reintegrating children into the biological family. • Oversee leave of carers during working hours (24/7). • Salaries for APPs and parent educators with two or more children in care. • Staff turnover, particularly in urban areas.
Kinship/Guardianship	• The child remains in the family environment and keeps legal status. • Provides the possibility for this service to be taken on by family friends. • Provides the possibility of adoption to some of the foster families. • The children benefit from a single placement allowance. • Guardians are often open to collaboration and monitoring. • Specialists in charge of the service mentioned that they submit reports and daily records of the allowance, trying to teach the children to manage money.	• Lack of a framework regulation of the service. • Filling in files is done intuitively, as there are no regulations or standards for the service. • The medical examination is quite extensive. • Prospective tutors/curators have to undergo a free medical check-up with a psychiatrist. narcologist, and therapist. • The tutor/curator is not a motivated person, no allowance is paid. • High workload of the child rights protection specialist.
Maternity center	• Prevents child abandonment. • Funding from the state budget. • Centers are members of the Life without Violence coalition and are supported (especially in the area of vocational training). Additional funding to cover needs from the Life without Violence coalition. • The psychologist supports employees and works with them to prevent burnout. • Training for mothers/beneficiaries.	• When children are brought in urgently, preparation of the file is a big problem (non-involvement of all responsible actors). • Provision of service to mothers with mental health problems. • Return of children to service. • Lack of a joint database of beneficiaries of maternity centers.

Social services for alternative care	Strengths	Challenges
Custody	• Establishing an adult responsible for the child whose parents have moved away. • The child remains in the family environment.	• The parents do not notify the authorities of their departure. • Failure to comply with the law regarding parental consent. • Mayors are unaware of the legislation and their responsibilities in this area. • The large volume of work for social workers, but also of the large number of parents who move. • Failure of the educational institutions to notify the guardianship authority of children whose parents have moved. • Mayors do not appear at trainings organized by the STAS to explain responsibilities. • The custodian becomes a legal person in charge who ONLY deals with the child's education and training and does not decide in cases of urgent medical interventions, completion of the child's identity documents, etc.
Community house for children with disabilities	• Providing a family-like environment. • Recording progress in the child's development. • Keeping the child and family members connected by having parents or relatives visit the children. • Stable and trained team. • Providing the necessary financial resources for the activity. • Collaborating with economic agents.	• Inconsistency between the regulations set out in the Community House Rules and the de facto situation (e.g., a new regulation has come out which clearly states that a child who is a permanent wheelchair user must have 10 sq.m.) Bedrooms must be for 1–2 people, maximum. "We have a higher number of beneficiaries than we can provide for.") • No respect for the employee-beneficiary ratio. • Lack of services for adults with disabilities. • Change of regulations for providing services for both children and adults with disabilities. • During the pandemic period, the vast majority of staff, as well as some beneficiaries, were infected with COVID-19 and it was difficult to keep the service running. • Lack of equipment (adapted trolleys). • Lack of specialists to deal with technical equipment. • Attitude of society members towards people with disabilities, including children with disabilities.

Social services for alternative care	Strengths	Challenges
Temporary placement centers for children at risk (social rehabilitation centers for children separated from their parents, municipal center for the rehabilitation and placement of children including temporary placement services provided in: multipurpose centers, community social assistance centers, and community homes for children at risk)	• Continuation of studies by beneficiaries. • Well-trained teams of specialists who have been working together for a long time. • Existence of collaboration agreements with different partners. • Some centers are very well equipped.	• Compulsory medical check-up (some children are brought in urgently). • Some care homes cannot accept children with disabilities. • Lack of programs working with children with deviant behavior, including lack of staff training in this area. • Children repeating parent's way of life (children of former beneficiaries are placed in centers). • Extension of placement period ("Temporary placement center feels like home"). • Lack of work with parents at the community level. • Lack of nighttime staffing ("I only stay on shift with the nurse, the carer"). • Lack of staff, including a psychologist. • Physical and verbal abuse of specialists by beneficiaries. • Marginalization of beneficiaries in educational institutions.

ANNEX 3

METHODOLOGY

Research Aims, Objectives, and Hypotheses

In order to understand the existing situation and to be able to make data-based decisions for the development of focused and targeted actions, CTWWC, in collaboration with P4EC, initiated this report[4]. In particular, the assessment looked at services aimed at strengthening a family's capacity to provide a safe, stable, and loving environment for children (and prevent separation), as well as services for children in need, in alternative care, and/or in the process of reintegration.[5]

The objectives of the research were focused on the following key issues:

- Mapping social services available in the Republic of Moldova (focused on family strengthening), including the analysis of differences between UATs.
- Mapping residential institutions and socio-demographic characteristics of children placed in them.
- Assessment of the causes of child-family separation and difficulties in the deinstitutionalization process.
- Assessment of the accessibility and relevance of existing social services for children and families.
- Assessment of mechanisms for intersectoral coordination and collaboration to address the social problems of children and families.
- Analysis of the training of social work specialists.
- Assessment of the impact of the COVID-19 pandemic on the development and functioning of social services for vulnerable children and families

Developing Recommendations for:

1. Developing, adapting, and strengthening key components of social services aimed at strengthening families and preventing separation, family-based alternative care, and reintegrating children into a safe and protective family environment.
2. Developing the National Child Protection Program.
3. Expanding the strategy for the classification of UATs based on the level of development of social services for children, as well as for the conceptualization of strategic interventions for the post-early period of the CTWWC initiative in Moldova.
4. Identify issues requiring further research in the field of social services for children and families and capacity building of social work specialists.

Research Hypotheses (as indicated in the Terms of Reference):

1. The development of new social services, in particular for vulnerable families (community and family-based services), is mainly supported by international donors, not by the public budget.
2. The success of community-based services for children and families depends on early identification and intervention, as well as the availability of resources and trained specialists in the community.
3. Social services, including the financial resources allocated for their provision, are available, diverse, and easily accessible.

Thus, the Situational Assessment of Social Services for Vulnerable Children and Families includes data on social services focused on the prevention of child-family separation and family strengthening in the territorial profile, data on residential institutions for children and the services they provide, as well as the general profile of children in residential institutions. These data points can be used for the development of national child protection policies and programs.

Stressing the importance of the ongoing concern for the education and protection of children and families, the study is addressed to policy makers and decision makers who propose, develop, and implement educational and social policies in this field: social welfare and child protection specialists; education, health, and public order specialists; social service managers; managers of residential institutions; and other professionals providing universal services in order to understand the existing situation and make evidence-based decisions on actions in the field of prevention of child-family separation and family strengthening, including the development of family-based alternative care and reintegration services for children who have left residential institutions.

Research Methodology

In order to achieve the aim and objectives of the research, a complex methodological approach was proposed, focusing on the assessment of the current situation, at national and UAT levels, in the provision of social services for vulnerable children and families; in particular, services focusing on the prevention of separation and family capacity building, as well as services focusing on reintegration and alternative care for children who have left residential care. The research methodology is based on the collection and analysis of primary data collected in the field from STASs, residential institutions, social service providers, MDTs, the CPCD, specialists working in child care and protection, and secondary specialists existing in different administrative sources (National Bureau of Statistics, the MHLSP, the MECR, and the ANAS). Primary data collection methods include quantitative methods (questionnaire-based sociological survey) and qualitative research methods (focus group discussions based on a moderation guide and in-depth individual interviews based on interview guides[6]) (see Figure 1), allowing for triangulation of data.

The quantitative component of the research includes the sociological survey[7] of 36 STAS,[8] a sample of 39 residential institutions[9] managed by central (MECR, ANAS) and local (LSAE, STAS, LPA) public authorities, including temporary placement centers for children at risk[10] and placement centers for children with disabilities, as well as a sample of 1,030 professionals working in the field of child protection including community social workers, specialists from STAS, and specialists from social services.

Ten residential institutions were excluded from the research sample. They include: six institutions (five under MECR or LSAE[11] and one under ANAS[12]) which, as of January 1, 2021, did not have children in placement, but had staff employed; three institutions (under MECR or LSAE) which although are called "residential," do not have a residential component and provide services exclusively for children in the community.[13] The "Orfeu" pilot complex for curative pedagogy, which is listed as an auxiliary boarding school of the MECR but provides rehabilitation services for children, in some cases also places children at the request of parents, but not according to the decisions of the public authorities.[14] Thus, data were analyzed for 39 residential institutions (25 under the STAS, 4 under ANAS, 8 under MECR and LSAE,[15] and 2 under NGOs). Of the 39 institutions, 17 provide services at the district/municipal level, 10 at the local level, 10 at the national level, and 2 at the regional level.

The sociodemographic characteristics of the specialists who participated in the online competency assessment survey is presented in Table 1. Most specialists are community social workers (81.0%), followed by specialists in STAS (6.3%), managers (with the STAS or social service centers (3.5%), social workers in child protection services (2.0%), professional parental assistants or parent educators (1.7%), and other positions (5.5%).[16]

Of the specialists surveyed, 30.6% have been in their position for more than 10 years, 20.6% from 5–10 years, 14.3% from 3–5 years, 18.0% from 1–3 years, 8.1% from 6 months–1 year, and 8.5% have been in their positions for less than 6 months.

The qualitative component of the research includes a sample of three representatives of the MHLSP and ANAS (three individual in-depth interviews) and a sample of 125 representatives of social service providers familiar with separation prevention and family capacity building, as well as services regarding reintegration and alternative care for children who have left residential institutions, and representatives of MDTs and CPCD (12 focus group discussions).[17]

Figure 12: Research Methods

Qualitative Methods

12 Focus group discussions with heads of territorial social assistance department, with specialists from the social assistance departments, with the Secretaries of the rayon Committee on Protection of Children in Need, with members of the community multidisciplinary team, with specialists from placement centers.

3 Individual in-depth interviews with stakeholder representatives from the MHLSP and from ANAS.

Quantitative Methods

36 Complex surveys applied to the from the social assistance separtments, with the STASs.

39 Surveys on professional competencies with specialists from the social services addressed to children and families from the subordinate of the Territorial Social Assistance Departments.

The research was conducted according to the conditions of the COVID-19 pandemic and with the rules and restrictions imposed. Data was collected through the sociological survey using the self-completion procedure,[18] but also through focus group discussions with social protection and education specialists. Data was collected from April 12–May 29, 2021. The reference period for the collected data is January 1, 2021.

Tabelul 5. Sociodemographic characteristics of specialists who participated in the online professional skills assessment survey, %

Total	Socio-demographic features	%
Gender	Feminine	95.0
	Masculine	5.0
Background	Urban	25.1
	Rural	74.9
Age	19–30 years	18.3
	31–40 years	28.9
	41–50 years	26.2
	51–60 years	21.3
	+ 62 years	5.3
Studies	Secondary incomplete	1.4
	Secondary education	5.0
	Vocational education	3.7
	College	23.7
	University	66.3
Period of activity in the field of social assistance	Up to 6 months	6.5
	From 6 months to 1 year	7.6
	More than 1 year, but less than 3	16.2
	More than 3 years, but less than 5	13.6
	More than 5 years, but less than 10	21.4
	Over 10 years	34.8

Ethical Considerations

In conducting the research, the ethical principles and norms promoted by the United Nations Evaluation Group were followed.[19] The research protocol, drawn up for this purpose, included: (i) ensuring the protection of the identity of the specialists participating in the research, and (ii) ensuring the protection of the data collected, etc. Participants were informed about the context and purpose of the research and about the respect for the principles of anonymity and confidentiality, including with voluntary participation. The research team was sensitive to participants' opinions, beliefs, and habits, and interaction with them was based on criteria of integrity and honesty.

Research Management

The research was carried out by the SocioPolis team in five stages: (i) development of the research protocol, (ii) data collection, (iii) quality control and assurance data (iv) analysis and drafting of the research report, and (v) validation and dissemination of the research results and key recommendations.

Research Boundaries

The research conducted had the following limitations:

- Due to considerations related to the prevention of COVID-19 infection, data collection was conducted online: focus group discussions via Zoom, questionnaires addressed to STASs and those of residential institutions collected via electronic mail, questionnaires on the training needs of social care specialists collected online via digital recording and data collection platforms.
- The research team had limited capacity to verify and validate the data submitted by the STAS and residential institutions. Data validation was mainly completed through control questions in the questionnaire and triangulation with administrative data that the institutions regularly report to (MHLSP or MECR).
- Data collected does not reflect the situation on the whole social sector because STAS Leova did not provide data.
- Data on social services provided, number of beneficiaries, funding, and number of children in residential institutions reflect the situation on January 1, 2021. As of May 31, 2021, the number of children in residential institutions, in particular, those under MECR and LSAE, changed due to the fact that some children graduated from the institution and others were transferred from one institution to another.

Despite these limitations, the report presents valuable data on the mapping of social services; mapping and typology of residential institutions; profile of children in residential institutions; recording of trends in the process of deinstitutionalization; impact of COVID-19 on social services, including residential institutions; and training of specialists in the field of social assistance, etc., which can help to better understand the existing situation and planning of interventions by MECR, MHLSP, ANAS, and STAS, but also by international organizations and NGOs in Moldova.

Table 6. Data on focus group discussion participants

No.	Code	Participants	No. of participants
1.	FGD_1	STAS directors	12
2.	FGD_2	Specialists responsible for Family Support services	12
3.	FGD_3	Specialists responsible for Kinship Care/Guardianship services	12
4.	FGD_4	Heads and specialists of the Mobile Team of the Respiro service	9
5.	FGD_5	Specialists responsible of the Personal Assistance Service of Children with Disabilities	12
6.	FGD_6	Secretaries of the Child Protection Committees	9
7.	FGD_6	Managers of Day Centers for Children at Risk	8
8.	FGD_6	Specialists responsible for APP and CCTF services	12
9.	FGD_6	Social community assistants, members of the MDTs	12
10.	FGD_6	Heads and specialists of the Community House for Children at Risk service and Temporary Placement Centers for Children	12
11.	FGD_6	Heads and specialists of Maternal Center and Nursery School services	9
12.	FGD_6	Heads and specialists of the Community House for Children with Disabilities	6
	Total 12 FGD		125

Table 7: Data on persons who participated in in-depth individual interviews

No.	Code	Category of Interviewed
1.	IIA_1	MHLSP representative, state secretary, social assistance field
2.	IIA_2	ANAS representative, director
3.	IIA_3	MHLSP representative, head of the department of policies for child protection and children with families

ANNEX 4

QUANTITATIVE DATA

Table 8:Number of children receiving kinship care/guardianship by UAT

UAT	Number of (children) beneficiaries of kinship/guardianship	Beneficiaries of unpaid kinship/guardianship	Beneficiaries of paid kinship/guardianship
Anenii Noi	97	0	97
Basarabeasca	27	0	27
Balti	18	18	18
Briceni	781	752	29
Cahul	69	0	69
Cantemir	37	7	30
Calarasi	53	0	53
Causeni	1723	734	98
Cimislia	119	66	53
Chisinau	370	0	370
Criuleni	235	163	72
Donduseni	361	309	52
Drochia	714	621	93
Dubasari	20	0	20
Edinet	90	44	46
Falesti	84	0	84
Floresti	182	103	79
Glodeni	981	946	35
Hincesti	953	869	84
Ialoveni	571	507	64
Nisporeni	146	63	83
Ocnita	384	246	60
Orhei	99	35	64
Rezina	405	339	66
Riscani	136	87	49
Singerei	90	90	0
Soroca	225	179	46
Straseni	158	253	69
Soldanesti	67	87	67
Stefan Voda	107	107	0
Taraclia	17	2	15
Telenesti	264	209	55
Ungheni	334	0	334
UTAG	213	135	78
Comrat	30	3	27
Ceadir-Lunga	43	6	37

Table 9. Number of children in custody by UAT

UAT	Number of children beneficiaries of custody	UAT	Number of children beneficiaries of custody
Anenii Noi	0	Laloveni	49
Basarabeasca	10	Nisporeni	21
Balti	80	Ocnita	78
Briceni	225	Orhei	785
Cahul	450	Rezina	30
Cantemir	393	Riscani	78
Calarasi	25	Singerei	52
Causeni	63	Soroca	33
Cimislia	53	Straseni	89
Chisinau	122	Soldanesti	9
Criuleni	15	Stefan Voda	44
Donduseni	35	Taraclia	216
Drochia	48	Telenesti	9
Dubasari	52	Ungheni	12
Edinet	22	GUAT	3118
Falesti	105	*Comrat*	*3080*
Floresti	0	Vulcanesti	6
Glodeni	698	*Ceadir-Lunga*	32
Hincesti	82		

Table 10: Local authorities and number of their municipalities employing child protection specialists

UAT	City halls	Number of specialists in child protection	Share of specialists from city halls, %
Anenii Noi	26	3	11.5
Balti	3	2	66.7
Calarasi	28	1	3.6
Causeni	27	1	3.7
Chisinau	23	19	82.6
Ceadir Lunga	9	1	11.1
Cimislia	23	1	4.3
Comrat	13	2	15.4
Donduseni	22	2	9.1
Floresti	40	9	22.5
Rezina	25	1	4.0
Sangerei	26	2	7.7
Stefan Voda	23	1	4.3
Straseni	27	2	7.4
Taraclia	15	3	20.0
Telenesti	31	1	3.2
Ungheni	33	1	3.0

Table 11: Availability of forms of APP in the UAT, by environment, number of specialists and beneficiaries

UAT	Number of specialists	Number of specialists in rural settings	Number of specialists in urban settings	Number of children beneficiaries
Anenii Noi	7	6	1	11
Basarabeasca	4	3	1	12
Briceni	1	0	0	0
Cahul	10	10	0	40
Cantemir	5	5	0	8
Calarasi	27	26	1	50
Causeni	13	10	3	33
Cimislia	10	6	4	23
Chisinau	36	0	36	36
Criuleni	17	14	3	35
Donduseni	11	8	3	26
Drochia	5	4	1	12
Dubasari	3	3	0	5
Edinet	10	9	1	18
Falesti	14	10	4	41
Floresti	26	20	6	48
Glodeni	4	4	0	4
Ialoveni	12	12	0	25
Nisporeni	7	5	2	15
Ocnita	5	4	1	7
Orhei	35	33	2	53
Rezina	4	4	0	15
Riscani	6	6	0	11
Singerei	6	5	1	18
Soroca	25	21	4	46
Straseni	7	7	0	22
Soldanesti	15	14	1	39
Stefan Voda	18	17	1	44
Taraclia	4	2	2	9
Telenesti	13	13	0	27
Ungheni	38	36	2	87
UATG	7	3	4	13
Comrat	4	2	2	5
Vulcanesti	2	1	1	7
Ceadir-Lunga	1	0	1	1

Table 12: Availability of forms of APP in the UAT, number of specialists

UAT	Total APP	Long-term placement	Short-term placement	Emergency placement	Provisional placement
Anenii Noi	7	5	2	0	0
Basarabeasca	4	4	0	0	0
Briceni	1	1	0	0	0
Cahul	10	0	8	2	0
Cantemir	5	5	0	0	0
Calarasi	27	9	15	1	2
Causeni	13	7	6	0	0
Cimislia	10	10	0	0	0
Chisinau	36	23	9	0	4
Criuleni	17	15	2	0	0
Donduseni	11	8	3	0	0
Drochia	5	5	0	0	0
Dubasari	3	3	0	0	0
Edinet	10	10	0	0	0
Falesti	14	14	0	0	0
Floresti	26	2	16	7	1
Glodeni	4	4	0	0	0
Ialoveni	12	8	2	2	0
Nisporeni	7	7	0	0	0
Ocnita	5	5	0	0	0
Orhei	35	7	27	1	0
Rezina	4	4	0	0	0
Riscani	6	6	0	0	0
Singerei	6	6	0	0	0
Soroca	25	14	4	3	0
Straseni	7	7	0	0	0
Soldanesti	15	7	6	2	0
Stefan Voda	18	16	2	0	0
Taraclia	4	4	0	0	0
Telenesti	13	13	0	0	0
Ungheni	38	38	0	0	0
UATG	7	4	3	0	0
Comrat	4	1	3	0	0
Vulcanesti	2	2	0	0	0
Ceadir-Lunga	1	1	0	0	0

Table 13: Availability of CCTF in UATs, by setting, number of specialists and beneficiaries

UAT	Number of specialists	Number of specialists in rural settings	Number of specialists in urban settings	Number of children beneficiaries
Basarabeasca	1	0	1	6
Briceni	1	0	0	0
Cahul	2	1	1	10
Cantemir	8	8	0	28
Cimislia	2	2	0	8
Chisinau	1	0	1	3
Criuleni	4	2	2	18
Drochia	8	4	4	42
Dubasari	1	1	0	6
Falesti	1	1	0	7
Ialoveni	5	5	0	20
Ocnita	1	1	0	4
Rezina	1	1	0	0
Riscani	1	0	1	7
Soroca	1	0	1	5
Straseni	2	2	0	12
Soldanesti	1	0	1	6
Taraclia	1	0	1	4
Telenesti	2	0	2	12
UATG	2	0	0	7
Comrat	*1*	*0*	*1*	*4*
Ceadir-Lunga	*1*	*0*	*1*	*3*

Table 14: Types of residential institutions participating in the research

Types of institutions	Institution to which it is subordinate	Total number of institutions	Total number of children placed in institutions	Average number of placed children	Minimum number of placed children	Maximum number of placed children
Temporary placement centers for children, maternal centers, multifunctional centers etc.	STAS/LPA	25	321	13	3	39
Temporary placement centers for children of young age and placement centers for children with disabilities	ANAS	4	136	34	19	61
Special institutions for children with sensorial impairments, auxiliary boarding schools, boarding schools for orphaned children, and children left without parental care	MECR/LSAE	8	203	25	9	58
Temporary placement center	NGO	2	16	8	7	9
Total		**39**	**676**	**17**	**3**	**61**

Table 15: Types of residential institutions in terms of institutional capacity and number of children placed

Types of institutions	Institution to which they are subordinate	Average capacity of institutions according to maximum number of beneficiaries which it can host	Average degree of occupancy by children placed, out of maximum capacity, %
Temporary placement centers for children, multifunctional centers	STAS/LPA	23	67%
Temporary placement centers for children of young age and placement centers for children with disabilities	ANAS	248	15%
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	263	15%
Temporary placement center for children	NGO	22	42%

Table 16: Types of residential institutions in terms of the number of beneficiaries of the institution as of January 1, 2021 and the share of children placed by the total number of beneficiaries

Types of institutions	Institution to which they are subordinate	Average number of beneficiaries on January 1, 2021	Quota of children placed out of average number of beneficiaries
Temporary placement centers for children, maternal centers, multifunctional centers	STAS/LPA	15	90%
Temporary placement centers for children of young age and placement centers for children with disabilities	ANAS	150	36%
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	**MECR/LSAE**	**34**	**100%**
Temporary placement center for children, maternal centers, etc.	NGO	13	70%

Table 17: Types of residential institutions participating in the research and number of child-beneficiaries by gender.

Types of institutions	Institution to which they are subordinate	Total number of children placed in the institution	Average number of children placed in the institution	Average number of placed children	Maximum number of placed children
Temporary placement centers for children, maternal centers, multifunctional centers	STAS/LPA	321	13	3	39
Girls		148	6	1	16
Boys		173	7	0	23
Temporary placement centers for children of young age and placement centers for children with disabilities	ANAS	136	34	19	61
Girls		75	19	0	36
Boys		61	15	0	27
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	203	25	9	58
Girls		77	10	4	20
Boys		126	16	5	38
Temporary placement center for children	NGO	16	8	7	9
Girls		7	4	3	4
Boys		5	4	4	5
Total		676	17	3	61
Girls		307	8	0	36
Boys		369	9	0	38

Table 18: : Number of children in residential institutions by type of institution and age

Type of institutions	Institution to which it is subordinates	0–2 years	3–6 years	7–15 years	16–17 years
Temporary placement centers for children, maternal centers, multifunctional centers	STAS/LPA	39	47	200	35
Temporary placement centers for children of young age and children with disabilities	ANAS	30	37	47	22
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	0	0	120	83
Temporary placement centers for children	NGO	0	2	7	7
Total		**69**	**86**	**374**	**147**

Table 19: Types of residential institutions participating in the research and number of child-beneficiaries by gender

Type of institution	Institution to which it is subordinate	0–2 years	3–6 years	7–15 years	16–17 years
Temporary placement centers for children, maternal centers, multifunctional centers	STAS/LPA	39	47	200	35
Temporary placement centers for children of young age and children with disabilities	ANAS	30	37	47	22
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	0	0	120	83
Temporary placement centers for children	NGO	0	2	7	7
Total		69	86	374	147

Table 20: Number of confirmed children with disabilities by type of residential institution, including gender

Institution to which it is subordinate	Total number of children placed in the institution	Total number of children with disabilities	Average number of children placed	Minimum number of placed children	Maximum number of placed children
STAS/LPA	321	62	5	1	16
Girls	148	18	3	1	9
Boys	173	44	4	1	14
ANAS	136	77	19	2	29
Girls	75	40	13	1	29
Boys	61	37	12	1	27
MECR/LSAE	276	118	17	1	58
Girls	104	44	7	1	20
Boys	172	74	12	1	38
NGO	16	2	2	2	2
Girls	7	2	2	2	2
Boys	5	0	0	0	0
Total	676	259	10	1	58
Girls	307	104	6	1	29
Boys	369	155	8	1	38

Table 21: Number of children with confirmed disabilities, including degree of disability and types of impairment by type of residential institutions

Institution to which it is subordinate	Disability degree						
	Severe	Moderate	Pronounced				
STAS/LPA	33	20	9	23	38	13	8
ANAS	70	6	1	49	74	36	12
MECR/LSAE	74	7	37	17	122	33	0
NGO	0	1	1	0	1	0	1
Total	**177**	**34**	**48**	**89**	**235**	**82**	**21**

Table 22: Number of children by duration of placement by type of residential institution (average value)

Institution to which it is subordinate	Up to 6 months	Between 6 and 12 months	Between 1 and 3 years	Between 3 and 6 years	More than 6 years
STAS/LPA	85	72	74	76	14
ANAS	14	5	45	19	53
MECR/LSAE	0	73	8	10	112
NGO	0	1	4	11	0
Total	**99**	**151**	**131**	**116**	**179**

Table 23: Services and activities which are benefiting children in residential institutions, number

	Total	STAS/LPA	ANAS	MECR/LSAE	NGO
Early intervention services	7	6	1	0	0
Preschool education	7	5	2	0	0
Primary education	9	5	1	3	0
Middle school education	10	6	0	4	0
Vocational education	9	3	1	5	0
Healthcare and medical rehabilitation	27	15	4	7	1
Specialized services for disabled children	13	5	4	4	0
Counseling/psychological support	35	22	3	8	2
Life skills development	38	24	4	8	2
Support for the biological family	24	16	4	3	1
Sports activities	33	21	3	8	1
Trips	29	18	3	6	2
Extracurricular activities (handicraft, drawing, etc.)	30	19	2	7	2
Celebrating birthdays	36	24	4	6	2
Other services or activities	17	7	6	3	1

Table 24: Services and activities benefiting children in residential institutions outside the institution, number[24]

	Total	STAS/LPA	ANAS	MECR/LSAE	NGO
Early intervention services	10	9	1	0	0
Preschool education	13	10	0	1	2
Primary education	25	20	1	2	2
Middle school education	26	22	0	2	2
Vocational education	9	6	0	2	1
Healthcare and medical rehabilitation	21	17	1	2	1
Specialized services for disabled children	25	19	1	3	2
Counseling/psychological support	5	4	0	1	0
Life skills development	20	14	0	4	2
Support for the biological family	14	11	0	2	1
Sports activities	11	9	0	1	1
Trips	7	4	1	2	0
Extracurricular activities (handicraft, drawing, etc.)	24	17	2	4	1
Celebrating birthdays	17	11	1	4	1
Other services or activities	4	2	0	2	0

Table 25: Number of children leaving residential care in 2019 and 2020

Type of institution	Institution to which they are subordinate	2019	2020
Temporary placement centers for children, maternal centers, multifunctional centers, etc.	STAS/LPA	414	404
Temporary placement centers for children of young age and children with disabilities	ANAS	126	63
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	82	71
Temporary placement centers for children	NGO	10	9
Total		**632**	**547**

Table 26: Number of employees in residential institutions as of January 1, 2021

Type of institution	Institution to which they are subordinate	Total number of institutions	Total number of employees	Average number of employees	Minimum number of employees	Maximum number of employees
Temporary placement centers for children, maternal centers, multifunctional centers, etc.	STAS/LPA	25	404	16	4	72
Temporary placement centers for children of young age and children with disabilities	ANAS	4	613	153	124	194
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	8	276	35	21	79
Temporary placement centers for children	NGO	2	20	10	9	11
Total		**39**	**1313**	**34**	**4**	**194**

Table 27: Number of employees in residential institutions with direct care, rehabilitation, education of children [25]

Type of institution	Institution to which they are subordinate	Total number of employees	Total number of employees with direct responsibilities	Average number of employees with direct responsibilities	Minimum number of employees with direct responsibilities	Maximum number of employees with direct responsibilities
Temporary placement centers for children, maternal centers, multifunctional centers, etc.	STAS/LPA	404	264	11	4	52
Temporary placement centers for children of young age and children with disabilities	ANAS	613	449	112	81	152
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	276	151	19	7	53
Temporary placement centers for children	NGO	20	14	7	6	8
Total		**1313**	**878**	**23**	**4**	**152**

Table 28: Ratio of employees to total number of beneficiaries in residential institutions on January 1 ,2021

Type of institution	Institution to which they are subordinate	Average ratio	Minimum ratio	Maximum ratio
Temporary placement centers for children, maternal centers, multifunctional centers, etc.	STAS/LPA	1,1	0,4	2,8
Temporary placement centers for children of young age and children with disabilities	ANAS	1,3	0,8	2,3
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	1,8	0,5	2,9
Temporary placement centers for children	NGO	0,8	0,6	1
Total		**1,3**	**0,4**	**2,9**

Table 29: Work of the Commission for Children at Risk in 2020

Number of meetings of the Commission for Children at Risk in 2020	Total	Minimum	Maximum	Average
Number of examined cases regarding children at risk	347	3	23	10
Cases examined repeatedly	404	0	52	11
Cases where child separation was prevented	3017	0	896	84
Cases where institutionalization was prevented	1127	0	426	31
Cases where institutionalization was proposed	328	0	76	9
Number of cases in which APP or CCTF was approved	**308**	**0**	**65**	**9**
Number of approved professional parental assistants or parents-educators	**99**	**0**	**38**	**3**

Table 30: Last further training in child protection, %

	Year 2021	Year 2020	Year 2019	Year 2018	Before 2018	Have not benefited
Total	25.9	20.7	13.6	11.3	11.9	16.6
Social community assistants	27.2	18.7	12.9	12.7	12.1	16.3
Other specialists	20.4	29.1	16.3	5.1	11.2	17.9
By age						
19–30 years	37.8	19.7	7.4	2.7	4.3	28.2
31–40 years	26.5	23.2	17.4	6.0	11.1	15.8
41–50 years	24.1	20.7	10.0	18.9	13.3	13.0
51–60 years	19.2	18.7	17.4	16.9	15.5	12.3
+62 years	18.2	18.2	16.4	9.1	21.8	16.4

Table 31: Number of separated children and number of children reintegrated in 2020, by autonomous community

UAT	Number of children separated by family	Number of children integrated into families
Anenii Noi	28	44
Balti mun.	87	69
Basarabeasca	0	4
Briceni	16	21
Cahul	9	6
Cantemir	1	3
Causeni	3	18
Chisinau mun.	76	110
Cimislia	5	4
Criuleni	13	8
Donduseni	2	2
Drochia	15	22
Dubasari	4	1
Edinet	1	6
Falesti	71	68
Floresti	30	12
Glodeni	15	14
Hincesti	14	16
Ialoveni	8	7
Ocnita	3	1
Orhei	1	1
Rezina	8	12
Singerei	8	14
Stefan Voda	26	23
Straseni	11	8
Taraclia	0	2
UATG	1	12
Comrat	1	6
Ceadir-Lunga	0	5
Vulcanesti	0	1

Table 32: Work difficulties, % [27]

	Large number of cases on record	Lack of periodic training focused on growth	Lack of some methodologies	Lack of specialized studies	Other
Total	**49.0**	**45.7**	**19.9**	**13.6**	**11.0**
Social community assistants	53.4	42.6	16.2	15.3	11.4
Other specialists	30.6	59.2	35.7	6.1	9.2
By age					
19–30 years	49.5	43.6	18.1	13.8	10.1
31–40 years	41.9	48.7	19.1	9.7	11.7
41–50 years	47.4	45.2	19.2	14.6	10.5
51–60 years	59.4	45.2	19.2	14.6	10.5
+62 years	52.7	41.8	34.5	29.1	9.1

Table 33: Impact of the COVID-19 pandemic on children in residential institutions

Type of institution	Institution to which they are subordinate	Have left	Have returned
Temporary placement centers for children, maternal centers, multifunctional centers, etc.	STAS/LPA	97	9
Temporary placement centers for children of young age and children with disabilities	ANAS	51	1
Special institutions for children with sensorial impairments, boarding schools for orphaned children, and children eft without parental care	MECR/LSAE	118	105
Temporary placement centers for children	NGO	5	0
Total		271	115

ANNEX 5

QUALITATIVE DATA

Challenges in Providing Family Support Service

"Social workers being overworked; they only open the file when they need the money. But when there is a need for intervention by raising the level of welfare, solving problems, strengthening families and directly involving the necessary actors, they stick to the processing without a file" (FGD_2).

"Some problems arise in the file completion from the assistants. Mainly because of the turnover of staff, new assistants come in who are not trained and find it very difficult to complete the file" (FGD_2).

"We would like to have a training on file completion, how to monitor beneficiaries. Also, to explain the particularities of primary and secondary support" (FGD_2).

"My father did not have occupational status at the time and some of the CPCD members bullied him: 'Why don't you have status, why don't you engage?' But he had health reasons and at the moment he Could not be employed, he was back from abroad, the child has disabilities, and it was necessary" (FGD_2).

Issues related to the Personal Assistance Service for Children

Financial constraints in 2020 have resulted in the need to move carers from one unit to 0.5 units – "Twenty-two mature people with disabilities, we have moved to 0.5 unit. But the children are stuck on one unit so as not to move them" (specialist Floresti, FGD_5).

"In April 2021 the service was expanded by 23 units from the budget of the district council. It is a very good financial coverage... They are mostly children. We generally focus on children. In total we have around 40 children in the service" (specialist Causeni, FGD_5).

Challenges in the Provision of APP and CCTF Services

"The professional parenting assistant operates 24 hours a day, 365 days a year. Have been on leave for no more than 28 days. What about the rest? It is received by the logic of social inspection that the child from 8am to 5pm stays with the professional social worker. But then what, he kicks him out? And then it counts that he has been working abroad. He went with the intention of helping something to do for the child. And nobody wants to hear" (FGD_1).

"There are a lot of objections from parent-educators about traveling. They foster children with disabilities, they require a very large amount of financial means, traveling to the district center for treatment or even to hospitals. We don't give trips to these educating parents, that is not provided for anywhere" (FGD_8).

"During the pandemic, this service did not work well. Referral of cases from local level to the service has been decreasing. But we don't aim so much to be quantitative, but qualitative" (FGD_8).

"Recently in Hincesti we had the financial inspection and they addressed the issue of parents-educators to pay them on a lower salary category than at the moment is provided for in Law 270, on the grounds that they do not have higher or special education" (FGD_8).

"We have started to support these professional parent assistants, parent educators who have three and more children through family support. But the support stopped. Please tell us, I would like a leader, no matter the country, minister, vice minister, to take three children, keep them at home and for a month to see how three children are supported. Heating, food, clothing, shoes, and other expenses that concern that families" (FGD_8).

"We have 5-7 children placed in families that today do not all have technology. How did these children learn online? Any child with status is the responsibility of the state. We are responsible for their upbringing and education" (FGD_8).

"A child in 2020 came out of foster care, with this youngster what do we do? He stayed in the APP family. And the second one is a severely child with disabilities who turns 18. How will the professional parental assistant work further? Having severe degree of disability, this child needs a personal assistant, but there are children who have degree II disability, with them what do we do in such situations?" (FGD_8).

Particular Features of the Admission of Children with Disabilities to the Mobile Team Service per UAT

"In STAS Glodeni, the mobile team included approximately all children in the personal assistance service" (FGD_4).

"The mobile team in STAS Orhei does not have full coverage. The mobile team mostly travels to children who are not mobile at all" (FGD_4).

"In Floresti, we only work with people who have severe degrees of disability. And just yesterday we faced this problem. That is, we were called by two community social workers who have children in the locality with moderate degrees of disability and even require a recent surgery and are recommended the service within the individual rehabilitation and social inclusion program. But we had to decline for the time being" (FGD_4).

Other Challenges Specific to Day Centers for Children at Risk

Funding activities, in particular, reducing the number of children receiving a hot lunch - "This year, the number of children fed in the center decreased. In previous years 30–40 and then 20–30 children were fed. This year we are feeding only six children from socially vulnerable families. He comes to the activities and returns home hungry" (FGD_7).

Unable to receive children with disabilities - "At the moment we have 1.5 CES educator units and he has to cope with those who come in to day service from the community and all at once to deal with them. We all know that these children need individual activities, which we cannot provide" (FGD_7).

"We want to be invited somewhere to fairs, exhibitions, to stimulate these children so that their work can be as much as possible" (FGD_7).

Transformations in Maternity Centers

"The maternal center in Hincesti has been operating since 2008, it was opened as a maternal center then. And it only operated as a maternal center until 2017. Since 2017 we have changed our regulation and we also receive children at risk and children subjected to domestic violence" (FGD_11).

"The maternal center in Anenii Noi was opened in 2018, through a project by the public association CCF Moldova, sponsored by Kaufland... We were opened as a maternal center so that towards the end of the year, we would change the regulation and add to the maternal center and placement center for mothers with minor children who are victims of domestic violence. The aim of the center is to prevent abandonment and to teach life skills to mothers so that they can integrate into the community" (FGD_11).

Equipping the Multifunctional Center "Cosăuți" ("Concordia social projects")

"We are equipped with a playground for children, mini-sports field, we have a well landscaped park with walnut trees and greenery. We have an orchard that we planted with these children, with the beneficiaries during these four years. We have a fairly large greenhouse, we produce vegetables. We have our fruit and vegetables, we have until December fresh, quality vegetables. And all this work we do together with everyone, from small to big. This is rewarding because all the beneficiaries feel like a family" (FGD_10).

Challenges in Intersectoral Collaboration

"The kindergarten director refuses to enroll the child in kindergarten..." (FGD_4).

“With the school there are many gaps, I would like a more fruitful collaboration and for the world to be more empathetic towards these children" (FGD_7).

“Family doctors do not know the procedure for referring beneficiaries, children with severe degrees of disability to the personal assistance service" (FGD_5).

"Doctors like beautiful and clean patients and not really sick ones. Teachers like beautiful, clean, smart children with responsible parents" (FGD_7).

"All the weight is left on us. Our partners (teachers, doctors, police officers, etc.) who are supposed to support us in dealing with a child who is at risk have withdrawn. Excuse me, we have been left behind, those on the sidelines. The education directorate and the psycho-pedagogical service, the police, the public prosecutor's office who to this day just sit with a stick and wait for someone from the support to make a mistake. Intersectoral collaboration is zero, everyone is trying to protect their own part" (FGD_1).

Challenges in MDT Work at the Community Level

"We are the initiators of the MDT, from us comes the call for meetings, the organization. I mean we strive to get involved and find optimal solutions to any problem. And if everyone gets involved, then it works out well. But if someone doesn't want to, then we don't get a result and we don't decide on our problem" (FGD_9).

"In the district of Causeni, the mayors of some villages do not want to take children out of the family. Every time I have talked to mayors and asked what the problem is that they do not want to take children out of families when there is a situation of imminent danger. They told us: It decreases the number of children in the locality, in the school..." (FGD_8).

"After the placement of children, the mayors washed their hands and forgot that they have children placed in a social service, they do not participate in the MDT activity, they are not interested in working with the biological family towards the reintegration of children" (FGD_8).

"The educational institution, in case of any problem—repeated lateness to school, absenteeism, etc.— in case of any problem, they make a report form or a request... The teachers do not even know in whose care the children remain" (FGD_9).

"The police, who receive referral forms, ask us for new information notes: What has been done in the given case. They have to come to the evaluation with us. And they only ask for information notes from us, when we ask for something from them, they tell us, 'Yes, we don't give such information'" (FGD_9).

"There is a problem with medicine, especially, what concerns the placement of children, even emergency and planned in a service or what concerns medical investigations. We together with the mayor go to the family, we take the child, we go to the district to the centers where we have to pass all the specialists, the doctors, we sit under the door and wait for someone to call us" (FGD_9).

"It is necessary to define responsibilities. We have to clearly define the social worker's duties and we have to understand that the social worker has the same eight hours of work as the same doctor, teacher, psychologist, or lawyer" (FGD_9).

Involvement of the STAS in Providing Support to Families in Need of Monetary Family Support

"On the eve of the school year, some parents hoped that they would be supported as little as possible to procure the bare necessities for school. But this was not possible. We hope this year there will be money, even though a much smaller amount than planned for previous years was planned" (FGD_2).

"We have more than 150 files accepted in CPCD. And indeed, to the most disadvantaged families in difficult situations" (FGD_2).

"We have two cases now fresh: (i) a fire where the parents and even the newborn child in 2021 were left homeless and (ii) very expensive treatment for a child with disabilities... Money was allocated, different donations and even from the city hall, but anyway it was not enough" (FGD_2).

"We had families who had nothing to feed their children. We received support from Concordia (Concordia, Social Projects). We were allocated 13 food packages for half a year and some beneficiaries in Orhei district received these packages" (FGD_2).

“We went around begging and received 150 food parcels. The cost of a parcel was 480 lei and it was 23 kg. That's enough for one family with four children" (FGD_2).

END NOTES

1 UNEG Code of Conduct for Evaluation in the UN system.
http://www.unevaluation.org/document/detail/100
2 UNEG Code of Conduct for Evaluation in the UN system.
http://www.unevaluation.org/document/detail/100
3 HG800/2018 of August 1, 2018 for the approval of the package and the amendment of the material aid payment regulation.
4 Social services (SS) are a set of measures and activities aimed at meeting the social needs of children and families in order to overcome difficulties, prevent separation, and ensure the well-being of children. SS provided to the population are divided into primary (community), specialized, and highly specialized services. SS does not include cash benefits and/or universal services. According to the legislation, universal services are medical institutions, which provide primary health care, and preschool, primary, secondary (cycle I and II), and vocational-technical educational institutions.
5 SS for the prevention of separation of children from their families (support service for families with children, mobile social team service, personal assistance social service, day centers, early intervention and rehabilitation services for children with disabilities and developmental disabilities, etc.); Alternative Care Social Services (professional parental assistance (APP), social service, family type children's homes (CCTF), guardianship/custody, custody, community home for children at risk, community home for children with disabilities, maternity center, Respiro social service, assisted social housing for children and young people, etc.); residential institutions run by APC, LPA, private providers, or religious missions, (auxiliary boarding schools, special boarding schools, temporary placement centers for children with disabilities, temporary placement centers for children at risk).
6 Validation technique combining several data collection techniques to reduce the inherent biases of each. Triangulation allows for checking the accuracy and stability of the results.
7 The questionnaire for the assessment of SS for vulnerable children and families in the UAT under the management of the STAS includes data on: (i) existing services; (ii) service providers; (iii) source of funding; (iv) mode of service delivery; (v) accessibility of services; (vi) relevance of services; (vii) professional training of service providers; and (viii) impact of the COVID-19 pandemic on the development and functioning of the service system.
8 In the study, STAS Comrat, STAS Ceadir-Lunga, and STAS Vulcanesti, even if they are part of Gagauz Yeri, are analyzed separately because certain differences are noted.
9 The questionnaire evaluating the activity of residential institutions and temporary placement centers includes data on: (i) services offered by the institution; (ii) services accessed by children; (iii) number of children benefiting from the services offered; (iv) number of children in the institution and their general profile (age, gender, disability, factors/reasons for institutionalization, duration of placement, etc.); (v) source of funding of the institution; (vi) partnerships for the prevention of institutionalization/deinstitutionalization; (vii) professional training of specialists for the prevention of institutionalization/deinstitutionalization; and (viii) impact of the COVID-19 pandemic on the prevention of institutionalization/deinstitutionalization.
10 The questionnaire to assess the professional competences of specialists working in the field of child welfare (community social workers, STAS specialists, social services specialists) includes several questions covering the field of work, experience in working in the field and self-assessment of professional competences, including training needs.

11 Boarding school for orphaned children left without parental care, Bender; boarding school for orphans left without parental care, mun. Straseni; special boarding school for deaf and hearing-challenged children, mun. Cahul; special boarding school for deaf and hearing-challenged children, Harbovat village, Calarasi; auxiliary boarding school, Congaz.
12 Temporary placement centers for children separated from their parents, Soroca.
13 Auxiliary school No. 6, mun. Chisinau; auxiliary school No. 7, Chisinau; special school for deaf and children-challenged No. 12,.
14 The manager of the complex pointed out that they provide rehabilitation services for children, in some cases also placement, but the children are placed at the request of the parents and not according to the decisions of the public authorities, and the child is assessed for rehabilitation services offered.
15 Out of eight residential institutions under MECR/LSAE that had children in care as of January 1, 2021, by July 1, 2021, three institutions had completed the residential component by reintegrating all children in the institution or having all children graduate from the institution.
16 Other positions are: educator, school phsycologist, lawyer, physiotherapist, speech therapist, psychologist, etc.
17 The focus group moderation guide for professionals involved in the provision of social services for children includes questions on: (i) assessment of the level of coverage of services; (ii) assessment of the financing of services; (iii) how services are provided; (iv) accessibility of services; (v) the relevance of services; (vi) the professional training of specialists delivering services; and (viii) the impact of the COVID-19 pandemic on the development and functioning of family support services for children.
18 Several types of questionnaires were applied: (i) questionnaire addressed to STAS managers on services provided at district and local levels, including the number of beneficiaries and their profile; (ii) questionnaire addressed to managers of residential institutions, including placement centers on services provided, the number of beneficiaries and their profile; and (iii) questionnaire addressed to social work specialists on professional knowledge and skills and professional training received.
19 UNEG Code of Conduct for Evaluation in the UN system.
http://www.unevaluation.org/document/detail/100
20 Exception Boarding Gymnasium No. 3 in Chisinau where the share of children placed out of the number of beneficiaries is 33%.
21 Number of children in the institution as of January 1, 2021.
22 Number of children in the institution on January 1, 2021.
23 Other services/activities: nine institutions under STAS/LPA, one under ANAS, six under MECR/LSAE, and two under NGOs. These services/activities include: artistic and cultural activities, visits to museums,
theaters, rest camps, homework activities, speech therapy services, sensory activities, psycho-pedagogical activities, cognitive stimulation, palliative care, etc.
24 Services outside the institution (at the community level) are provided by the school, NGOs, other social service providers.
25 Specialists directly involved in the care, rehabilitation, and education of children: management staff, social workers, doctors, nurses, pedagogues, educators, carers/nannies, psychologists, masseurs, physiotherapists, lawyers, speech therapists, circle leaders, librarians, music leaders, and translators.
26 TSUs not named did not report children separated from their families or children reintegrated into their families.
27 Research participants were able to select several difficulties, i.e., the total amount exceeds 100%.

Changing the Way We Care[SM]

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