Knowledge, Attitudes, and Practices of Reintegrating Children into Families and Prevention of Child-Family Separation

Situational Analysis of the Care System in the Republic of Moldova

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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.

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ACKNOWLEDGEMENTS

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This report is the result of the collaboration of several partners of Changing the Way We Care[SM] (CTWWC).

The report was prepared by the Keystone Moldova team. Research and analysis were carried out by the Center of Sociological, Politological, and Psychological Analysis and Investigations (CIVIS).

Global consortium partners include Catholic Relief Services (CRS) and Maestral International. National partners include Child, Community, Family (CCF) Moldova; Keystone Moldova; and Partnerships for Every Child (P4EC).

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Context

Changing the Way We Care[SM] (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. The current research 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.

Research Purpose and Objectives

The study aims to develop specific practical recommendations for changing the knowledge, attitudes, and practices of the target groups in order to prevent child-family separation and remove existing obstacles children and families face during reintegration.

The objectives of the research focus on:
- Assessing and analyzing the knowledge, attitudes, and practices that create obstacles to the successful reintegration of children into families, communities, and educational institutions (i.e., by identifying existing practices in this context).
- Assessing and analyzing the knowledge, attitudes, and practices that prevent vulnerable families at risk of separation from accessing community services and support (i.e., by identifying existing practices in this context).

The research was conducted at the national level in all regions of Moldova, covering both rural and urban areas.

Assessment Methodology

The research methodology was guided by the principle of triangulation - the use of quantitative and qualitative research methods and interviews with several types of actors targeted by the research topic. In terms of the quantitative study, the study assessment opted for a nationally representative quantitative survey with closed-ended questions. The survey was conducted by computer-assisted telephone interviews (CATI). The target group for the survey was the general population aged 18 and over with a sample size of 1,005 respondents and a sampling error of +-3%.

The qualitative study concentrated on focus group discussions and in-depth interviews through the use of recruitment forms and open-ended question guide, with an average interview duration of 34 minutes and an average discussion duration of 96 minutes. Discussions were held with parents of children with disabilities, parents with children reintegrated from residential care institutions, parents with children in residential care institutions, parents with children at risk of separation, and formal community leaders.

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

Research management: provided by the Keystone Moldova team in agreement with the CIVIS Center and included: (i) development of the research protocol, (ii) data collection, (iii) control and assurance of data quality, preparation of the report.

The main limitations included: 1) due to the pandemic situation, the interviews were conducted by telephone, which reduced the possibility of low-resource families without access to telephone or internet participating in the research and 2) due to the emergency situation, organizing focus groups with parents of children with disabilities in communities, parents of children in residential care institutions, parents of children reintegrated from residential care institutions or those at risk of separation was not possible.

Focus groups were replaced by interviews, which reduced the number of participants and limited the opportunities of several parents to express their views on the issues being studied.

Despite these limitations, the report contains valuable data on the attitudes of the general population regarding separation of children from families, institutionalization and deinstitutionalization, and creates a framework of actions and measures for educating different population groups and involving them involved more actively in supporting families at risk of separation and those who are in the process of reintegration. At the same time, the research provides useful information about the degree and sources of information of different population groups on the researched aspects in the field of child protection, which will be used to streamline the process of communication with these groups to educate positive attitudes and behaviors to prevent separation from families.

Key Findings

First, with regard to the general characteristics of the population, personal exposure of respondents to disability, to the care of non-biological children, and to having been personally cared for by a non-biological family or within a residential care institution was taken into account. Thus, it was possible to identify that a quarter of families in the Republic of Moldova are directly or indirectly exposed to families with disabilities, and 4% have children with disabilities in their own family. Regarding the experience of caring for non-biological children, one-eighth of families have or have had this experience, while the experience of being cared for in a non-biological family or residential care institution is also close to one-tenth (8%) of families investigated.

Regarding the effects of the COVID-19 pandemic, economic, social, educational, and health indicators were analyzed. The main effect of the pandemic was the worsening of financial situations, especially for the 45-59 age group, where half of the interviewees noticed this phenomenon. Although, in general, children continued to attend classes, even virtually, in a small but important percentage (3%), the material difficulties, lack of technology, or health problems did not allow them to attend online courses.

Second, in terms of knowledge, attitudes, and practices (KAP) on deinstitutionalization, it is particularly noticeable that a large part of the population has a certain level of awareness of the phenomena of institutionalization and deinstitutionalization, respectively two-thirds of respondents have heard about these phenomena. This facilitated an in-depth analysis of KAP, namely:

- There is a widespread and relatively unanimous tendency to prefer biologicalfamily environments or substitutes, namely extended family or foster care, over institutions.

- This is confirmed by (i) the high percentage (90%) of respondents who consider that in non-biological families children are treated very well or well, (ii) by the options for integration and reintegration of children who have been placed in institutions (71% in the extended family and 64% in the adoptive family), (iii) by the high percentage (75%) of respondents who support the idea of deinstitutionalization and integration into biological families, (iv) by the half of the respondents who are willing to care for non-biological children, motivated by arguments of a moral-spiritual nature, (v) by the fact that in exceptional situations, 79% of parents would accept their own children living with relatives, (vi) by the perception that families who take/adopt children from orphanages can count mainly on the help of relatives, and (vii) by the fact that every fourth respondent has tried to care for foreign children, and 4% tried to adopt children.
- To a lesser extent but statistically significant, there is a preference for the placement of children in residential care institutions, but this preference applies in particular to certain categories of children or situations: (i) positive opinions on how children are treated in residential care institutions coupled with a pro-institutionalization attitude (half of respondents), and (ii) although all groups of children at risk of separation are generally considered to be better cared for in families than in residential care institutions, the percentage of respondents who believe that living in vulnerable families makes care better in residential care institutions is twice as high as the percentage of those who believe that the child's disability makes care better in residential care institutions (32% compared to 18%).
- Regarding the most vulnerable categories, all studies in the field confirmed that age and disability are the main barriers in the deinstitutionalization process. One-third of respondents would not receive children with disabilities into their care, and 40% of interviewees would be reluctant to accept an older child. This is also confirmed by the reluctance to integrate children with disabilities in general schools, especially towards children with intellectual disabilities (64%).
- In terms of knowledge, attitudes and practices regarding families at risk of child separation, there are a number of key characteristics that are believed to increase vulnerability of children and families and implicitly, the risk of separation from the biological family: (i) more than 90% of respondents believed that drug addiction, alcohol addiction, violence and neglect are the main factors that make parents separate from their children, (ii) similarly, although only one-third of respondents know or have heard of families at risk of separation, the general perception is that the same problems lead to the risk of separation in their case, along with poverty, (iii) although in most cases children are perceived as victims of socio-economic problems that characterize families as being at risk of separation (abuse, violence, lack of supervision, child labor), in some cases they are also perceived as perpetrators of reprehensible activities or practices (drug, alcohol and tobacco use, or illicit actions, thefts, crimes).

In terms of personal or community support and the involvement of authorities and citizens, there is a dualistic attitude characterized, on the one hand, by the idea that there is mutual community support of community members, mainly of extended family members, but also support from local authorities and services such as, in order of importance, the local public authority, the community-based support, the school and kindergarten, the church, the family doctor's office. On the other hand, the idea that at the level of concrete involvement, beyond declarations of intent, the population does not get involved in helping families at risk of separation, and the community-based support and resources for vulnerable families at risk of separation from their children or for preventing separation of children is deficient. Formal and informal local leaders are not seen as people you can rely on in difficult child-related situations.

In terms of childcare practices, (i) the absolute majority of parents surveyed state that they take very good care of their children in terms of food and clothing, (ii) virtually all children in the care of respondents attended school on a regular basis in the last school year, (iii) in 2% of families with minor children (under 14) child labor is practiced outside the household, (iv) generally, the study indicates close relationships between children and parents in most families, but sensitive subjects are not discussed in most families, and (v) 17% of respondents generally agree with corporal punishment of children.

In terms of information channels, (i) only half of the respondents were exposed to information on the topics researched in the last year, mainly from conventional local media and social media, (ii) the main sources of general information are social media (84%), especially Facebook, traditional television (86%), and news portals (72%). The top TV channels that have a significantly higher number of viewers than other channels are Prime (32%), Pro TV (28%), Jurnal TV (27%); the top three radio stations with a higher number of listeners are Radio Noroc (11%), Radio Moldova (11%), and Radio Plai (9%); and the top three news portals by popularity are stiri.md (13%), point.md (13%) and protv.md (12 %).

Main Recommendations

Group 1 of recommendations: It is recommended, first of all, to carry out information- and awareness-raising activities at the level of the entire population on a series of aspects directly related to the analyzed issue:

• Raise public awareness of diversity, especially functional diversity, respectively increasing the understanding of different degrees of disability, the needs of children with different types of disabilities, the positive effects of including children with disabilities in mainstream education, etc.

• Raise public awareness of the negative effects that separation from the natural family has on the physical, emotional, psychological, and spiritual development of children, regardless of their age. Awareness-raising activities can be built on a solid foundation characterized by the perception that caring for and raising children is best handled in families and in family-type environments, and should include the promotion of adoption.

- Raise public awareness of positive education models, respectively understanding the problems that adolescents in particular may face (delinquency, illicit substance use, unprotected sexual practices, etc.) and the need to adopt certain practices, including the use of specialized services in order to address and solve these problems, avoid coercive-violent behaviors or those based on negative sanctions.

Such activities can be implemented through information- and awareness-raising campaigns, especially through social media (Facebook) which are most frequently accessed by the population of the Republic of Moldova. Short messages with impactful images can be posted to social media outlets, as well as shared with traditional media, such as TV/radio, through video/audio spots.

Group 2 of recommendations: Secondly, it is recommended to carry out information and awareness-raising activities to address the problems faced by the most vulnerable families with children:

- Education professionals in particular appear to need special awareness-raising and empowerment regarding the integration of children with different types of disabilities in mainstream education.
- Professionals in the fields of social work, education, and health also need to be made aware of the specific problems of adolescents and how to address them, but also of the negative effects that poverty or material deprivation can have on families with children and the support they can receive in preventing separation of children from their parents.
- In general, the development of a culture of intersectoral and interdisciplinary cooperation and collaboration can also benefit from the contribution of awareness-raising activities, complementary to the formal professional regulations and norms that provide for such collaborations. Such activities can be implemented through official institutional channels to disseminate personalized information materials adapted to the environments and issues addressed.

Group 3 of recommendations: Third, it is recommended that information- and awareness-raising campaigns be carried out at the level of local public authorities on the role they play in supporting families with children, especially vulnerable families and those in poverty and insecurity:
  - Raising awareness of local decision-makers of the importance of services at the community level, the role that community support services play in supporting vulnerable families, and advocating for the allocation of resources needed to develop services at the community level.
- Raising awareness of local decision-makers but also of other formal and informal leaders in various relevant areas (protection, education, health, culture, religion, economic agents, etc.) on children's rights, especially the right to grow and develop in a family.

- Supporting leaders and decision-makers through empowerment activities (training, education, awareness, mentoring, etc.) in the field of community mobilization and participation, focused on positive models and documented best practices in communities where community involvement and help are at a high level.

Such activities can be implemented through official institutional channels to disseminate personalized information materials adapted to the environments and issues addressed but also through training activities and awareness-raising campaigns. At the same time, it is noteworthy that a moral-spiritual content of the campaign materials will find a strong resonance among the population.

INTRODUCTION

Context

Changing the Way We Care^{SM}(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. The current research 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.

Research conducted over the last 15 years in Moldova reveals that only a small number of studies focused on the knowledge, attitudes, and practices of reintegrating children with families and/or the prevention of child-family separation. Thus, in 2006, Partnerships for Every Child (P4EC) carried out an assessment of the attitudes of the population toward the separation of children from vulnerable families, their placement in residential institutions, and their subsequent return to family care. Following the assessment, it was discovered that although 66% of the general population believed that children should live in families and held a negative attitude toward parents who abandoned their children, many believed that children should not stay in vulnerable families, particularly because the State does not provide the support required to do so. At the same time, more than half of the respondents held a positive attitude toward residential institutions. They believed that children in residential care have the opportunity to develop, and 40% of the respondents believed that children in residential care can be easily reintegrated into families.[2]

In 2011, P4EC organized a qualitative study of knowledge, attitudes, and practices of governmental authorities, service staff, and opinion leaders regarding children and families at risk of separation, as well as the circumstances of children in residential care institutions versus those in alternative care services. The research highlighted that although some community leaders and authorities believed that these institutions have a negative impact on children, a large number of them shared the opinion that it is better to place children in residential institutions than provide support to the family or, in the worst cases, to place children in alternative/foster families.[3]

In 2016, P4EC organized a national survey as part of a larger study focusing on family values, causes of child abandonment, actors and institutions responsible for family education, etc. The survey results showed that although two-thirds of the respondents agreed that the family is vitally important and that families are a safe and protective environment for children, when asked about the causes of abandonment, 46% said that they feel children are better off in residential institutions. At the same time, 46% believed that children are placed in residential institutions at the urging of teachers. Other causes of child abandonment were given as: shortage of care provided by the State (79%), lack of sufficient community support (74%), poverty (64%), and migration (60%). The basic solutions for preventing the abandonment and separation of children from their parents were given as: a healthy economic environment (80%), support services (39%), and educational services (24%)[4].

In 2017, MEASURE Evaluation, with the help of USAID funds, assisted the Ministry of Health, Labor and Social Protection (MHLSP) in conducting a participatory self-assessment of the national alternative care system from the perspective of the United Nations Guidelines for the Alternative Care of Children. As a result of the assessment of the social protection system at the national level, it was discovered that there are significant inconsistencies between child protection policies and their implementation at the sub-national level, including the development of alternative services, monitoring, and staff training. Mention was made of the need for advocacy campaigns targeting the general public and authorities in order to discourage allocating resources for placing children in residential care institutions, changing negative social norms on institutionalization, raising awareness of the importance of the family in raising children, and promoting family-based alternative services[5]

The Violence Against Children and Youth (VACS) survey (2019) highlighted that in the Republic of Moldova a large number of children are victims of abuse and violence in the family and community. Thus, according to the survey[6] one in five girls and one in three boys suffers from physical violence during childhood.

Research in the field of inclusive education (2015, 2017) revealed that although attitudes toward inclusion of children with disabilities in school have become more positive, many teachers remain reluctant about (and frustrated with) the inclusion of some groups of children. The teachers seem to accept the inclusion of children with physical, speech, and/or learning disabilities, but are less inclined to accept children with intellectual disabilities and/or those with emotional-affective and behavioral disorders. Further, children with intellectual disabilities and Roma children are more likely to be bullied at school by their peers than children without disabilities. Some parents of children without disabilities continue to be resistant to the participation[7] of children with special educational needs (SENs), those with mental disabilities and emotional-affective and behavioral disorders. According to the evaluation study of the National Program of Inclusive Education (2011-2020), awareness campaigns targeting the general public can be useful in influencing parents' attitudes towards inclusive education and the rights of each child. For parents of children with disabilities, raising awareness of children's rights, as well as legal and educational support/advice are needed (in order to learn how to better support their children).

For parents of children without disabilities, joint actions between small groups can be organized at school/kindergarten with parents of children with disabilities, which allow for interaction and the dismantling of prejudices.[8]

Although previous studies were particularly important in highlighting the attitudes of groups within the population toward the family, institutionalization, deinstitutionalization, and alternative care services, they were disconnected, focusing more on studying the perceptions of population groups and covering only certain categories of the population, etc. Further, the studies did not cover issues related to the reintegration of children into families or the challenges faced by families and children during reintegration.

Objectives, Methodology, and Limitations

The study aims to develop specific practical recommendations for changing the knowledge, attitudes, and practices of the target groups in order to prevent child-family separation and remove existing obstacles children and families face during reintegration.

The objectives of the research focus on:
- Assessing and analyzing the knowledge, attitudes, and practices that create obstacles for the successful reintegration of children into families, communities, and educational institutions (i.e., by identifying existing practices in this context).
- Assessing and analyzing the knowledge, attitudes, and practices that prevent vulnerable families at risk of separation from accessing community services and support (i.e., by identifying existing practices in this context).

The research was conducted at the national level in all regions of Moldova, covering both rural and urban areas.

Research Methodology

The research methodology was guided by the principle of triangulation - the use of quantitative and qualitative research methods and interviews with several types of actors targeted by the research topic.

A. Quantitative Study	
Research method:	Quantitative: representative survey at the national level.
Research technique:	CATI – Computer-assisted telephone interview.
Target group:	General population aged 18 and older.
Sample size:	1,005 respondents, with a sampling error of ± 3
Research tool:	Structured questionnaire with closed-ended questions. The questionnaires were developed by the CIVIS team in collaboration with the CTWWC team. Working languages: Romanian (77%) and Russian (23%). The questionnaire included five sections: • Demographic data. • Knowledge, attitudes, and practices regarding the deinstitutionalization of children. • Knowledge, attitudes, and practices regarding vulnerable families at risk of child separation. • Childcare behaviors. • Information channels.
Pre-test of the questionnaire:	Questionnaires were pre-tested and finalized following the pre-test results before the actual on-site work.
Average of duration of interview:	32 minutes
Data collection period:	15 April – 19 May 2021
Geographic coverage:	382 localities
Sample profile:	Procedure of probability—simple and random selection at the national level from the register of telephone numbers assigned to mobile service providers (Orange, Moldcell, and Unite) with proportional distribution of selected intervals for each provider.
Weighting:	The sample obtained was weighted based on four basic demographic variables to fit the average with official statistics: • Development region (North, Center, South, and Chisinau municipality). • Area of residence (rural and urban). • Gender (male and female). • Age group (18–29-years old, 30–44-years old, 45–59-years old, and 60 years and older).

B. Qualitative Study	
Scope:	Obtaining qualitative information for the research objectives, i.e., data that cannot be obtained by quantitative study due to its limitations.
Method:	Focus group discussions and in-depth interviews.
Tool:	Recruitment form and open-ended question guide.
Average duration of interviews:	34 Minutes
Average duration of the discussions:	96 Minutes
Target group:	In-depth interview: 1.Parents of children with disabilities. 2.Parents who have children reintegrated from residential care institutions. 3.Parents who have children in residential care institutions. 4.Parents with children at risk of separation. Group discussion: 1.Formal community leaders.
Sample size:	Two group discussions (with a total of 14 participants—formal leaders at the local level) and 16 in-depth interviews (four interviews with each of the four parent categories).
Logistics:	All group discussions and in-depth interviews were recorded (audio/video) and were then transcribed in shorthand.

The socio-demographic profile of the participants in the quantitative and qualitative study is available in the annex of the report.

Data were analyzed though SPSS Statistics software. The analysis was carried out having due regard for the following variables: environment of residence, gender, level of education, age, and employment. The qualitative analysis of the data was performed using a series of operations: categorization; contextualization; structural analysis, which allowed highlighting of settings, motivations, causes, and perspectives in the field of child protection and family capacity. The triangulation of sociological data (collected by combining several research methods) was also used, which contributed to overcoming the limitations of research in emergency conditions caused by COVID-19.

In summary, the research:
1. Has a complex objective focused both on attitudes, knowledge, and practices regarding the reintegration of children as well as the separation of children from vulnerable families. This allowed for a better understanding of the attitudes, beliefs, and stereotypes of the population regarding the separation and reintegration of children, which will facilitate stronger targeting of communication messages regarding various issues and population groups.
2. Analyzes the different perspectives of the general population, parents of vulnerable children, and community leaders, which will help build separate (i.e., targeted) communication strategies and messages for the different population groups.
3. Analyzes community resources, including community leaders, in order to use them more effectively in preventing the separation of children from their parents and in reintegrating children into the family, school, and community.
4. Identifies sources of information for the population about child protection issues, which will allow for the development of an effective communication strategy for changing attitudes and behaviors.

Ethical considerations took into account the principles and norms promoted by the United Nations Evaluation Group.[9] The research protocol developed for this purpose included: (i) ensuring the protection of the identity of specialists involved in the research, and (ii) protection of collected data, etc. The participants were informed both about the context and purpose of the research and about the observance of the principles of anonymity and confidentiality, including those regarding voluntary participation. 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.

The research was influenced by a few limitations:
1. Due to the COVID-19 pandemic, surveys were conducted over the telephone, which reduced the possibility of very low resource families participating in the research as they did not have access to telephones or the internet.
2. Due to the pandemic, it was not possible to organize focus groups with the parents of children with disabilities in communities, the parents of children in residential care institutions, the parents of reintegrated children, or those at risk of separation. Focus groups were replaced with interviews, which limited the opportunities for several parents to provide their opinions on the studied issues.

These limitations were covered by the triangulation of collected data.

Report Structure

The report has four chapters:

Chapter 1: This chapter includes information on the incidence of people who have cared for or are caring for non-biological children, who have themselves been cared for outside the biological family, and the incidence of direct or indirect exposure to children with disabilities.

Chapter 2: This chapter analyzes the respondents' knowledge regarding institutionalization and deinstitutionalization; their attitudes regarding the institutionalization, deinstitutionalization, and reintegration of children with disabilities; their perceptions of local support for families with children who have been placed in an institution, deinstitutionalized, or have disabilities; the likelihood of integrating a non-biological child into one's own family; and personal experience of deinstitutionalization.

Chapter 3: This chapter contains information on the respondents' perceptions of the risk factors of child separation, community support for vulnerable families (including those at risk of separation from children), and stereotypes about children in these families. Personal and community involvement in providing support to vulnerable families is also addressed.

Chapter 4: Information channels: This chapter presents the frequency of use of information sources by the general population and the preferred sources of information (e.g., social media, television, radio, and news portals).

CHARACTERISTICS OF THE STUDY'S RESPONDENTS
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This chapter presents respondents' personal exposure to disability, care for non-biological children, and personal experiences of foster care and/or residential care. In general, from 4–10% of respondents have personal experience with these situations.

As reflected in the following chapters, personal exposure to these situations influences attitudes and practices regarding deinstitutionalization and perceived risk factors of child-family separation

Presence of Minor Children in the Family

Nearly half of the respondents (44%) said that they have minor children in their household; in particular, female respondents (47%) and respondents aged 30–44 (79%). Twelve percent of unmarried respondents and 27% of divorced or widowed people also mentioned that they have children.

On average, a household with minor children has 1.8 children. Among the families with children, 49% have children aged up to 5 years, 56% have children aged 6–11 years, and 39% have children aged 12–17 years.

Approximately one-quarter of respondents are either directly or indirectly exposed to families with children with disabilities (Figure 1). Of the respondents, 4% have children with disabilities in their own family, particularly respondents aged 45–59 years (8%).

Figure 1: Do you, your relatives, or friends have children with disabilities?
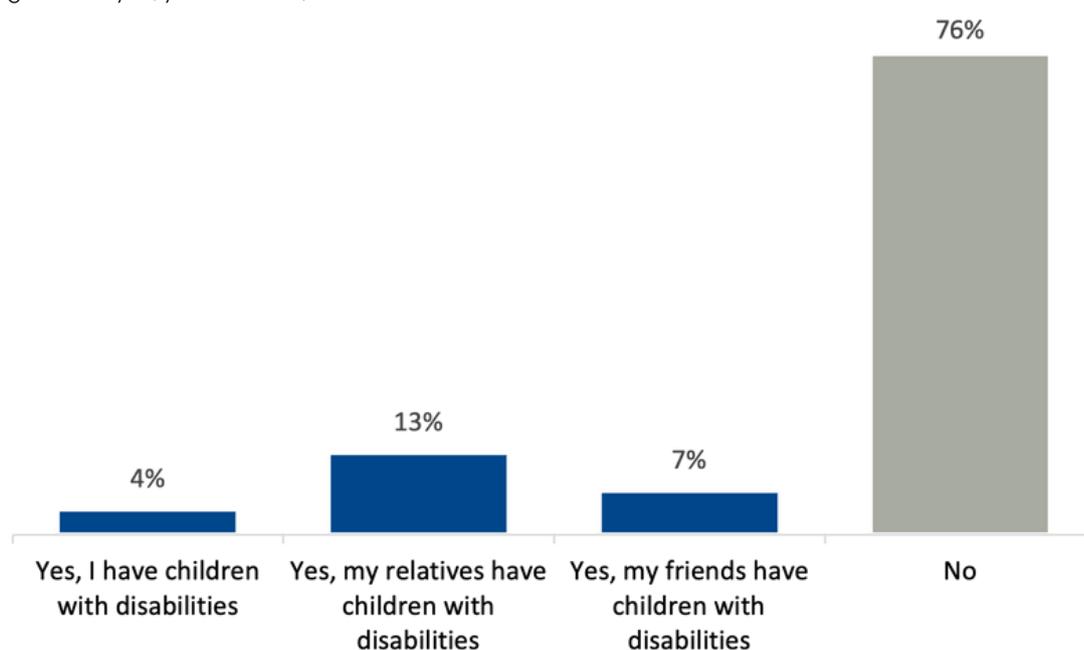
Experience of Caring for Non-Biological Children or Being Cared for by Non-Biological Parents

Approximately one-eighth of respondents had experience caring for non-biological children (Figure 2), particularly respondents from the south (21%) and those with low to average levels of education (17%).

Figure 2: Do you have experience of caring for non-biological children in your family?
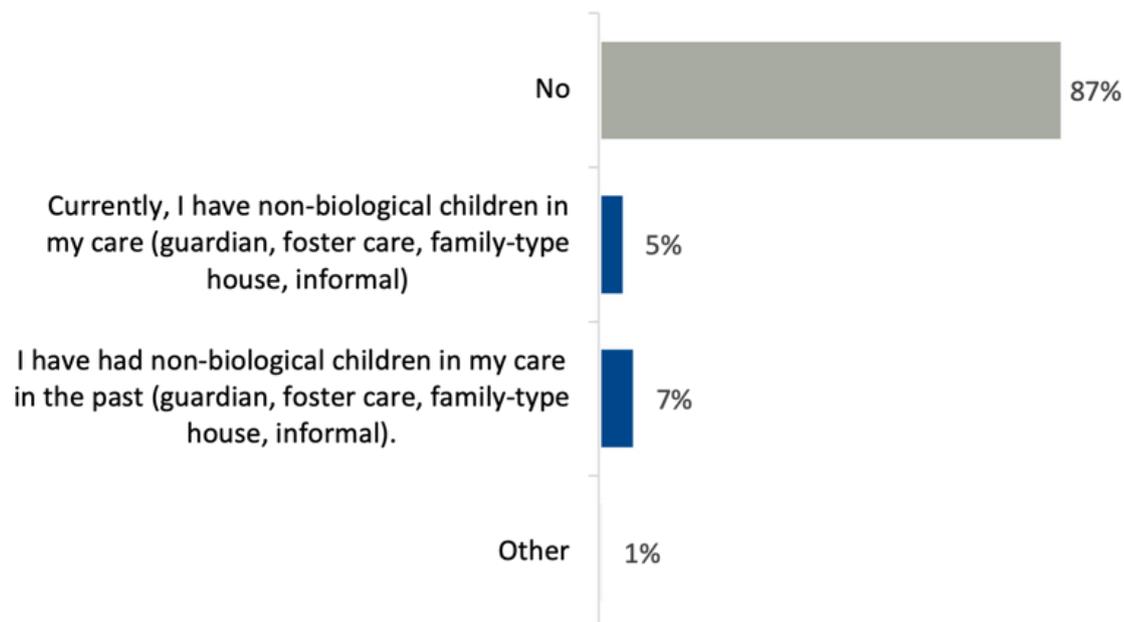
Nine percent of the respondents are directly or indirectly (through other family members) exposed to the experience of being cared for in a non-biological family or a residential care institution (Figure 3). Of the respondents, 3% were personally raised in a non-biological family and 1% had/have children placed outside the biological family.

Figure 3: Have you personally, or someone in your family, been cared for by another family, or lived in a residential institution?
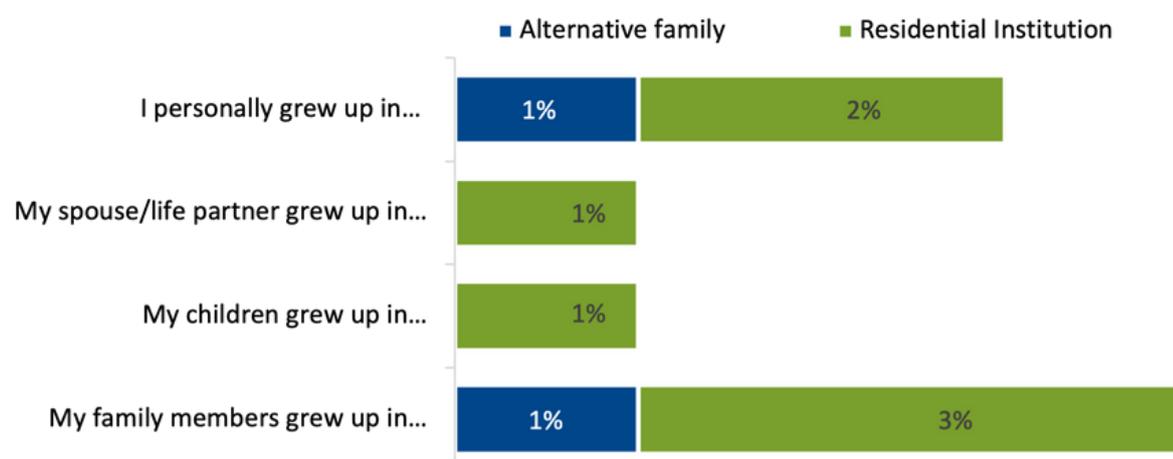
The Impact of the COVID-19 Pandemic on the Financial Situation

Four out of 10 respondents were financially affected by the COVID-19 pandemic, in particular inhabitants of the northern region (46%), people aged 45–59 years (50%), those with an average level of education (45%), ethnic minorities (47%), and low-income people (48%).

Figure 4: Has your family's financial situation improved, worsened, or changed compared to the pre-pandemic period?
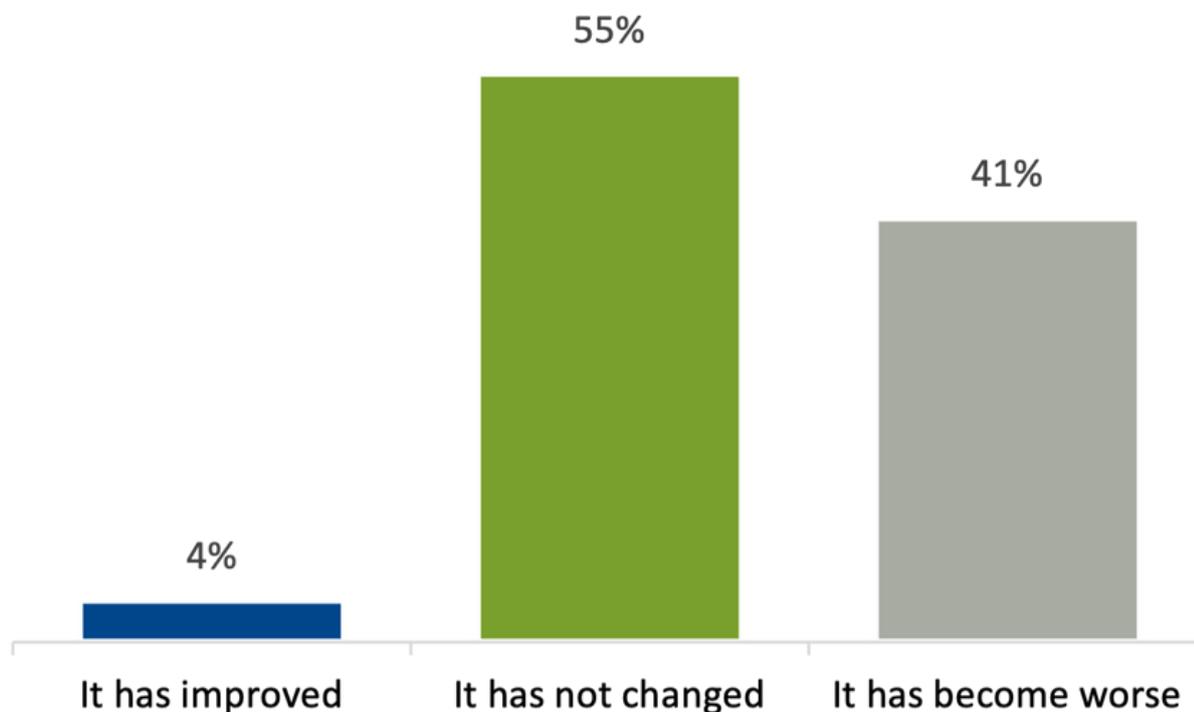
Chapter 1 Conclusion

According to the research results, one quarter of the families in the Republic of Moldova are involved either directly or indirectly with families who have children with disabilities (i.e., they themselves, extended family, and/or friends have children with disabilities). These results indicate that these families have been directly or indirectly exposed to diversity and are aware of the challenges facing children with disabilities and their families. One out of eight respondents had the experience of caring for non-biological children, including 5% of the respondents who are currently caring for non-biological children in their own homes. The exposure of the respondents to the experience of caring for non-biological children shows a particular openness of a segment of the population to alternative forms of family child care.

KNOWLEDGE, ATTITUDES, AND PRACTICES REGARDING DEINSTITUTIONALIZATION

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Generally, the respondents have some knowledge of deinstitutionalization, but they believe there are more children in residential care than is currently the case. It is widely understood that children in residential care are not as well cared for as children in families and that the reintegration of children is a challenging process. The challenges are better understood by those who have a certain experience of care.

The study reveals a favorable opinion about residential care of children that is shared by a significant percentage of the respondents, particularly by children from vulnerable families.

Knowledge of Institutionalization and Deinstitutionalization

The level of general knowledge of the studied issues is quite high—two-thirds of the respondents have heard about institutionalization and deinstitutionalization (Figure 5).

The percentage of people who personally know, or have heard about, children placed in residential institutions is higher in the northern region (72%) and increases along with the age (from 55–72%) and level of education of the respondents (from 58–67%).
This is also valid for knowledge of the deinstitutionalization of children and for families caring for non-biological children.

Figure 5: Do you personally know, or have you heard of, …..
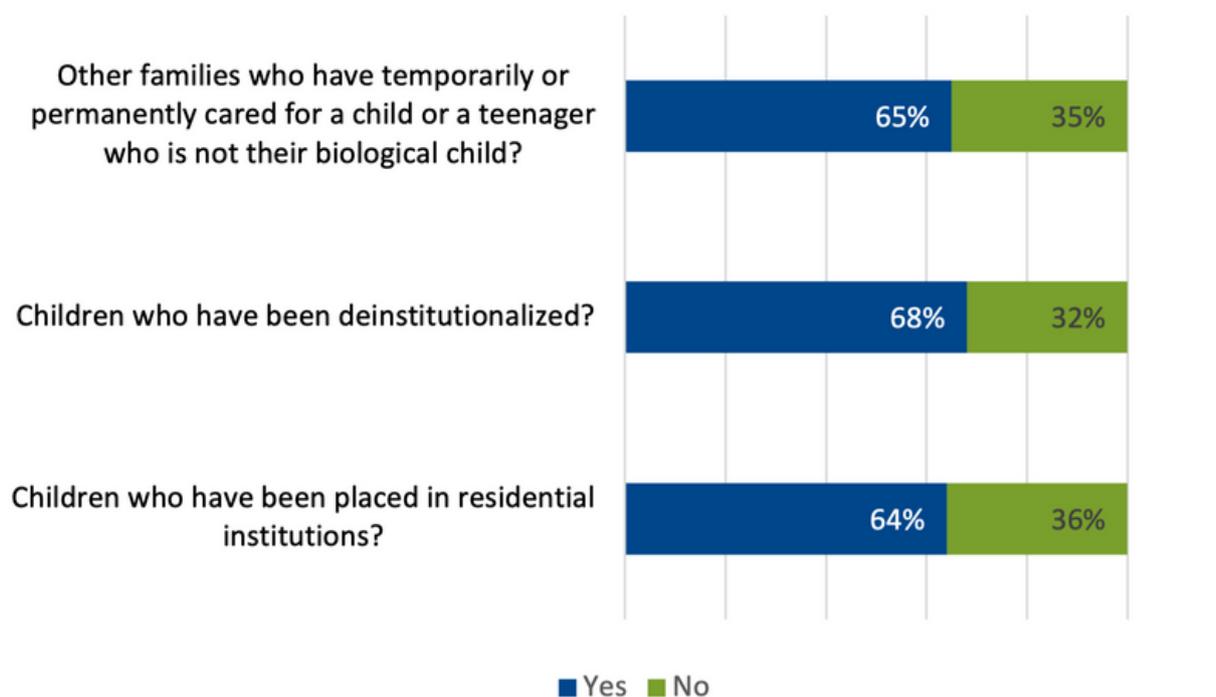
The latest data show that 676 children live in residential institutions. In the context of the study, the respondents were asked about the number of children in these institutions. The results show that the respondents either do not know the scale of the problem or consider it to be much larger than it is (Figure 6).

Figure 6: How many children do you think are currently placed in residential institutions in Moldova?
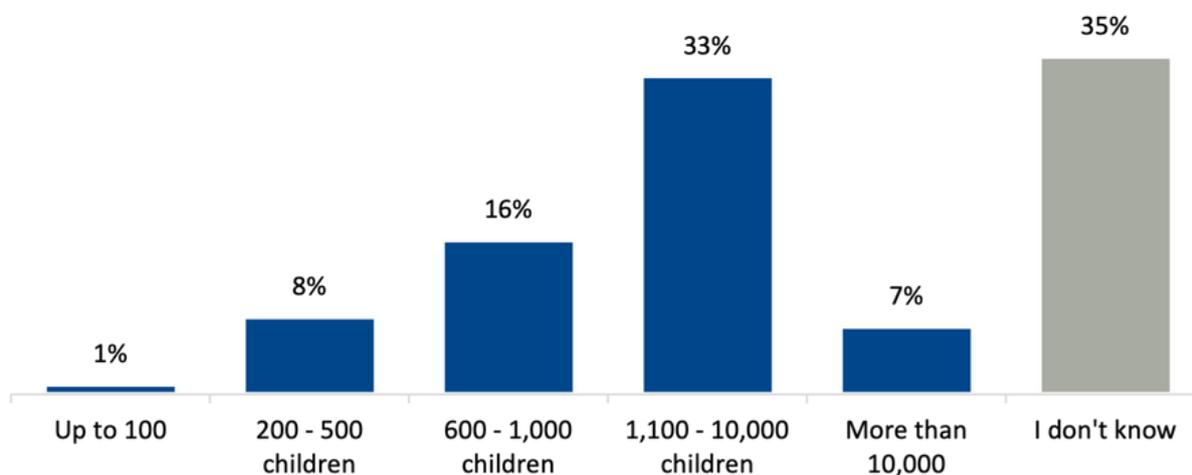
Ninety percent of the respondents consider that in non-biological families, children are treated very well or well, compared to only 52% who believe children are treated very well or well in residential care institutions. The personal experience of parents with children in residential care confirms the adequate care of children in these institutions.
Three of the participants in the qualitative study are satisfied with the way their children are cared for in the residential care institution.

Figure 7: How do you think children are cared for?
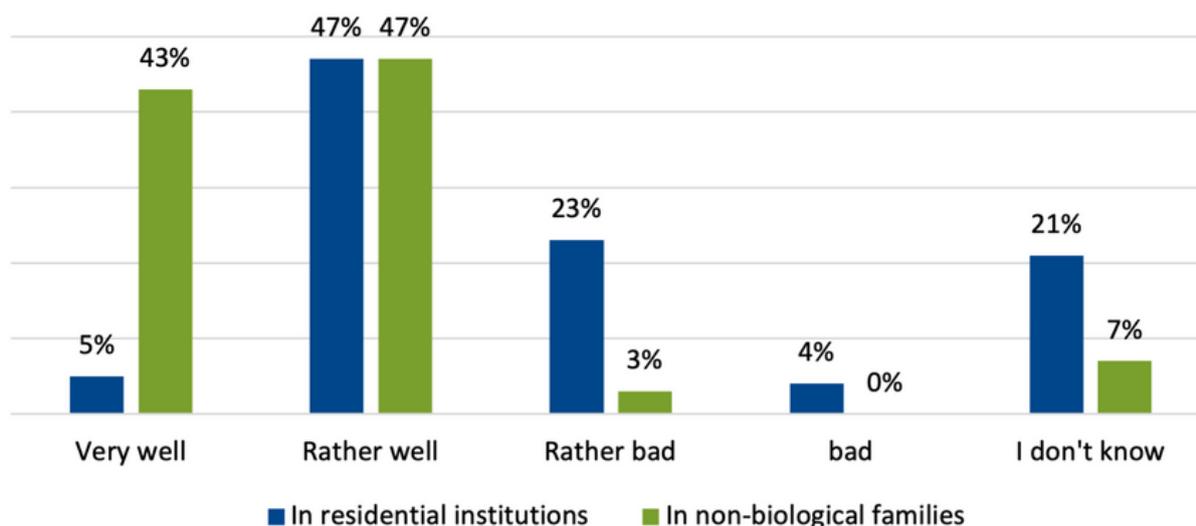
The look of the child (i.e., cleanliness, well-rested, etc.), and the way he or she behaves, suggest that the staff of the institutions (teachers, educators, supporting staff) take good care of the children and have a kind attitude.

> When I go and see that the child smells fresh, the hair is washed, the nails are cut, the clothes are clean, by the way the child is calm and happy, I realize that the child is well cared for and I'm glad that there is the oxygen that they can use as needed immediately. – Individual Interview IA 5

> Very well. I have no objection. Both teachers and educators let me know how progress is being made, I see that they are working. – IA 6

Only one person said that a child is poorly cared for.

> I don't like the way the child is cared for at all. – IA 15

Figure 8: From what you know, what are the problems faced by children returned from residential institutions and their families during the reintegration process?

Category	Percentage
Children have emotional problems	62%
Children have behavioral problems	48%
Children have difficulties of integration into school/kindergarten	41%
Children are despised and discriminated against in the community	33%
Children have problems of relationship with peers	30%
Children have health problems	17%
Children do not have access to the necessary services (psychological counseling, rehabilitation services, etc.)	14%
Other issues	3%
I don't know	17%

According to the respondents, the main challengeS faced by children in residential institutions during the period of reintegration are emotional in nature (Figure 8), as indicated by respondents with direct or indirect exposure to care outside the family (68%). Other important challenges concern behavioral problems and difficulties of integration into the education system. Problems of discrimination in the community and of relationships with peers were identified to a significantly greater extent by the respondents with direct or indirect exposure to care outside the family compared to those who have not been exposed. It is also interesting that access to support services is considered to be an insignificant problem (14%).

Figure 9: In the last 12 months, have you read, seen by chance, or searched for information about…?
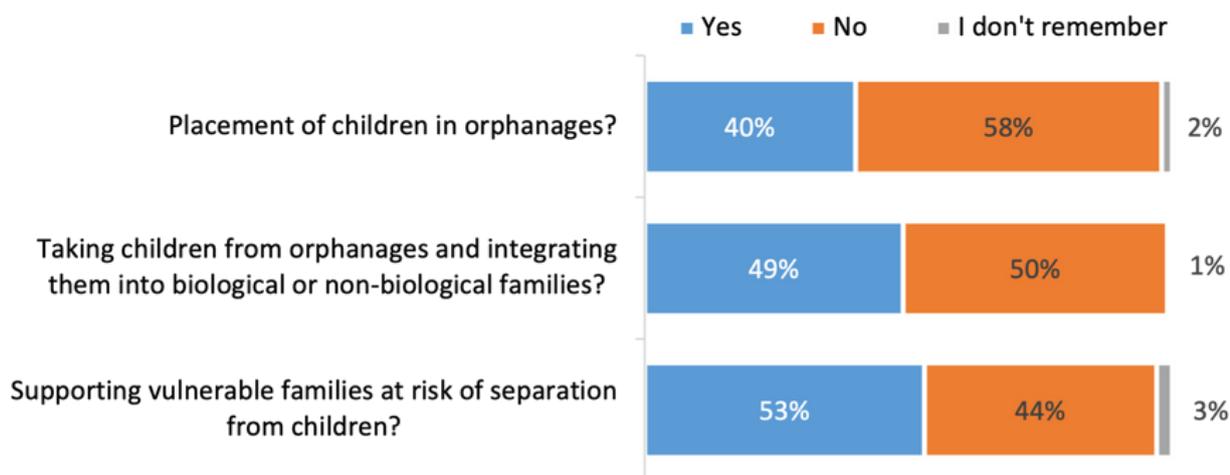
Sample: 672 respondents who accessed information on at least one of the topics mentioned in Figure 9.

Approximately half of the respondents have been informed in the last 12 months about the challenges faced by children returning from residential care and support for families at risk of separation. Forty percent either voluntarily or involuntarily accessed information about the institutionalization of children (Figure 9). This information was mainly accessed by female respondents over 30 years of age.

The main sources of information reflected in Figure 9 are traditional media with national coverage, social networks, and friends or relatives (Figure 10).

Stakeholders at the local level play an insignificant role in this regard. Traditional media was used mainly by the inhabitants of Chisinau municipality (60%) and people over 30 years of age (60%, on average). Social media mainly informed women (44%), residents of urban areas (46%), and people 44-years old and younger (46%).

Figure 10: From what sources did you find information?

Source	Percentage
National traditional media (TV, radio, newspapers)	54%
Local traditional media (TV, radio, newspapers)	7%
Social media	39%
Friends/neighbors/relatives	35%
Family doctor	1%
Social worker	8%
School teacher	4%
Priest	1%
Other	4%
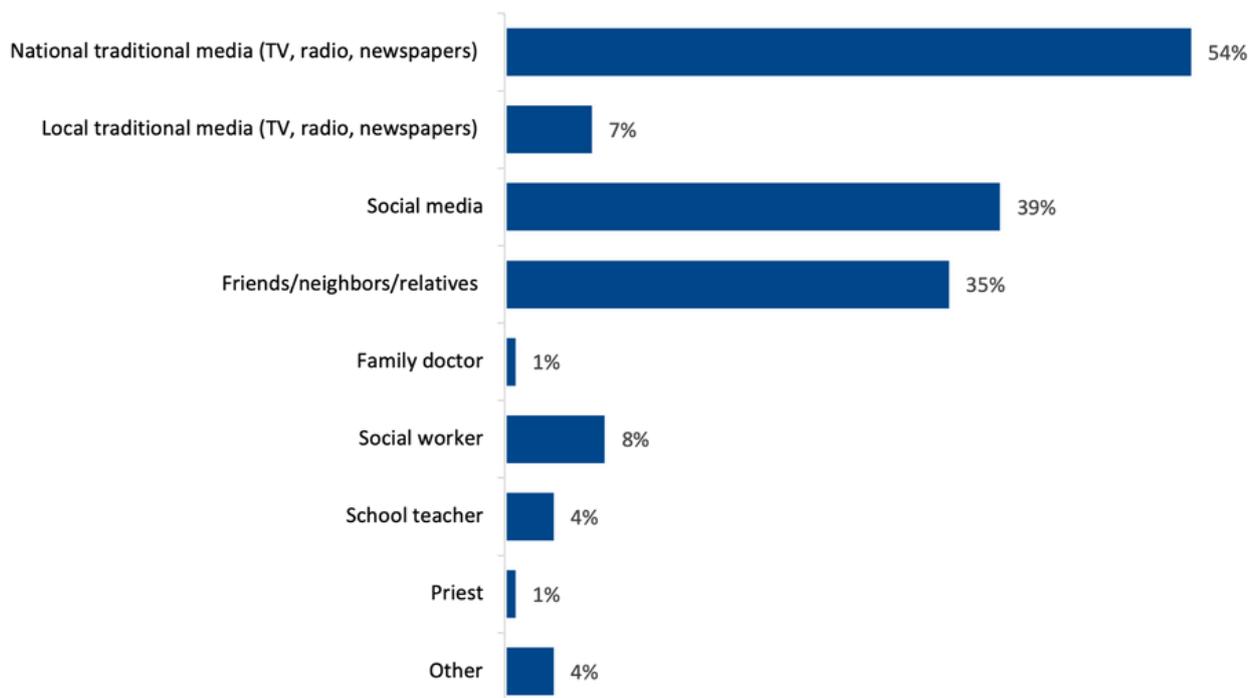
Attitudes Towards Institutionalization and Deinstitutionalization

When asked about the best reintegration options for children in residential care, the first impression is that respondents mainly opt for the integration of children into biological families (44% chose this as a first option), however, when you combine first, second, and third options, the majority of respondents choose extended biological family (71%) and adoptive families (64%) (see Figure 11).

Adoptive families as the best option for reintegration were mainly chosen by young people (73%) and people with average to high levels of education (65%).

However, the interviewed parents who currently have children in residential institutions oppose the idea of integrating their children into alternative families. In the opinion of one mother, it would be much more difficult for her to recover the child from an alternative family than from the residential care institution.

I don't even think of such an option for me. – IA 6

I thought of something like that, but I can't do it. – IA 16

I don't want another family to take her. A family wanted to take her, but I definitely opposed it. It would be hard for me to get her back. – IA 15.

Figure 11: What are the three best options for placing children returning from residential institutions in Moldova?

	First option	Second option	Third option	Total of 3 options
Biological family	44%	5%	6%	**55%**
Extended biological family	25%	40%	6%	**71%**
Family-type home (where a family cares for several children)	8%	20%	20%	**48%**
Community home	2%	5%	15%	**22%**
Adoptive family	17%	19%	28%	**64%**
Does not know	4%			

The general opinion of participants in group discussions on placing children returning from residential institutions and/or at risk of separation in alternative families (families of relatives or families of foster carers [FC]) is positive. Most of them claim that the alternative family offers the child the chance to grow up in a family environment and to witness a functional family, which is important for building life skills and preparing the child for an independent life. Alternative families can also provide support for the children even after reaching adulthood.

> It is a positive alternative. When the child doesn't have a place in the biological family or in the extended family, the best opportunity is foster care. It is definitely better than the residential institutions because the child comes into a family environment, he or she has a family model of life, is treated as a family member, has the opportunity to develop basic life skills, is prepared for an independent life. – Focus Group Discussion (FGD)

> We have such families in the locality. They already have about seven children, they graduated from a gymnasium, at least a vocational school, they are independent…Radical changes are seen in children placed from residential institutions in alternative families. We have a little girl who got used to doing housework, cooking, working in the garden, household. I think it is very welcome to adapt in a family of foster care. – FGD

> Being deinstitutionalized and placed in parental care, over time children become attached to these parental assistants, so when they turn 18 and leave, they often return to these families, ask for advice, consult with them. – FGD

It depends, however, on the family in which the child is placed. Some specialists claim that not all foster carers are sincere in their desire to care for these children. Some are pursuing financial benefits (salary, aids, allowances) or taking advantage of the children (e.g., forcing them to work). There are also families who do not know the difference between education through work and labor exploitation.

> It depends on where the family is. If the family is absolutely sincere, then that's fine.

> Depending on the purpose of the family, there are some who really don't have children and want them, but there are also those who take these children to make them work or for the money allocated by the State. – FGD

> In our country, people don't know the difference between labor exploitation and education through work, in accordance with the child's age, or his or her level of maturity. – FGD

The success of a placement depends a lot on personality dynamics, and not all interventions are successful. There are situations when a child does not get along with the biological children of the FC or with the other children in the placement. There are also situations where the child and the FC do not get along, or the child does not adapt to the rules of the house and runs away.

> There were also children who ran away because they didn't adapt to imposed rules, restrictions, behaviors. It's all about the specifics of the children, their problems. – both FGDs

> Of course, there are also unsuccessful placements. It's the human factor and you can't guarantee 100% success. We have cases when the child doesn't find common language with biological children, other children in the placement, or even with the FC, and then we have to move the child from one family to another or even return him or her to the placement center. – FGD

Some interviewees acknowledge problems children can face in alternative families, such as violent FCs; harsh punishments applied by FCs (including being forced to work); and a lack of love offered by the foster parent.

> There are children who cannot fit in because these parents don't have that great love like biological parents, in some cases children have violent parents, they beat and force them to work, children are punished for mistakes and run away from such families. – FGD

According to the study, and excluding situations like those addressed above, there are competent institutions with responsible staff (e.g., Social Assistance and Family Protection Directorate [SAFPD], community social workers), who verify and evaluate children, FCs, and their environment. However, in the opinion of one discussion participant from a rural area, the legal framework for approving FCs should be improved. Rules and regulations should be tightened and stricter criteria for obtaining FC status should be established.

> *These FC families are verified by the SAFPD or by the community social worker. Placement in a family, even a non-biological one, should only have beneficial effects on the child's development. – FGD*

> *So, the form itself is good, but the legal framework should be revised in terms of sanctions to make them harsher. – FGD*

The study also shows that not all participants know that there are institutions that work with alternative families and children placed with FCs.

> *I think we need a specialist in the field to work with parents and children to see if something is wrong. There are children who are silent out of fear or say that everything is fine even though they are exposed to physical work or violence. – FGD*

The general perception of the sample population is that the family is the most suitable environment for childcare (Figure 12).

However, the study shows significant differences in the perception of the general population of which care setting is most beneficial for different groups of children at risk. The vulnerability of families is perceived to be a more important reason for institutional placement than disabilities. Approximately one third of respondents believe that children from vulnerable families would be better served in residential institutions compared to 18% of the respondents who believe the same in the case of children with disabilities.

Figure 12: Do you think that the following groups of children at risk would be better cared for in a family or in a residential institution?

	Family	Residential Institution	Difficult to say
Children with physical disabilities	61%	32%	7%
Children with intellectual disabilities	67%	27%	6%
Abandoned/orphaned children	69%	23%	8%
Children from vulnerable families	74%	18%	8%
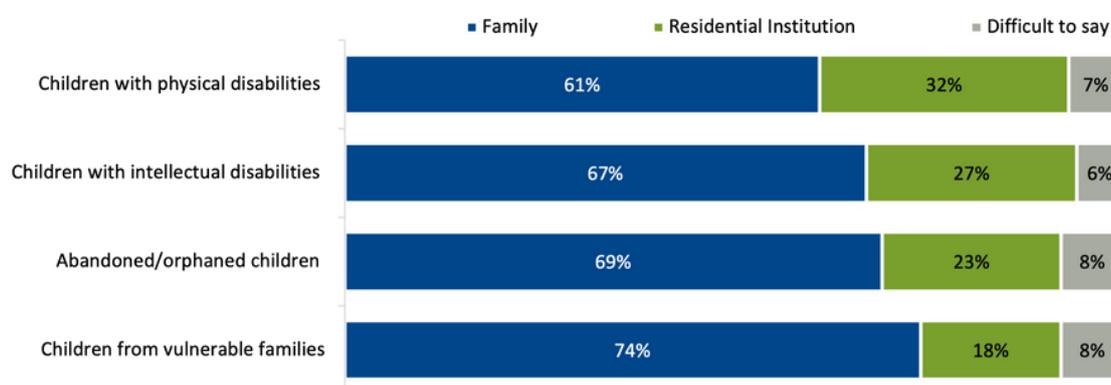
Older people and those who have been cared for outside of the family opted more for institutionalization of children from vulnerable families.

People with experience caring for non-biological children and those who have been cared for outside of the family also opted more for institutionalization of children with intellectual disabilities.

The data from parents (in terms of their relationships) with children in residential institutions show that children are placed in residential care institutions not so much on the initiative of parents, but due to external factors. According to the interviewed parents, the decision to place a child in an institution was conditional: either the child needed special care that the mother could not provide, the attitude and/or treatment of the child in the educational institution was inappropriate, or the mother's personal situation required the temporary placement of the child in a residential care institution. The institutions and the persons involved in the decision-making process and placement of a child in a residential institution include: social workers (Child Protection Directorate), school/head of studies, and medical institution/doctors.

> With her diagnosis, we were told from the very beginning that she had no chance of recovery and they referred us to the orphanage. But I was more optimistic and kept her at home until she was 7 years old, when the seizures became daily. The person later advised me to place her in a residential institution, because her condition had worsened so much that she constantly needed a doctor by her side, but my psychological condition was already at the limit. And the social assistance [service] referred us to this institution. – IA 5

> As for the eldest child, the head of studies advised me to try to place him in the residential institution and, if he recovers, to transfer him back. As soon as he was transferred to the auxiliary school, radical changes appeared for the better. With the youngest, I made the decision alone because in the regular school he was not treated well, neither by the teacher, nor by the children. – IA 6

> When I was homeless, because I was kicked out of the rented dwelling by the person I lived with (she didn't love children and I still had to give birth to the next child [a girl]), I was advised to leave him for two months in the residential institution until I gave birth and found a job to be able to support the children. The medical assistant from the Children's Rights Directorate also helped me a lot, so this was done very quickly. – IA 16

According to the answers of some interviewed women, no attempts were made to help them change their mind about placing their children in residential care institutions.

> No, almost everyone agreed to make this step. – IA 6

> No, they came and took the child. – IA 16

According to interviewees, attempts were made to ask for help from various state institutions (to keep the child in a regular school, to return the child home, etc.), but nothing was done. Thus, help was requested from the Directorate of Education (Aneni) and the Directorate of Social Assistance, Botanica sector.

> There were several meetings where the ladies from the Aneni Directorate came, there were even commissions that included the psychologist, the school principal, and the teacher who taught my child, and I requested them to help me to start with something, even once I burst into tears, but nothing was done to keep the child at the school, no effort from the state institutions. – IA 6

> I tried to ask the Social Assistance Service from Botanica for help, but they told me to look for a job so that I could pay for a dwelling. I started working, but I already had no one to leave her with and they told me to leave her until I found a permanent place to live in, but I couldn't find it anymore. – IA 15

A mother said that attempts were initially made by the institution's doctors to get her to change her mind and keep her child at home. Pressure, "under the pretext that she does not love her child," was applied. However, the difficult condition of the girl, who was in need of constant healthcare, led to placing her in the institution.

> Yes, but it was done under the pretext that I don't love my child and that hurt a lot. That was when I had my first meeting with the entire board of doctors at the institution. But it didn't work because the condition of the little girl was serious, and I needed help to keep her alive. – IA 5

Before placing a child in a residential care institution, some interviewed women tried other solutions. For example, a mother considered taking her child to the Speranta Center in Chisinau, but due to the impossibility of commuting there and back every day, the solution failed (IA 5). Housing the child with friends was proposed, but it was a temporary solution.

> I tried, I lived at other friends' homes, but it was difficult, so I gave him (to the institution) for a period so as not to stay with me in the street. It's at least warm there, he is cared for. – IA 16

Regarding advice for families considering placing their child in a residential institution, two of the interviewed women said that the decision to place a child in a residential institution is conditional. If there is a serious situation, for example, if parents do not have the ability or inclination to create safe living conditions for children (i.e., alcohol dependent families, etc.), it would be better to place a child in a residential institution or auxiliary school, for the good of the child.

> Depending on the situation, how difficult it is. If in the family, the mother and the father are only concerned about alcohol, then the child would feel much better there, because there are trained people who can provide the child with everything he or she needs. But if parents can afford to keep the child home and make conditions for him or her, then of course it is better at home. – IA 5

> If it is a normal, healthy family, it has everything and parents work, I think they should keep the child with them, but if it is a family with alcoholics, or with problems, I advise them to place the child in a residential institution or an auxiliary school and the children to remain there, so as not to see what is happening in such family. – IA 6

Two other participants in the study would never advise the family to place the child in a residential care institution because the first thing a child needs is parental love and that is not provided by any institution. They clearly said to the mothers, "Don't leave your children." – IA 16.

> I would advise such families not to make this mistake because it's very difficult without them and children are not given parental love that children need so much. – IA 16

Most of the participants in group discussions share the opinion that placing children in residential care institutions is not a suitable solution to ensure their well-being, even if they are well cared for (they are properly fed, dressed according to the season, educated, etc.). Even in cases where they are deprived of care at home, respondents suggested that the separation causes a psychological trauma which will require time and resources to recover from. In some children, the trauma of separation leaves its mark for the child's entire life. The respondents also suggested that a child in residential care is deprived of the most important things he or she needs to become an honest and responsible person who will be able to integrate into society: love, gentleness, and patience.

> When the child is taken out of the family, even if the parents do not provide him or her with the necessary conditions for upbringing and education, the child still suffers some changes, emotions, when he or she is taken out of the family, being very attached to the parents. Any separation or loss is a trauma for the child and follows him or her throughout life. A child taken out of the family is a hurt child, and his or her rehabilitation takes a lot of time and resources. I'm against placing children in institutions. We need to find a way to help the family keep their children with them. – FGD

> Of course it is not good for the child to reach the placement center, because he or she is taken away from love, family—mother, father, grandparents. Taking them out of the family, we want to make them good and responsible persons, but we deprive them of the most important things: love, gentleness, patience, which are absolutely necessary to become a special and family person. We deprive them of the possibility to feel what it's like to be in the family. – FGD

However, some representatives from villages, based on practical and/or exceptional examples, admit that temporary placement of children in residential care institutions can be beneficial, but that the children should ultimately be returned to their biological family or, as an alternative, placed in non-biological families.

> I'm not an advocate of placement centers, but there are extraordinary situations as well. I know a case when children were placed in a placement center because their family was disorganized, consumed alcohol, the children were not educated, they were not cared for, they were not bathed and were hungry, careless. They often hit the road; their lives were in danger. Being six in number, they were brought to the placement center. Here they were bathed, cared for, educated, taught. Keeping records of these children, we saw how their psychological and spiritual condition changed, they became calmer, cleaner, gentler, more obedient, more attentive during discussions.
> – FGD

> Children can be placed in the institution for a period of time and parents should be given a deadline to remedy the situation. Later, the children are brought back to the biological family or they are placed in non-biological families where sometimes they feel much better than in the biological family. – FGD

The success of the placement also depends on the way the child is removed from the family. In the opinion of a participant from an urban area, the separation should not be forced.

> It depends on how we take the child from a bad family and place him or her in a good boarding school. If we go with the police, with force, we will certainly not achieve the intended purpose. Residential institutions are not so bad, they are also a solution, from case to case.
> – FGD

There are several factors that lead to the placement of children in residential care institutions. Discussions with specialists in various fields reveal that children are more frequently placed in these institutions in the following cases: when the child does not have close relatives (from degree I to degree IV of kinship) to take care of him or her and/or when the family has problems (alcoholism, poverty, debauchery, lack of amenities/abilities to care for and bring up children, indifference/irresponsibility of parents, divorce—anything that would affect the health and physical and moral integrity of the child).

> I believe that the indifference of parents and some problems in the family —alcohol abuse of parents, their inability to take care of children, lack of close relatives (of level 1, 2, 3), because he or she has no one to take care of them, make children to go to residential institutions. – FGD

> There are many causes—parental divorce, poverty, and lack of optimal living conditions and education in the family. We mostly bring the child to a residential institution when the family is no longer a family. – FGD

Other causes of institutionalization are the lack of alternative services and jobs, the latter generating another cause—migration of parents abroad. Yet another cause is the birth of a child to a young girl and the infant's subsequent abandonment.

> One cause is the lack of alternatives services to residential care, as well as the lack of a job, which makes some parents decide to go abroad and leave their children alone. Unwanted pregnancy in young girls who abandon their children in orphanages. – FGD

In the opinion of a resident of an urban area, the only (and most serious) reason that should determine the separation of the child from the family and his or her placement in a residential institution is abuse and neglect by the parents. In all other cases, work should be done with the family to prevent separation of the child.

> In my opinion, the only and the most serious reason to take the child out of the family is his or her abuse and neglect. Otherwise, the child must remain in the family, but the family must be supported by society, the community and the local public authority (LPA). – FGD

In general, in the opinion of several interviewed specialists, each situation should be addressed individually.

> The reasons are different, but each case must be treated separately: a poor family, dependent on alcohol, or maybe debauchery in the family, or maybe the age of the parents, maybe there are children with disabilities who, although they have good families, can't attend school and are brought for a certain period to these institutions, where they are provided with opportunities for education, treatment.
> – FGD

Opinions differ between respondents regarding the life of children in residential institutions and those experiencing family life. Some believe that children feel very good in residential institutions because of the conditions created for them: they are well cared for, fed, dressed, and involved in activities, which is for the good of the child. However, some children resist placement and, after a while, driven by homesickness, run away from the center. There are many such cases.

> We have a placement center in the district where there are at most 10 children, they are provided with all conditions, they are involved in various household activities inside the center and outside it. There is also a computer room where they can go. They are free to join different activities, they are not limited at all, they feel very good. Recently I've had a little girl who was reintegrated into an extended family and her grandmother is very happy with the changes that took place during the placement. There are also positive things in this institutionalization of children. – FGD

> In our locality we have a temporary placement center, which is very well equipped and funded. Children are brought here because their parents are alcoholics, from single-parent families, with debauchery, migration. Here they are fed, dressed, but, after a month, a month and a half, longing for home, for freedom, begins to dawn on them, and they think that their mother is the best, their father loves them, and they run away. We had five cases when the children ran to their grandparents, to their mother in the sheepfold, to their father in the forest. – FGD

On the other hand, some participants believe that there is nothing good for children in residential institutions. On the contrary. Based on work experience, knowledge of several institutional and auxiliary schools, as well as their own experience of living in residential care (for six years), the children were assaulted and were not properly educated. Classified as "unfortunate children" upon leaving these institutions, they found it difficult to find employment.

> If you ask us what's happening in the residential institutions, then there's abuse. Children from two institutions—Socii Noi and Albinetul Vechi— along with the 45 boarding-type auxiliary schools, had absolutely healthy children as residents, but there was educational neglect. Children who, upon graduation from this school (grades 1–8) actually only studied through third grade, left this institution and didn't have the right to train for the profession of driver, nor of tractor driver at least, they were unfortunate children. – FGD

> I want to talk about my situation, as a beneficiary, because I lived for six years in a residential care institution as a person with special needs. In these institutions there was indeed violence, it was called "dedovshina" ("bullying"), it was very cruel. There were 28 girls in a room, most of us were bed-ridden. – FGD

Reintegration of children into their biological or extended families, or into an alternative family, is done (among other reasons) in order to create a support system for the children after they enter adulthood. The situation of orphaned children is very different. In the opinion of urban specialists, these children often end up on the street after the age of 18.

> We work a lot with reintegration, if not in the biological family, then in the extended [family] or [with an] alternative one, in order to later have a support, not only until the age of 18, but also after. As an example, we have a girl who is already 22 years old and after graduating from the educational institution, she remained in foster care and continues her studies at the police academy. But that takes a lot of work. – FDG

> The solution [of reintegration] is great for orphaned children who have lived all their life in boarding school, have reached adulthood, and have passed the baccalaureate exams, received their documents, and are [then] displaced. – FGD

Being asked how children from residential institutions integrate into society, several study participants said that few of these children manage to integrate. The reason is a lack of life skills: they do not know how to build a relationship to create a family, they abandon their children, and they easily fall into destructive behaviors. Also, without support, they become totally dependent on social services.

> Very few find their path in life, and very few children make their own families. Many don't even know how to build a relationship. They remain dependent on social services, abandon their own children, fall into sects, religious dogmas, or slavery – FGD

> They leave the residential institution and end up on the street. They aren't helped by anyone, they have no idea where to go, what to do, or where to start. – FGD

However, not all children fare badly; there are also successful cases. In the opinion of some interviewees from rural communities, some children from the residential institutions manage to find jobs and create families, however, not without at least partial support of NGOs.

> Not all children have stepped on the bad path, there are also cases when children have got a profession, have graduated from a vocational school where they are offered a dorm, they enjoy support because there are NGOs that support these children, e.g., Keystone Moldova, and they are studying, are employed. – FGD

> I know a person who was in a placement center and is an educated person. Now she is married, she has found a husband from the residential institution, they have a child, she works in a shop in Chisinau, as a cleaning woman, and he is a freight handler, they have integrated into society. – FGD

A person from a rural area suggested that more day centers for children be opened, in support of families that take in children from residential institutions but who do not have all of the resources necessary to fully take care of them.

> It would be good to have day centers for children, for them to sleep at home, to be in contact with their parents, and during the day to participate in activities organized by the center. Because there is a teacher there, there is a social worker, the children enjoy a better education, they are given more attention, they are dressed, they are offered a hot lunch. – FGD

As for the State's contribution to the integration of children from residential institutions, it is minimal. Given that the State is not particularly involved, some participants share the opinion that it should at least provide the legal framework enabling more NGOs to get involved in supporting and integrating these children, along with other organizations (Keystone Moldova, Stela Svoys House in Ialoveni town and Chisinau city) that are already doing so.

> From my experience of working at the placement center, the State is not very involved in providing a favorable future for children, but Stela Svoys House in Laloveni town (for girls) and Saymon House in Chisinau city (for boys), where they continue their studies, save us. The Stella House is supported by the Americans, who pay for their studies if they want to get them, and then necessarily help them to get a job, according to their specialty. – FGD

Very few are employed, those with disabilities can still be hired, but it rarely happens because there are few jobs and there are challenges that a person with a disability cannot cope with. Not to speak about those with medium or severe disabilities. – FGD

We have a stateless State today because when a person is thrown into the street, whether he or she is a child or a retiree, it means that we have no State. I think that if the State is unable, then it should allow NGOs to provide the legal framework for them, giving them the opportunity to work with organizations abroad to organize joint projects. – FGD

Three quarters of the respondents support the idea of deinstitutionalization of children and their integration into biological families (Figure 13).

Figure 13: Recently, more children are returning from residential institutions to their own families, do you think this is a good initiative?
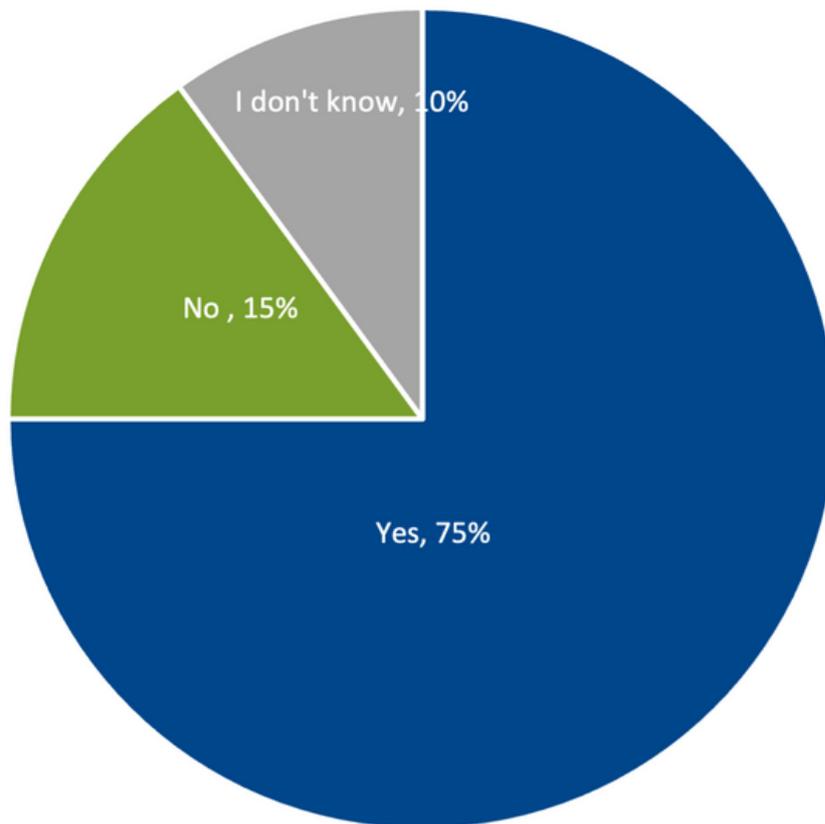
Deinstitutionalization is mainly supported by individuals in the north (78%) and south regions (81%), compared to the center region (70%) and Chisinau (72%).

In this context, all interviewed parents with reintegrated children encourage families who are thinking of bringing their children home to do so, despite the challenges, and to be patient and attentive with them.

Be very patient and attentive, regardless of how hard it will be, they should go just ahead. – IA 11

Take the child in spite of all challenges, there will be difficulties, but it's worth it. – IA 12, 13

Create conditions and get their children back because the hardest thing is to lose them. – IA 13

When asked directly, most respondents supported the idea of deinstitutionalization, however, the survey identified a large share of people with a favorable attitude towards residential care for children (Figure 16). Nearly half of the respondents agreed that if children are not adequately cared for by their parents, they should be placed in an institution. This opinion is mainly supported by the elderly (63%), those with low to average levels of education (56%), and those who had themselves been cared for outside of the family (61%).

In the case of children with physical and intellectual disabilities, half of the respondents agreed that the children have better opportunities for education and development in residential institutions than in the community (this opinion was shared mainly by the elderly). However, as seen in Figure 12, the vast majority believed that these children would be better cared for in biological families.

Figure 14: Do you agree or disagree with the following statements?
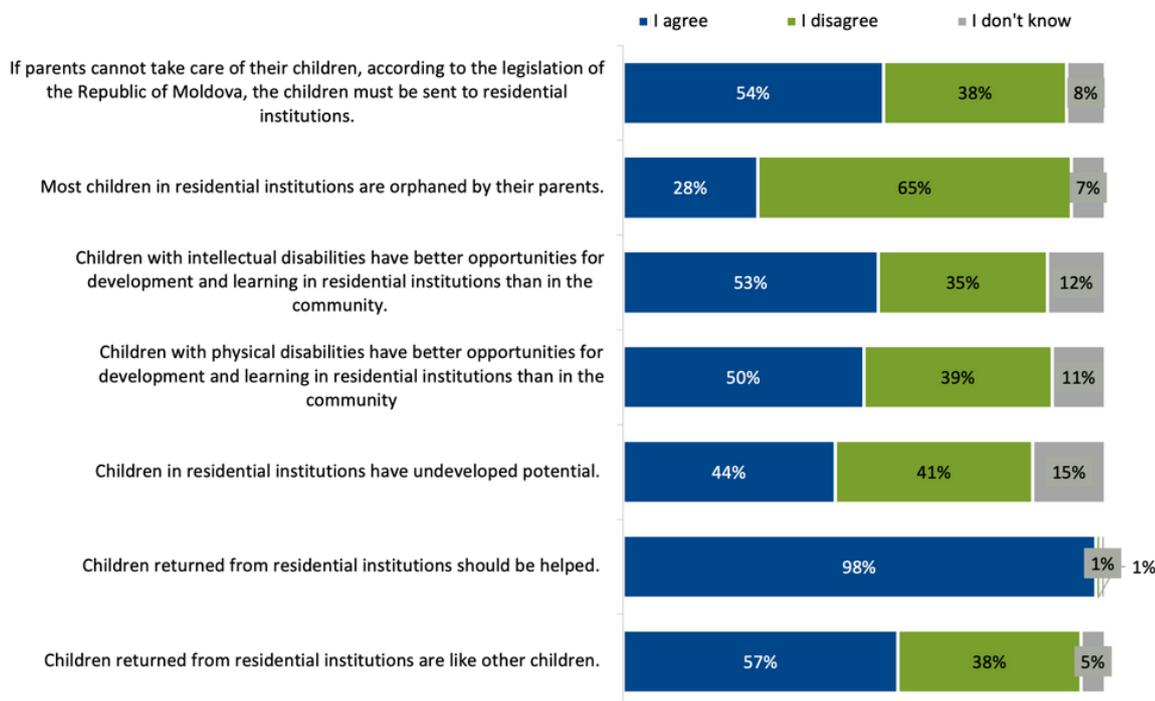
Figure 14 illustrates widespread stereotypes among the population: 28% believe that most children in residential institutions are orphans, 44% believe that these children have undeveloped potential (an opinion shared mainly by residents of urban areas, ethnic minorities, and those who had also been cared for outside of the family), and 38% say that children in residential institutions are not like other children (an opinion shared mainly by respondents with experience in caring for non-biological children).

Some mothers with children in residential care institutions believe that the process of reintegrating children into families is a fair and welcome one. Moreover, if the State were more involved in supporting vulnerable families, no family would place a child in such institutions in the first place.

> This is a very good thing. I think that if the State offered more aid to disadvantaged families, no child would get there. – IA 16

Regarding the integration of children into alternative families, all interviewed women had positive opinions. They opined that it is a chance for children to grow up in a family and to be better cared for, and for parents to realize that they made a mistake, giving them a chance to welcome their children back into the biological family as soon as possible.

> It's good; they give children a chance to be happy too, to have a mother and a father by their side, and to grow up in a better place. – IA 16

> I think it's very good, maybe that's how parents realize quicker that they were wrong and that they have to take their children back. – IA 15

At the same time, the participants said that it is important that families who decide to care for their children do so because they love their children, rather than due to other interests.

> If the parents who have undertaken such a thing really love their children, then they can do it, but if they don't love them and do it because of interests, I think it's better not to do. And if we're talking about a child with disabilities, they must know that they need patience, iron patience. – IA 5

Although they stated that the idea of reintegrating children was welcome, only two of four mothers interviewed attempted to bring their children home from the residential care institution. Despite their intentions, the mothers were unable to bring the children home as they had not improved their living conditions and could not provide the care the children required.

> I tried to retrieve him in the middle of the year, but they didn't give him to me. It's easy to give, but very difficult to get him back from there. There are conditions, you need to be prepared, in particular, this is a child with disabilities. – IA 16

> And now we want to take her back home, but we need to have conditions, a normal place to live in. – IA 15

For the well-being of the children, two other interviewed women did not make such attempts. They believed they would only create inconveniences for their children.

> I thought of taking her at least for summer, for vacation time, but because it was very difficult for me to accommodate her until the situation becomes stable, I thought it was better for me to go there to my child, than to create inconvenience for her. – IA 15

> Given the situation in the gymnasium, I didn't even think to try because I know he has no chance here, but in the auxiliary school he has good results. – IA 16

In 2002-2003, one of the women was very involved in the opening of a center for children with disabilities in the community, which would have offered the possibility of keeping her child in the family, but the effort failed.

> In 2002-2003, we had the possibility to open a center for children with disabilities in the locality, which was a light for me. I worked for a few months, I found the office, submitted applications, got funds from donors from Sweden, but, for some reason, no miracle happened. – IA 15

When asked if anyone tried to help them remove their children from residential care, two interviewees said, "No." One said that the social worker offered to help her with baby food, provided she found a stable place to live.

> The social worker said that she will help me with food, provided only we have a permanent place to live in. – IA 15

According to the interviewed women, in order to reintegrate a child back into the family, the following changes of situation are necessary:

- Accessible services (a center for children with disabilities, a social apartment) where the child can stay during the day to socialize and be involved in activities.

  > If there is anything available, a social apartment, I bring her in the morning and I go to work, and in the evening, when I come back, I take her and so she socializes, she is happy that I take her out of the house, and I'm happy that my child is at home, I'm even ready to pay for this. At night, if something happens, I can call the emergency service. – IA 5

- An available "special" person (a special teacher to help him or her at school, etc.).

  > If I have a special person for him, maybe he would be integrated into a normal school, I think this would work, otherwise not. – IA 6

- Permanent housing and appropriate living conditions.

  > We need a home, a permanent place to live, to be out of danger of being homeless... and [safe] living conditions. – IA 15, 16

Although most of those interviewed share the opinion that placing a child in a residential institution is not an optimal solution to ensure a child's well-being, not all people support the idea of completely closing these institutions given that not all children can be returned to their biological or extended families.

In their opinion, each case should be considered individually. For every person who believes it is better for a child to live with a family, there is another who believes it is better in a residential institution. In cases of orphans (who do not know their relatives), children from disadvantaged families (with alcoholic parents, families living in extreme poverty, etc.), and of children with disabilities who need special care, the question of family care versus residential care becomes more difficult. This idea of evaluating each case individually is supported primarily by representatives from villages. They also state that "services must be improved and diversified, but not liquidated." – FGD

> I don't think it's a good idea to close all residential institutions. There are children who have nowhere to return to, nowhere to go if they close. There are children from families with parents who consume alcohol, I think it would be better for them to be placed in care institutions. – FGD

> When poverty persists in families and children have nothing to eat, they don't have optimal living conditions, but these orphanages offer them interaction with other children, provide them with education, they are cared for, are fed on time, of course within the limits and financial budget of this institution. – FGD

> Considering that residential institutions have psycho-pedagogical specialists, speech therapists, they have the necessary range of specialists for the proper formation of personality, I don't think that their closure is welcomed. – FGD

Returning children with disabilities to their biological families is more difficult in that not all families are prepared to accept these children, particularly those with severe disabilities. Thus, there are a number of preconditions that must be taken into account before returning a child with disabilities to their family, namely: the desire of parents to take over the care of the children and their ability to provide appropriate care and treatment, which involves a lot of effort, attention, patience, and financial resources.

> The problem must be addressed depending on the attitude of parents, the way they agree to help these children, their ability to take care of them, because children with disabilities need deeper care, they need more attention. – FGD

> It's more serious with children with disabilities, they are very problematic. I think that another family will not be able to cope with such work and in a month or two they will give up these children and where should they go? I don't think all residential institutions should be closed. – FGD

Based on the experience of other countries, the opinions of the children themselves should be sought before returning home. This idea was voiced by one of the participants in the group discussion from an urban area.

> In Sweden, for example, people with disabilities have been asked where they want to live and the vast majority referred to pro-segregation, that is, living in their societies, but keeping in touch with the family. So, there are two opposite views and both are valid. – FGD

It was also suggested that the return of children with disabilities to biological families might pose more disadvantages than advantages, including:

- Lack of clear policies and/or a concrete program of actions aimed at the integration of these children into the family, community, and society.

  > There is currently no concrete program of actions for children with disabilities or a clear policy for them, which should be thought out and implemented. – FGD

- Lack of specialists to work with these children (with hearing, vision, speech disabilities) and/or a lack of a support framework.

  > We have pretty good families who have children with hearing and speech disabilities who studied at special schools. How can they be reintegrated if no one knows sign language? They come, attend lessons, and that's all. How can we reintegrate a totally blind person since no specialists are trained to work with braille? We are not ready for this; we have not prepared a platform to reintegrate all categories of children into society. We need to do this so that they feel like members of society. At the moment, I don't think they feel like this. – FGD

- Relationship problems, i.e., conflicts between the children and their parents, teachers, schoolmates; and inappropriate behaviors of these children (aggressiveness, fighting, etc.).

  > These children don't find a place in the school and [then] get into conflicts with their parents, teachers, schoolmates. They get nervous, they come to blows. I know a case when the child assaulted the mother with a knife because she didn't understand what he wanted. They come from a segregated system and try to live with their peers. – FGD

- Accommodation and socialization difficulties within the family and community, as well as the need for a program of permanent support and assistance for parents and children with the direct involvement of all public institutions and civil society.

  > Problems of accommodation and socialization in the family because for them it was a trauma to be placed in a residential institution and being now back in the family. If the family assumes all the obligations, then the effects can only be good for the child because he or she enjoys support from close people, however it would be good to have a program of permanent assistance for both parents and children as there is a need for specialists to assist them, to monitor them, to teach the parents how to behave with the child... a huge [amount of] work is needed, which should come from both the society and the school, and from the State. – FGD

For a deaf child to be at home, the parents should be helped to buy hearing aids, to learn with the child the sign language alphabet, to go with the child to school. They should have a support teacher to help this child learn the adapted program. – FGD

Perceptions of Community Response and Support

The perception of the general population is that families who take in/adopt children from residential institutions can rely on the help of relatives, social workers, and schools (Figure 15), however, the vast majority of study respondents believe that these families cannot rely in full (to a large extent) on the support of any of the entities or actors listed in Figure 15.

Figure 15: From what you know, if a family in your community decides to accept/take a child from a residential institution, to what extent can it benefit from the support of the following stakeholders?
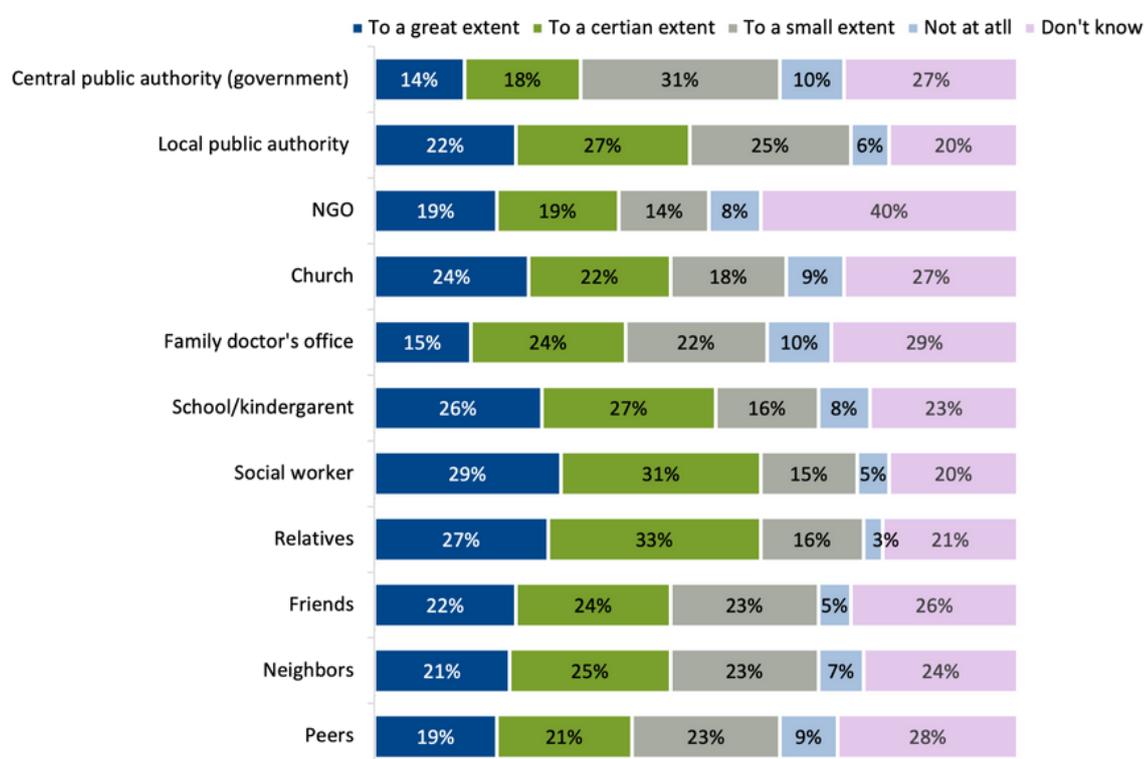
Almost half of the respondents do not know if such support is provided by public associations.

The support of local officials during and after the reintegration process was confirmed by parents who went through the process. According to interviews with parents of children in residential care institutions, in all cases, the decision to return the child to the family was voluntary. In the case of one participant, the Commission for Protection of Child Rights was involved in making the decision to return the child home. There were also organizations/individuals that facilitated the return of a child to the family. Two of the interviewed women referred to the District Council and the deputy mayor.

> The decision was made with the husband. I went to the deputy mayor. —
> IA 11

> We decided together and the District Council helped us to make it.
> — IA 12.

> The decision was mine. I've been everywhere. They were taken on
> Saturday, and I came home on Sunday. The very next day, on Monday, I
> began looking for them, but I couldn't take them in 72 hours. — IA 13

> He lived at the temporary center for half a year. Half a year later, a
> commission was organized. We all met at the center and they asked me
> if I was ready to take the child home, and I took him. — IA 14

In addition to help received before the child's return, two parents said that they benefited from aid from the mayor's office and the social assistance directorate, who offered support and encouragement during and after the child's return home. One of the mothers also benefited from the services of a psychologist for half a year, and another from social assistance and referrals to rest camps for children.

> The mayor's office, Mrs. Nina, and Mrs. Alina from Balti, helped me and
> encouraged me a lot. They always said [to] me, "Rodica, pull yourself up,
> everything will be all right." I received social assistance. The children are
> proposed to go to camp, they go, rest, and come home happy. — IA 13

> I had more support from the mayor. The mayor's office supported me
> everywhere, in all the commissions. At Falesti they also gave me a
> psychologist for half a year. I went to him twice a week. — IA 14

Virtually all parents faced challenges during the reintegration process. Two people referred to a child's manipulative and problematic ("unbearable") behavior, and there were moments of regret that they returned home.

> I had many challenges. I noticed that the girl was crying to manipulate us.
> Once we realized this, we no longer reacted to her challenges. — IA 11

> There were times when she became unbearable, that we regretted taking
> her. It was a period when she wanted to go back to the center because
> we didn't give her free time. She wrote a request herself to return to the
> placement center, and in two weeks she ran away. — IA 12

> The shortcomings were a challenge, the house has no foundation and it
> goes down more and more. — IA 13

> The decision was made with the husband. I went to the deputy mayor. —
> IA 11

Only one of the interviewed women did not face major challenges during the reintegration of her child.

> There weren't many challenges, the child is maturing and is already calmed down, thinking differently, the classmates don't say bad things to her anymore. – IA 14

Interviewed mothers indicated that different actions were taken to solve behavioral challenges. For example, to avoid being manipulated, the parents stopped reacting to the child's false crying.

> After realizing that it was a false cry, we stopped reacting to her challenges. – IA 11

> To improve the relationship and keep her with us, the girl was given more freedom and independence under supervision. - IA 13

One person solved some of the shortcomings due to aid. According to a fourth participant, the challenges resolved on their own, over time as the child grew up, but also due to the open discussions with the child and a greater trust from her.

> We tried to help her; we didn't give up. We gave her freedom, but with a little supervision. We divided the apartment, which is large, in two, and after renovations she will live separately, but her room will be opposite our room. – IA 12

> The situation has been resolved over time; he matured and understands things better. I talk to him more openly and he trusts me more. – IA 14

Regarding the challenges the child experiences during reintegration, one mother said that her child complained of not being given free time, and she wrote a request to return to the center (IA 12). However, thanks to the understanding and involvement of the parents, the problem was solved.

Another person said that her child did not encounter difficulties in reintegrating into the family and easily came into contact with his brothers.

> There are no problems with the boy. He gets along well with his brothers. – IA 14

Two interviewed women stated that they were still experiencing challenges. One of the mothers is still facing challenges, but she has not discussed them with anyone and is trying to cope on her own. Another mother is dissatisfied with the child's poor academic success and his desire to go abroad to his father.

> No, I haven't talked to anyone, I haven't been anywhere, I don't find it comfortable, it's like begging. I'm trying to solve it myself. – IA 13

> He doesn't learn very well; he wants to go faster to his father in Germany and asks me to get him a passport so that he leaves after the ninth grade. – IA 14

Local officials, primarily from villages, claim that there are several forms of support for children and their families regarding the reintegration process. Namely, the family (either biological or otherwise) is trained and assisted by social workers. There are also various financial allowances for families with special needs. Children are helped by teachers and even classmates to integrate into the class and school. Further, there are cases when the children themselves support each other, helping them with clothes, food, etc.

> Some families, biological or non-biological, are trained, attend seminars, to know how to support the child. At school, teachers work a lot with such children. Social workers visit their families, supervise them, train their parents. Even ordinary children treat people with disabilities like peers. They got used to them. – FDG

> Depending on the situation, there are forms of financial allowances, even children support each other. They can bring clothes, food. – FDG

Authorities are involved in the fate of orphans returning from residential institutions. For instance, some boys were enrolled in military school.

> I helped some boys, I brought them to the military school. – FDG

However, the children are mostly supported by NGOs (Keystone Moldova, Stela Svoys House in Ialoveni town and Chisinau city) as they offer them help in continuing their studies, getting a job.

At the same time, local officials confirm the support of alternative families who have cared for non-biological children. Most of the officials referred to the employee status of the FCs, which offers them a salary (depending on education and seniority) and the entire social package. The study shows, however, that not all participants are aware of how much the FC is paid. Those in villages receive smaller amounts (from 1,400–2,000 MDL) while those in cities/towns are paid more (3,500–4,000 MDL). Support allowances for FCs and those for the children themselves are listed as one-time, monthly, and daily rates.

Only one person, the manager of the Family Placement Services department at PA Concordia, was well-informed about the FC service. In her opinion, considering all of the support allowances offered for the care of a child, any FC can provide the child with the appropriate care without having to pay for anything from his or her salary.

> First of all, the foster carer is employed and enjoys the whole social package. The salary depends on education and seniority, around 3,500–4,000 MDL. In addition to the salary at the beginning of the placement, he or she receives 3,500 MDL for the purchase of supplies and clothing, as well as for interventions such as delousing and treating the itching. For maintenance of the children, he or she receives 1,400 MDL per month. They also receive money on the day following one year of placement of the child. Children aged 10 years and over are offered pocket money, 11 MDL per day, and on their birthdays, they receive 70 MDL each. When the child turns 18 and leaves the placement, or after 23 in case he or she continues his or her studies, the child receives 10,000 MDL. Thus, the FC has the possibility to buy clothes, to feed the child, to take care of him or her with the amounts offered for maintenance of children, rather than from his or her own salary. – FGD

> FC is a profession and a salary is paid. I don't know the amount, something around 1,400–1,600 MDL, maximum up to 2,000 per month. In addition to the salary, they also receive allowances and child maintenance allowances. – FGD

Other people, from both rural and urban areas, share the opinion that the salary is low and the allowances are not enough to cover all the needs of children, particularly if the children have disabilities and need expensive treatments and recovery interventions. The study indicates that to have good results, the salary should be more attractive.

> Salaries are very low and children have big problems, and it's very difficult to cope. As long as there is no motivation, there will be no good results. – FGD

> If we talk about families who take care of children with disabilities, then a salary of 2,000 MDL is very low and the benefits offered cannot cover all their needs (expensive drugs, recovery interventions). – FGD

Some people also claim that these families are supported by local authorities. Thus, most mayor's offices exempt them from paying for food at kindergarten or school. They are offered one-time allowances, depending on need, and help for the cold period of the year from the social assistance service. However, for these families to be better supported in the education of children in placement, the social assistance service should work more closely with the school and the police.

> Most mayor's offices exempt these children from paying for food in kindergartens and at schools; it is a support that reaches up to 200 MDL per month. Another form of financial aid offered, based on the request, are one-time allowances, depending on the needs of the family. They can seek social assistance for the cold period of the year. – FGD

> It is social assistance service that is involved, but it should collaborate very much with both the police inspectorate and the school to care for and educate these children. – FGD

Figure 16: In your community, in general, when it is not possible for children from vulnerable families (poor, with domestic violence, drug/alcohol addicts) or orphans/abandoned children to stay with their parents, where they are most likely to be placed?
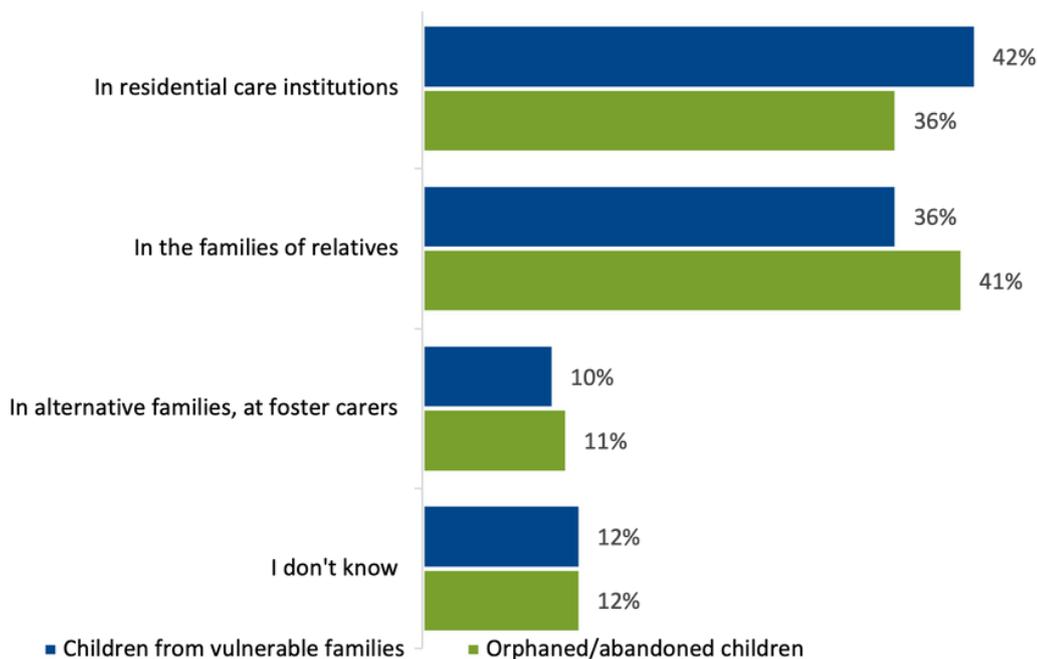
In the case of children with both physical and intellectual disabilities, the perception that they should be helped at the local level, rather than placed in residential care institutions, prevails (Figure 17). This opinion is mainly mentioned by people up to 44 years (77%) and people exposed to children with disabilities (79%).

Figure 17: In your community, in general, when a family with a child with intellectual and physical disabilities is experiencing problems, are they more likely to receive local support, depending on need, or to be advised to place the child in a residential institution?
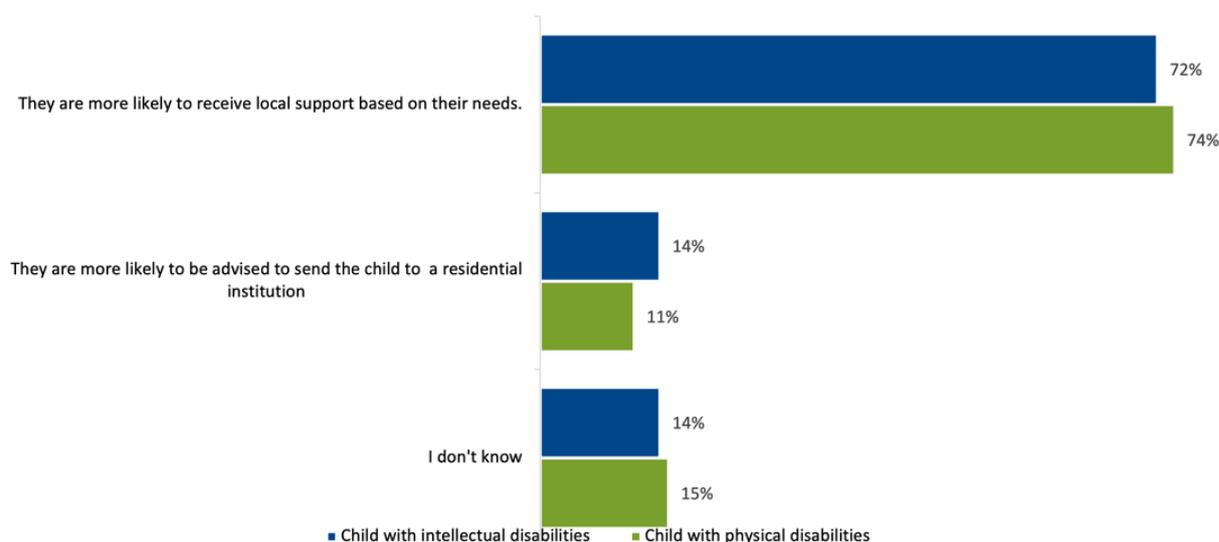
There is a direct connection between the perception of the availability of local support for children with disabilities and beliefs on where the children would be better cared for: respondents who think that more local support should be provided believe that these children are better cared for in the family (78%) and vice versa. Respondents who think that the children should be placed in residential institutions believe that the children would be better cared for in these institutions (59%), particularly if they have intellectual disabilities.

At the same time, respondents who have a positive perception of community involvement in charitable activities (support for vulnerable families, mutual help between community members), to a greater extent (on average, 10% more than those with negative perceptions of the community) consider that families with children with disabilities are more likely to receive local support.

Attitudes Toward the Integration of Children with Disabilities

The study shows a high reluctance to integrate children with disabilities into general schools, particularly concerning children with intellectual disabilities. Only 33% of respondents believe that children with intellectual disabilities should be integrated into general schools, that number increases to 55% for children with physical disabilities.(See Figure 18.)

Figure 18: In your opinion, should children with intellectual and physical disabilities be included in …?
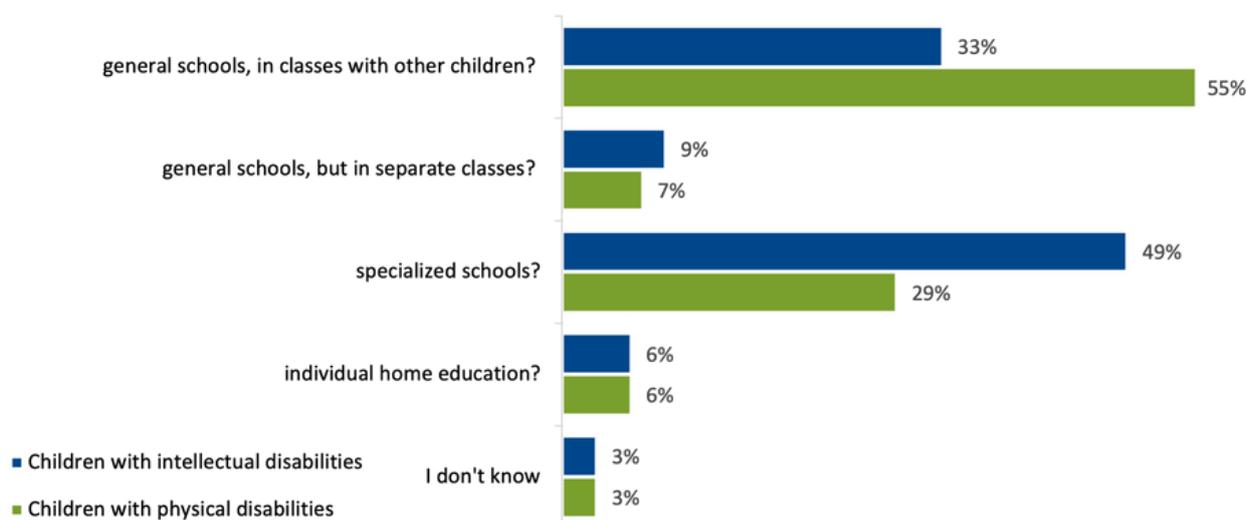
Virtually half of the respondents (including those exposed to children with disabilities) consider that children with intellectual disabilities should be included in specialized schools. This opinion is largely supported by Chisinau residents (55%, compared to the average of 47% in other regions) and people who had been cared for outside of the family (57%, compared to 48% who were not cared for outside the family).

On the other hand, the respondents were not bothered by interactions between their children and children with physical and intellectual disabilities at different levels (friendship, games, etc.) (Figure 19). It should be noted, however, that the level of reluctance is higher for the interaction with children with intellectual disabilities at school. There is an inconsistency between the data shown in Figures 18 and 19 regarding the integration of children with disabilities in schools: on the one hand, most respondents are not against their children studying in the same school, classroom, or sitting at the same school desk with a child with disabilities, but another large group believes that the children with disabilities should attend special schools. This difference could be explained either by the fact that in Figure 21 the answers provided are more socially desirable, or by the fact that the respondents do not fully understand the essence of inclusive education.

Figure 19: Would you personally agree that your grandchildren or children ...?
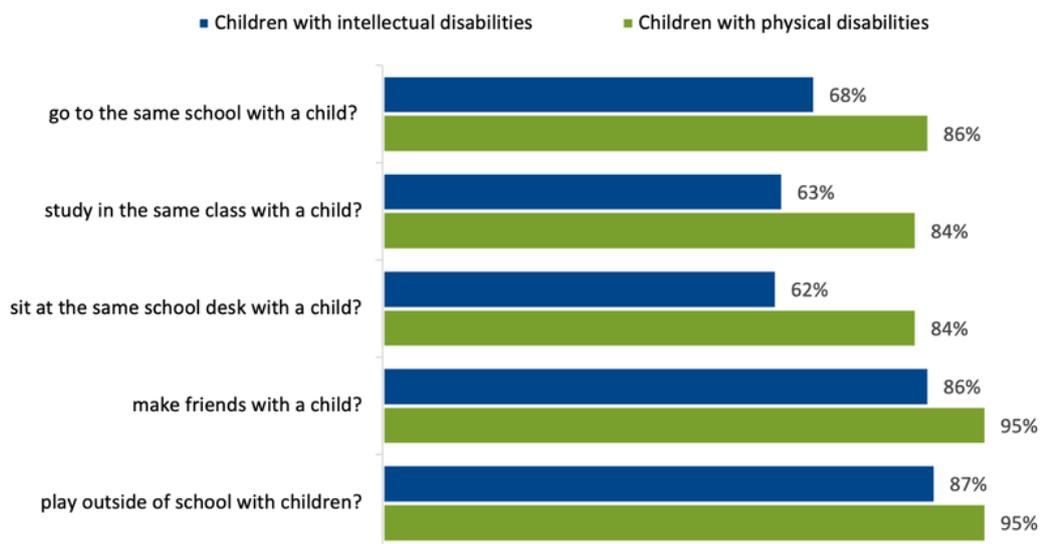
In general, the level of reluctance is higher among the residents outside the Chisinau municipality (40%) and among the ethnic majority.

Difficulties in integrating children with disabilities (particularly intellectual disabilities) were also confirmed by the interviewed parents. The study participants were asked how their child was able to integrate into the family, school, or community life. Integration methods used by the study participants included encouragement, support, involvement of the child in desired activities, enrollment in the resource center (that is attended by other similar children), and outdoor activities (i.e., walking) which can be calming and soothing.

> I think it was more his wish, not just ours. We still encourage him somewhere, but no matter how his abilities are seen, his very nature is such that he integrates easily. He has always wanted to go to school, even now when he studies online, he wants to go to school, he is very communicative and wants to communicate more often with his classmates. If he can't physically communicate with friends, he communicates through social networks. – IA 7

> He was integrated into society from the age of 3. I used to bring him to school during the first few weeks, but he said he would go alone, and he went alone. In the past, he wanted to go to school, but now he doesn't want to, and the program is hard for him, so he has no interest. He often had problems with classmates. But the sport has helped him; football unites them. – IA 8

> They were kept at kindergarten for about half an hour, no more, at school for an hour or two at the resource center. At the ordinary school, we were not quite welcomed and we brought him to the resource center where we go twice a week, on Wednesdays and Fridays; we have special classes there. He likes to go to the center, he has friends: children play, talk, get along. – IA 9

> When I see that he is feeling sick or nervous, stressed, I take him for a walk. He integrates only with my support. He helps me to do the household works if I ask him kindly. – IA 10

However, there are still some challenges that don't allow for the full integration of children. In the opinion of two interviewed women, their children's health problems (i.e., mental disabilities) haven't allowed them to fully integrate (IA 8, 10).

> I don't think there is a chance for his full integration because he has already got used to do harm. He is very aggressive. – IA 10

The interviewed women were asked if they have ever felt that they or their child was treated differently by family, friends, or other persons in the community. One of the participants in the discussions suggested that she never felt treated differently, while another said that if there were such situations, she didn't pay attention to them.

> Maybe there are such cases, but I didn't pay attention. I made up my mind not to pay attention. – IA 7

> Wherever I've went, I've never felt a different attitude from others and that helps me a lot. – IA 9

Conversely, two participants faced stigmatization. One of them said that often, when she was invited to visit someone, she was asked not to bring her son. Another said that such situations are more frequent among children.

> I've often been told, visit us, but don't take Kiril, even my relatives said so. – IA 10

> He spent time among children, children that were bad, some don't understand. When he was younger, friends who were more cunning told him to do something and they joked about him. Now such cases are rarer. – IA 8

In addition to stigma, the families of children with disabilities also face other important challenges: limited access to institutions and commercial spaces, maintenance of hearing aids, lack of personal vehicles (to transport the child to a rehabilitation facility, two to three times a year for two weeks), lack of a personal space (room) for each child (which would provide protection for the girl against the aggressive brother), as well as the lack of free services and high local prices.

> There are public places to which children with disabilities don't have access, even to sidewalks on the road. The same wheelchair cannot move if there are obstacles. – IA 7

> Maintenance of the device. At the district level (Ungheni) the prices are very high, to buy something I have to go to Chisinau. The State offers a device once every five years. – IA 8

> Lack of means of transport—Transporting Ciprian to Chisinau for his rehabilitation two to three times a year is a problem. We tried to find a solution in our town, but everything is for a fee, everything is free only in Chisinau. So, we go there for two weeks and have a 10-day therapy. – IA 9

> We think that if we move into the house, everyone should have their own little room and it will be better for him and safer for the girl. We will teach her to lock the door of her room, to protect herself, because she is already afraid of him. – IA 10

As for children with disabilities, the challenges they face are related to their disability and other health issues:

- Unwillingness to wear a hearing aid because the child feels different from others and this makes him or her uncomfortable.
- Headaches caused by intracranial pressure.
- Inability to hold a spoon.
- Enuresis.

> He doesn't like to wear the device. He said that he wanted to have surgery sooner and not to wear it anymore, he feels different from others and he even had problems at school with it. They frustrated him, and he learned to defend himself physically. He often has headaches due to intracranial tension. - AI 8

> He can't take the spoon with his hands. If he doesn't manage to do something, he gives it up. - IA 9

> Sometimes he is not attentive; he is not aware that it is cold and catches cold. – IA 10

When asked how the child is helped to cope with the challenges he or she faces, only one of the interviewed women said that she encourages her son by always telling him that the family loves him as he is, while providing examples that every child is different.

> I often told him that we love him as he is, that we are human beings by birth. I also gave him examples, that his friend wears glasses, does not see well, another one has problems and does not grow, the other has a shorter leg, different examples and so we support him. – IA 8

Regardless of the challenges, all interviewed parents of children with disabilities say that they are proud of them for their abilities and achievements.

> He is communicable, he attends a normal school, he learns well, he copes well with issues, but he has little power in his hands and he gets tired if he writes too much and thus can be left behind, but his classmates help him. From an early age he learned to be clean and tidy; if necessary, he helps me. How could I not be proud of him? – IA 7

> He supports me and is even my defender because he has grown up and is taller than me. – IA 8

> I'm happy and proud when he shows his diligence and makes two or three steps alone or when he utters a letter or a word. – IA 9

Another person said that she is happy for the simple reason that her child is with her. She is proud of him, no matter what.

> He makes me proud and happy every morning and evening, when he wakes up and goes to bed, he is my child and I'm proud of him as he is. – IA 10

Overall, the opinion of local officials regarding the inclusion of children with physical and intellectual disabilities in kindergarten/school of children is positive. Inclusion offers the children equal opportunities for socialization and integration, and develops a sense of helping and accepting in other children.

> Inclusion of children with disabilities in kindergartens and schools is welcome, as there is success in the child's life. Thus, we also develop children's love of helping such children, making them better. We have children with disabilities in institutions, even children in strollers. We give them equal opportunities of socialization, always being in an environment with ordinary children, but problems also arise. Not all disabilities can be brought to schools. – both FGDs

There are also some reservations about including children with disabilities in schools. Firstly, it is a difficult process, and the legal remuneration framework for teachers working with such children should be reviewed. And secondly, a supportive framework is needed for children with physical and intellectual disabilities because teachers/educators will not succeed alone.

> It is necessary to review the legal remuneration framework for the teaching staff who make great efforts to take care of children with special needs, to be paid a proper salary. Although, even 200 MDL will not help in such cases, an assistant, a specialist (support staff) dealing with this child is needed. – both FGDs

There are also parents who are unhappy with the idea of educational inclusion. They believe the children with disabilities need a lot of attention from the teacher, leaving the other children to be neglected. After all, they suggest, the teacher is not prepared to deal with all situations.

> It is a good idea, but in reality, we encounter many difficulties. I have a case of integration into the kindergarten of a child with ADHD syndrome, hyperactivity, a child with physical pathology. There are 11–15 children in each group and the educator is alone and cannot deal with this child who screams, runs, hits the others, climbs on the table, displays disruptive behavior. The parents are very outraged because the teacher fails to take care of the other children. – FGD

> There are many difficulties in kindergartens, schools, where there are children with autism, because they need more attention and sometimes even educators are not prepared enough to cope with – FGD

There are issues with access to public institutions as the infrastructure is not adapted to the needs of children with locomotor disabilities. Discrimination persists and not all children are accepted.

> If we refer to children with locomotor disabilities, the problem of accessibility appears, the infrastructure is missing. They are pulled out of kindergarten because they don't have a special educator, they don't cope with this challenge. According to my experience, if my classmates accepted me as I am, then parents said I was ruining the image. There is still psychological discrimination. Society is not ready to treat such children equally. – FGD

The inclusion of children with physical and intellectual disabilities into educational institutions needs a specific action plan, including training of teachers and parents.

> First, we have to review how the inclusion will be carried out, to prepare an action plan, to have both teachers and parents prepared. – FGD

Willingness to Care for a Non-Biological Child

Half of the respondents stated that they would agree to take care of non-biological children (Figure 20), particularly respondents with a low level of education (60%), with an average socio-economic level (57%), unmarried people (55%), those who have already cared for non-biological children (73%), and those who were cared for outside the family (62%).

Figure 20: Would you personally agree to care for a child or teenager who is not your relative?
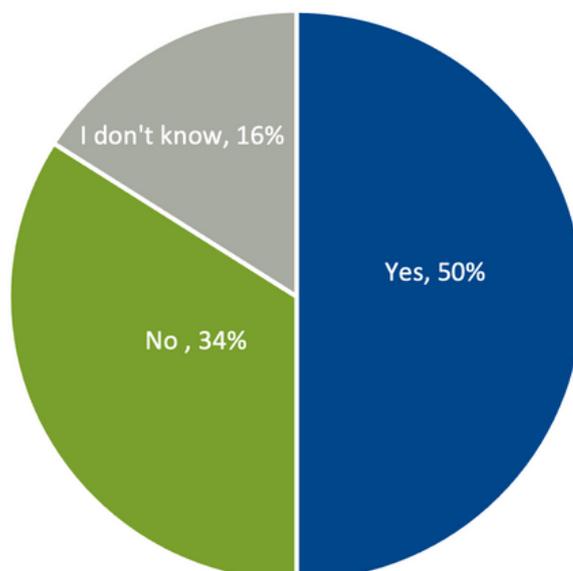
Age (28%) and disability (42%) are two important obstacles in the deinstitutionalization process (Figure 21). Gender, ethnicity, and health characteristics are less important factors as over 75% claim not to pay attention to these factors.

Figure 21: Do you agree, or not agree, with the following statements?
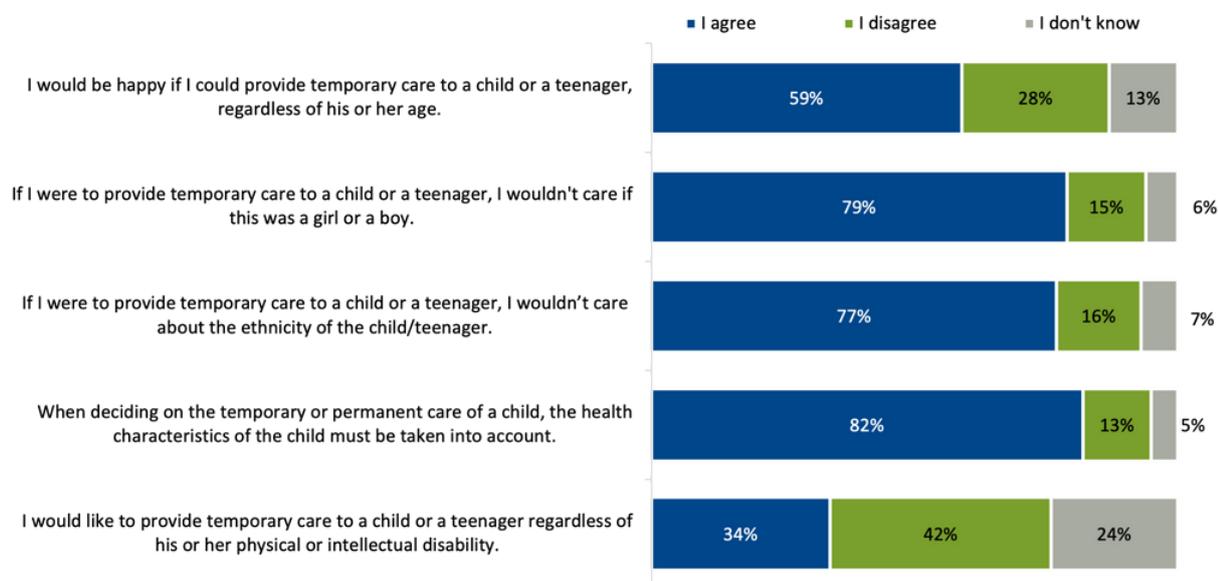
Age was more important for people over 45 years old (34%) and for those who do not have minor children (32%).

Disability as an obstacle to family-based care did not show statistically significant differences depending on the socio-demographic characteristics of the respondents.

Figure 22: What would motivate you to raise a non-biological child or teenager in your family?
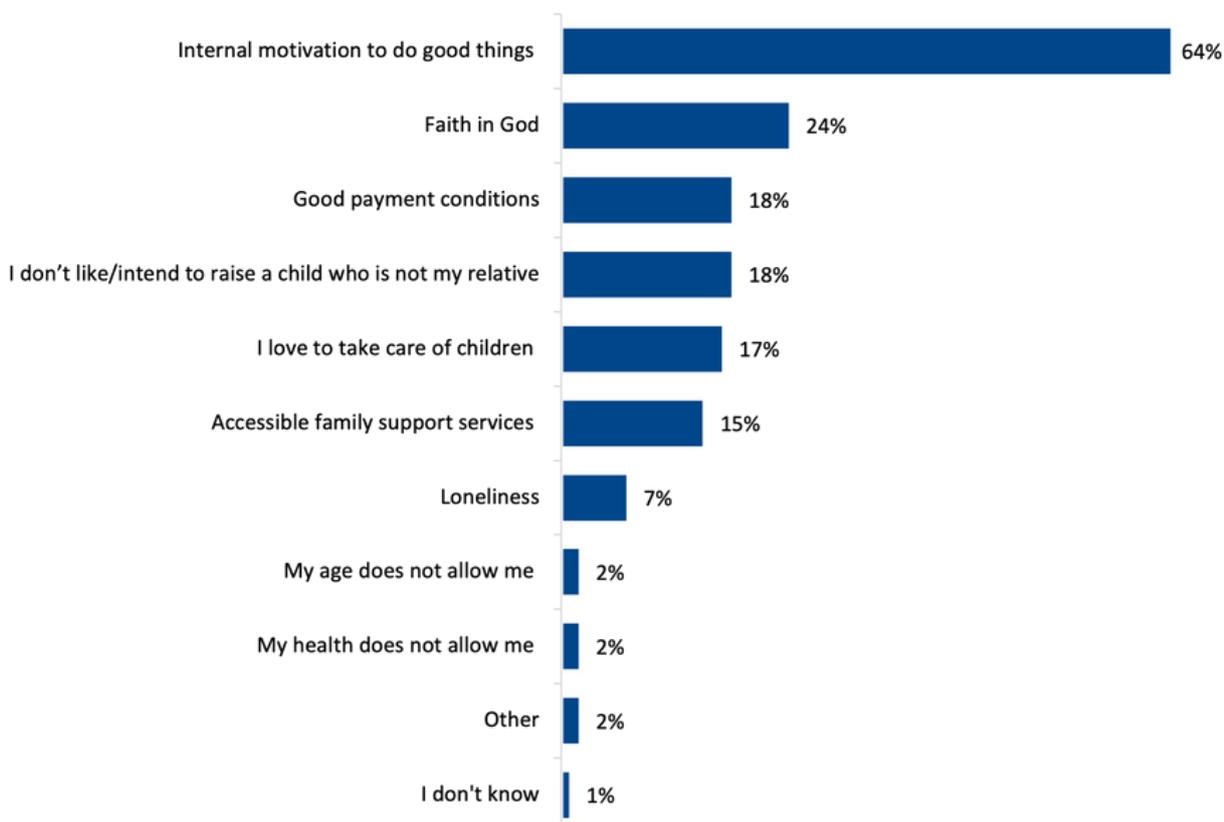
The main motivations for accepting a non-biological child into a home are spiritual in nature (Figure 22): the internal motivation to do good things (64%) and faith (24%). Secondary motivations relate to financial situations and accessible support services. Depending on the socio-demographic profile, the following trends in motivations to raise a non-biological child were found:

- Spiritual motivations prevail among women, residents of villages, those with a high level of income, and those who have experience in caring for non-biological children.
- Financial aspects and access to support services prevail among people with low and average levels of education and with no experience in caring for non-biological children.

Figure 23: Imagine that your family is in a difficult situation and you have to place your child in another family or in a residential institution for a period of time. How would you personally proceed?
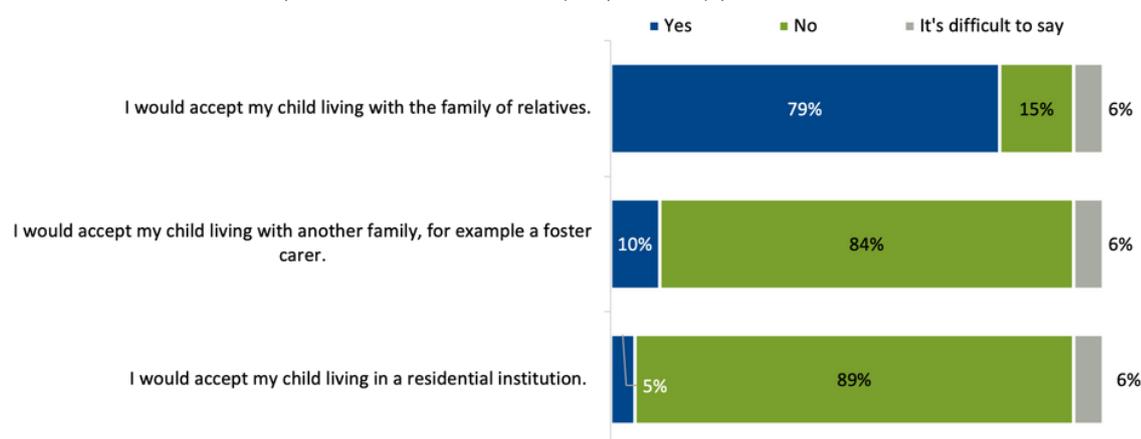
The study shows a fairly high level of openness to placement of biological children in the care of people outside the family or in residential institutions (in exceptional situations) (Figure 23), particularly among respondents with a high level of education, those exposed to children with disabilities, and those with experience of care outside of the family.

However, the level of acceptability is much higher for placing the child with relatives (79%), particularly among young people (91%).

Personal Experience of Deinstitutionalization

One quarter of respondents have tried to take care of non-biological children (Figure 24), particularly in the south (30%), among those with an average level of education (28%), and those who had been cared for outside of the family (31%).

Four percent of respondents tried to adopt children. People who tried to adopt were mainly from the north, were aged 45-59, and/or had experience caring for non-biological children.

Figure 24: Have you ever tried to …?
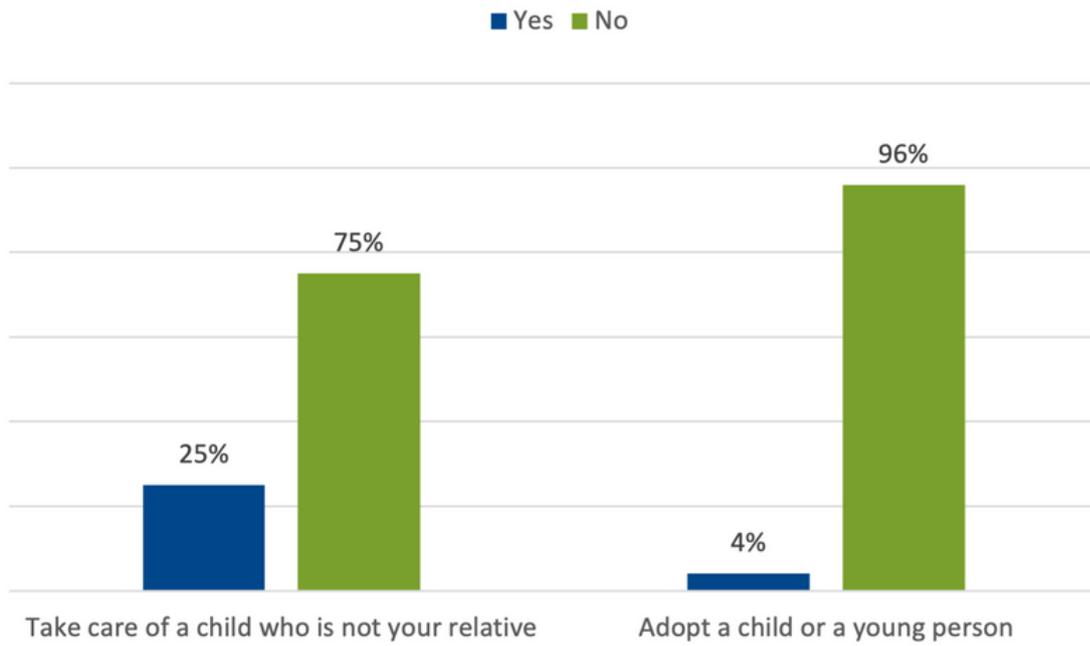
The success rate is close to 100% in cases of families attempting to care for non-biological children and near 50% in cases of adoption.

Figure 25: Was it completed successfully?
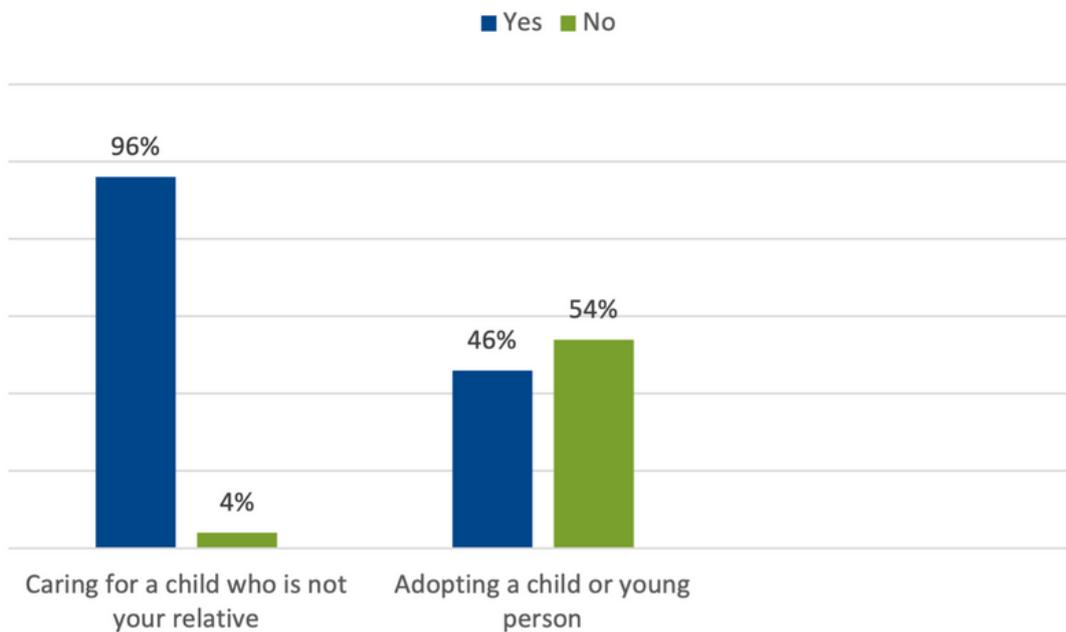
Sample: 249 respondents attempted to care for a non-biological child and 44 respondents attempted to adopt a child.

Chapter 2 Conclusions

The research revealed that more than two-thirds of the respondents are aware of institutionalization/deinstitutionalization and are aware, to a certain extent, of the content of reforms. They support the idea of deinstitutionalization and integration of children into biological families, as well as options for integration of children leaving residential care into extended and adoptive families. More than half of those surveyed are willing to care for non-biological children. At the same time, more than half of the respondents felt that institutionalization of certain groups of children (children with disabilities, children from vulnerable families) should be considered given that residential care institutions can be a positive option if living conditions are better there than in a child's own family. The opinion that children with disabilities should remain in residential institutions(because it is better for them there) is also supported given the reluctance of two-thirds of the respondents to integrate children with disabilities into a general school.

KNOWLEDGE, ATTITUDES, AND PRACTICES OF FAMILIES AT RISK OF SEPARATION

Perceptions of Risk Factors

According to the respondents, the main risk factors for child-family separation are, by far, the violent/delinquent behavior of parents (drug and alcohol abuse, domestic violence [over 90%]) and a lack of care for children (87%) (Figure 26).

Figure 26: What factors cause parents to be at risk of separation from their children? Affirmative answers.
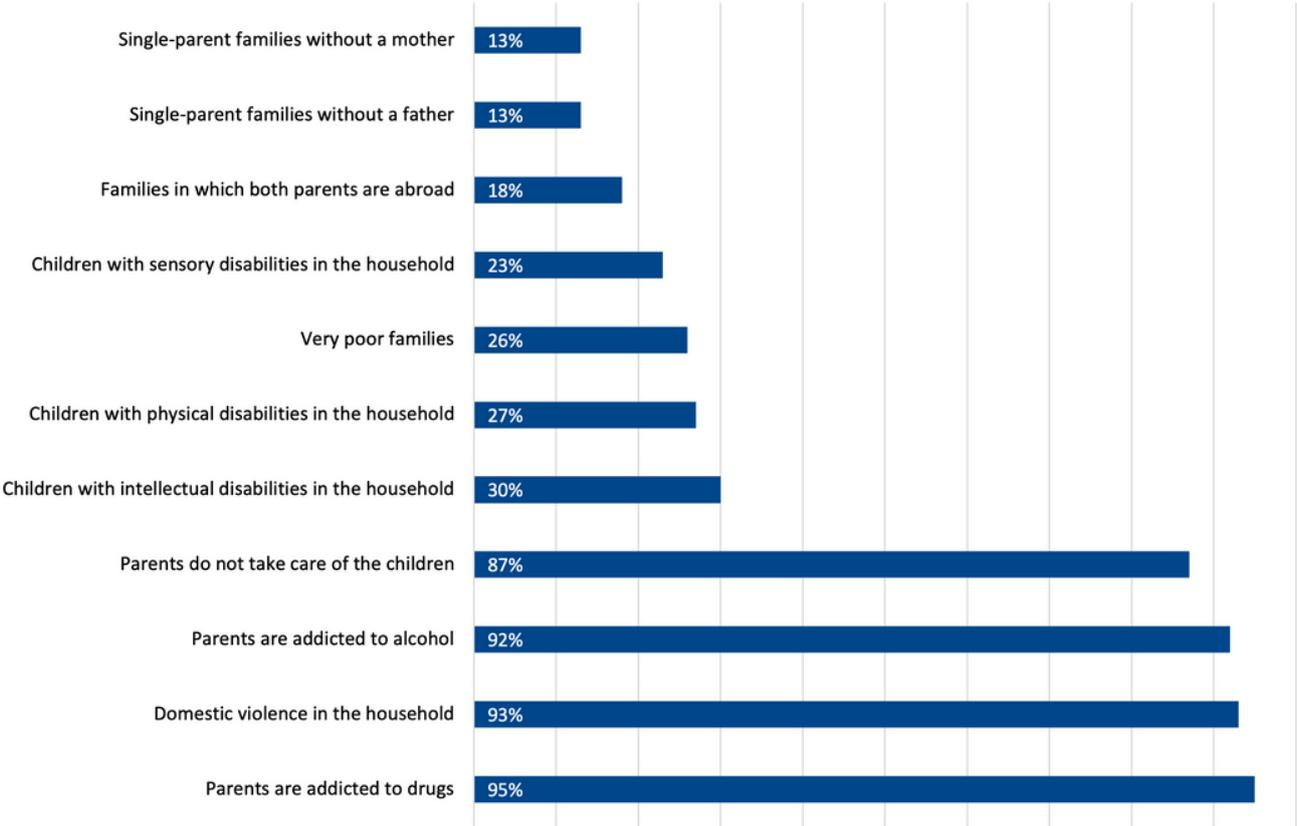
Disability and poverty are considered secondary factors. This opinion is mainly shared by young people, ethnic minorities, and people with average to high levels of education.

Knowledge of Families at Risk of Separation from Children

Of the respondents, two-thirds do not know vulnerable families at risk of separation in their community (Figure 27). The percentage of those who know such families is higher in villages (40%) due to close interaction between inhabitants and the size of the locality.

Figure 27: Do you know vulnerable families at risk of separation from their children in your community/neighborhood?
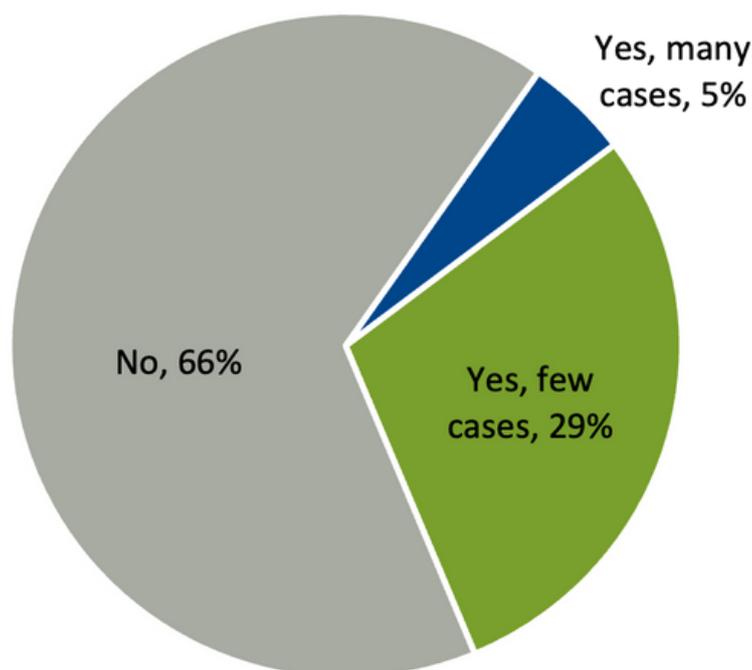
The main problems plaguing these families appear to be alcohol abuse and poverty (Figure 28). This differs significantly from the respondents' general perceptions of risk factors of separation. In the opinion of the respondents, poverty is a secondary factor. Alcohol abuse and domestic violence are thought to be higher risk factors than poverty. This can explain the difference between perception and reality.

Of the respondents, 16% indicated parental indifference as a problem in vulnerable families. Indifference can be manifested in not feeding the child, not providing clothes, not ensuring access to education, use of child labor, etc. In this regard, the study identifies only minor incidences of these risks among the surveyed families with minor children:

- 97% of the parents say they feed their children three or more times day.
- 95% of the respondents say they provide their children with the necessary clothing, including for various occasions or holidays.
- 97% of the parents say that all children in their care have attended school regularly in the last school year. The main reasons for not attending school (for 3% of families) were the lack of equipment and/or internet for online classes in the context of the COVID-19 pandemic (67%) and the child's health (42%).
- In 2% of families with children aged under 14, child labor is used outside the household.

Figure 28: From what you know, what are the problems faced by vulnerable families at risk of separation from their children in your community? Open-ended question.
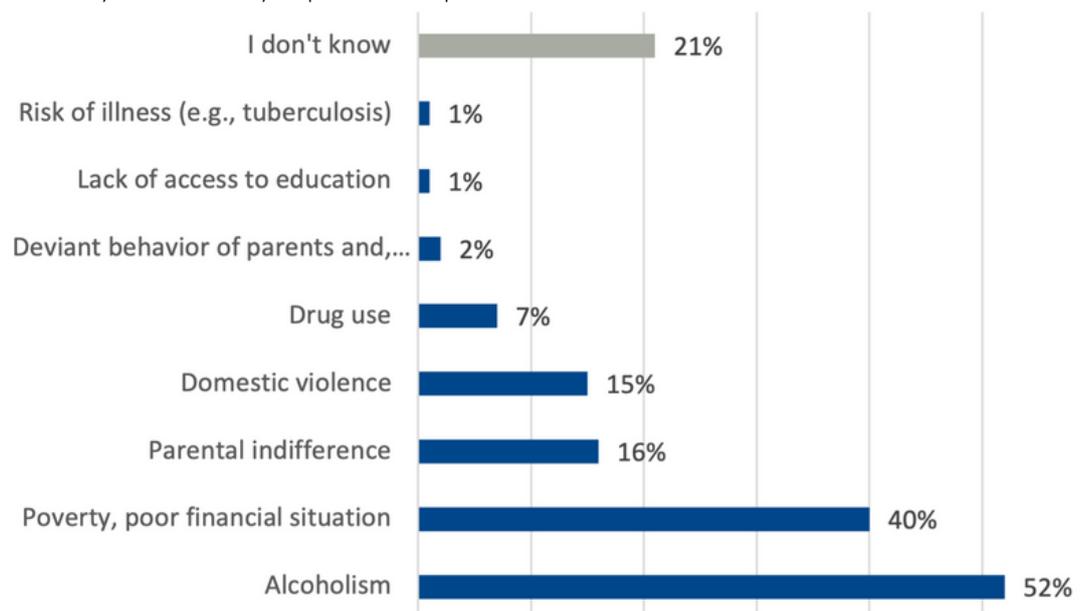
Of the respondents, 17% indicated domestic violence as a problem in vulnerable families. Although they know and perceive domestic violence as a factor that can determine separation from children, 17% of the respondents generally accept the use of corporal punishment against children, particularly in situations where the child displays delinquent behavior (consumes drugs, alcohol, smokes, steals). Corporal punishment is mainly accepted by ethnic minorities (25%), young people (22%), people with a low level of education (22%), and unmarried people (30%).

Unlike the general population, parents at risk of separation from their children invoked completely different problems, with the exception of poverty and financial difficulties. Thus, the problems faced by the families participating in IAs in the last three years are: the inability to get a job because of the lack of available jobs; poverty and lack of money for the purchase of food and children's clothing, or creation of better living conditions; insufficient places for children in kindergarten; and health problems.

> I had an illness, and I was hospitalized for eight months. Now I'm undergoing a treatment, I pay 800 MDL for a box of pills and I have to buy them for five years ... I keep my chin up for the sake of the children, but I'm also lucky to have the support of my husband, who is working to support me. – IA 2

> It's hard, there aren't many jobs in the village; sometimes there is not enough money for food. Clothes for kindergarten were harder to find because they require clean underwear and socks every day, but I have nowhere to put them to dry. We are many (six people) and the clothes of all shall be washed, this is the biggest problem. – IA 3

All of these problems persist, even if, according to the interviewed mothers, great efforts are made to solve them. In order to assist, even a little, family members (usually the husband) often adopt a side hustle to earn a daily wage.

> We are also daily wage earners, when possible, but we have nowhere to work. My spouse went to a woman and helped her unload some wood and earned 50 MDL for two hours of work, but what should we do with 50 MDL, when we go to the store with 1000 MDL and it's not enough? – IA 1

> My husband is called to work, to help someone, he is a daily wage earner and that's how we earn some money and buy food, we pay for utilities. And I, once the child goes to kindergarten, I try to find something to work, either in the village or maybe somewhere for a day. – IA 3

> The neighbor living upstairs helps us. If we miss a piece of bread, she never says "No." When the sister-in-law bakes bread, she calls us to give us something. Earlier the social assistance service offered us some products. Even our doctor from Cantemir, when she visited us, brought some clothes for the little girl. – IA 1, 2

In order to find a place in kindergarten, one interviewed family intended to seek help from the social worker in the community, as this will give the mother the ability to work.

> There are no places in kindergarten; we want to ask the social assistance service for help to find a place there. Then I will be able to find a job. – IA 1

When asked about the biggest problems they have faced in the last three years as parents, the interviewed women referred to their children's health problems and financial challenges (for food, clothing for children).

Even though these families are helped by people of good faith, there are still shortcomings.

> The girl was ill; I stayed at Cantemir with her. – IA 1

> I had problems with the ear of the eldest girl; sometimes she catches cold. – IA 2

> We don't have enough food, clothes for children, but we try to provide them, we have to live somehow. These are people who help us more, because we bought less things: one man gives us a package of clothes, another gives us one. But clothes are still not enough, sometimes food is not enough. - IA 3

One of the study participants said that she has problems in her relationship with her child (an older girl) who went to work (at Hincesti), about whom she has not heard anything.

> The older girl left for Hincesti, she went and doesn't call anymore, and I don't even have her phone number. I don't know anything about her. – IA 4

In order to cope with the challenges above, some mothers at risk of separation from children accept/benefit from aid (food packages, clothes) from various state institutions (social assistance service, church) and individuals (relatives, neighbors).

> People came from the church and gave the girl a gift; they brought us buckwheat, beans, rice, macaroni, a packet of chocolates. From Cantemir, from the social assistance service, a person also came and helped us with products (oil, beans, macaroni, porridge for the girl). The neighbor helps, if we don't have bread, we go to her and she gives us. – IA 1

Two other interviewed women received social aid from the social assistance service: one of them received two months of social aid, and the other received a one-time assistance package of wood, 8,000 MDL (which she spent to purchase children's clothes), and the childcare allowance. The spouses were also encouraged to go to the employment office in order to receive unemployment benefits, but they refused on the grounds that either the amount offered would be too small, or she wanted to cope with the situation on her own.

> The social assistance service helped us three or four years ago; they gave us wood and money for children's clothes worth 8,000 MDL. And I already receive money for the youngest child, up to 2 years old, 740 MDL. We were encouraged to register with the employment office, but he didn't want [to], he said that he would be paid a very small amount and he wouldn't have money to cover the transport costs. – IA 3

> I went to request social assistance once. I received two months and that's all. I can only receive if Vlad is registered with the employment office, but he doesn't want [to], because he wants to work with his hands, he works for a daily wage if needed, he is not afraid of work. – IA 2

The same person (IA 2) claimed that she never sought help and tried to cope with the problems on her own.

> I didn't go to anyone to help me. From whom should I ask for help? I had a lot of problems, but I managed to solve them somehow myself. – IA 2

Another mother did not seek help because she did not think she needed it (IA 4). However, when asked why she is considered to be at risk of separation from the child, she could not give any answer.

Perceptions of Community Support

The majority of the population believes that there is not (or they are unaware if there is) enough community support for vulnerable families at risk of separation from their children (Figure 29).

Figure 29: As far as you know, is there enough community support and resources at the community level for vulnerable families at risk of separation from their children, or to prevent the separation of children?
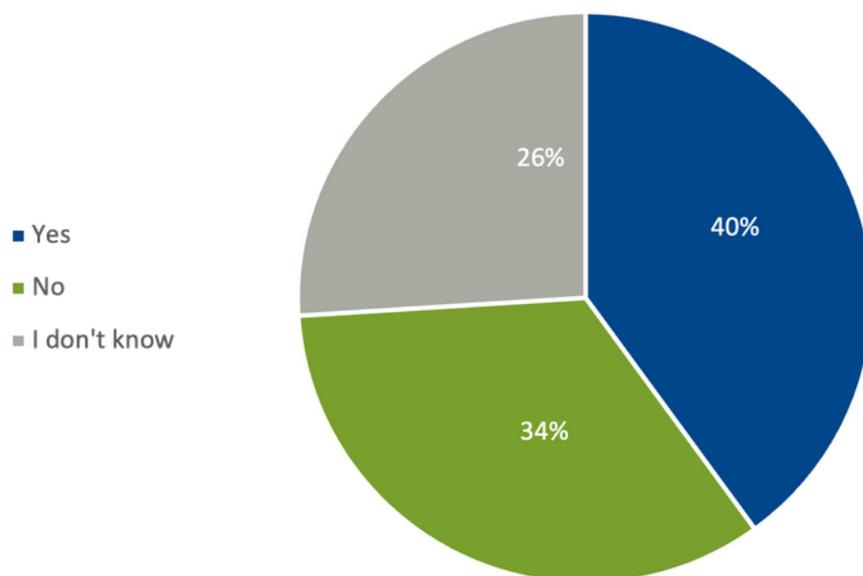
The existence of the support is mainly mentioned by inhabitants of villages (50%). The interviewed parents from families at risk of separation also confirmed that they do not know of any services/resources at the community level to support families at risk of separation.

As with perceptions of local support in the process of reintegrating children, the main actors that provide support to families at risk are believed to be relatives (60% [often and sometimes]), social workers (60%), schools and kindergartens (53%), and the local authorities (49%) (Figure 30).

Figure 30: To what extent do you think the following stakeholders support vulnerable families at risk of separation from their children in your community?
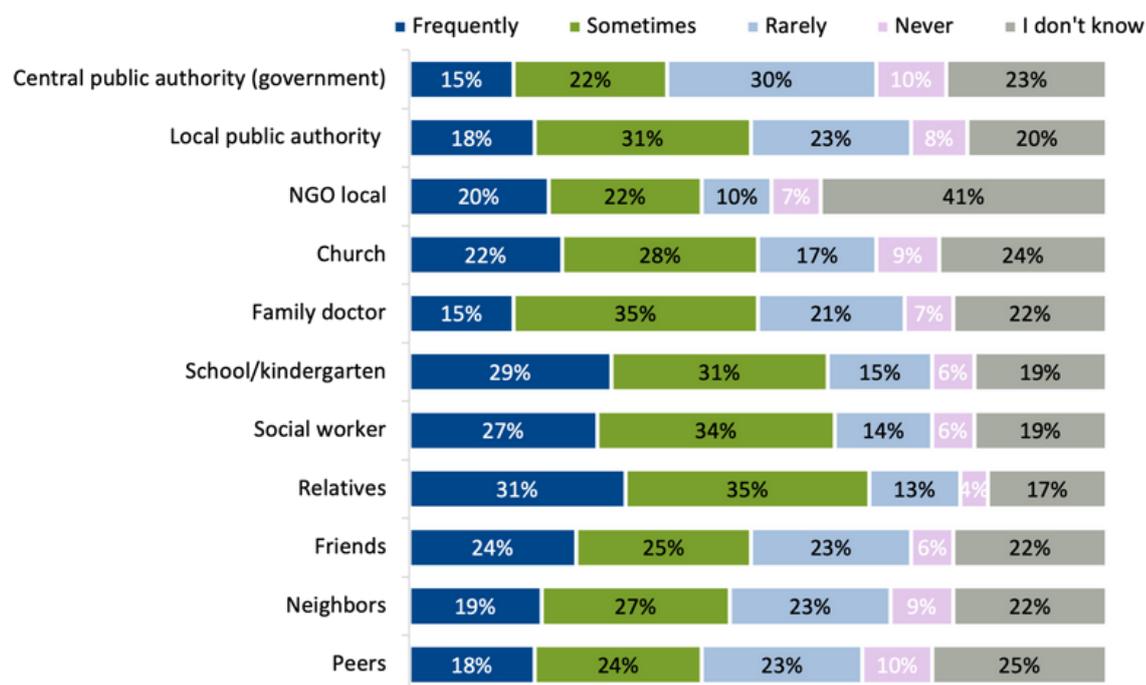
However, if we analyze only the support provided often, we can conclude that local actors play a passive role, and vulnerable families cope with their difficulties on their own.

At the same time, the percentage of people who do not know to what extent local actors offer support to families at risk is quite high.

Ignorance of the resources and services available locally for vulnerable families was also confirmed by most of the interviewed parents who have children in residential care institutions. Thus, when asked if they know of any service/resource at the community level to support vulnerable families and prevent the separation of children, only one of the interviewed women said that there is a center for children that is functional and very helpful.

> We have a center in the locality that works and is a light for children. – IA 5

On the other hand, interviewed parents who have children with disabilities claim that with the problems and challenges they face, extended family and relatives are the primary source of care. They also referred to the support provided by local and central authorities.

> Relatives, friends, those who know, support us. The social center in Ungheni supported us, the child ate, did exercises there. The Mother and Child Center in Chisinau, the rehabilitation center for children in Ceadar-Lunga. Here, we were told what exercises to do so as not to make the situation worse. – IA 7

> We received a health resort voucher from the polyclinic. We were also helped with money; we receive an allowance. – IA 8

One of the interviewed women said that she received social aid from the social assistance service for six months and a one-time financial aid payment worth 8,000 MDL, with which she bought medicine and bricks to build a heater.

> Parents, siblings, grandmother support us. From the social assistance service, we received social aid during half a year, one time we were given aid in the amount of 8,000 MDL, we bought pills, and with the remaining money we bought bricks and made a rocket mass heater in the house. – IA 10

Another person said that her biggest source of support was that she was able to hire as a personal assistant for her child.

> My parents help me, my sister in the village, my grandmother, my grandfather support us. We also have support from the State, a little or a lot, but it's enough for us. I was also hired as a personal assistant and that's the biggest plus for me. – IA 9

Surprisingly, the same person (IA 10) who claimed she was given a one-time payment and social service help for six months, claims that she did not seek help because of the fear that someone might think she was using the child.

> I didn't ask. I have the impression that if I ask for help, they will think that I'm using my child. – IA 10

The perception of available support from local officials for vulnerable families is also in line with the respondents' own experience of interacting with local officials and who they can rely on in case of serious problems with their children (Figure 30.1).

Local officials are not perceived as people on whom one can rely in difficult situations related to children. In this sense, in crisis situations, parents choose to ask for help mainly from family members and parents. Among the officials, the people who enjoy greater trust are teachers and family doctors.

Mainly women (32%), residents outside Chisinau municipality, and people with experience of caring for non-biological children (39%) rely on the family doctor. School teachers are consulted more often by women (39%), people with average to high education levels (36%), and people with experience of caring for non-biological children (44%).

Figure 30.1: If you have serious problems with your child(ren), who can you rely on in your community?

Legend: ■ Yes ■ No ■ I don't know

Category	Yes	No	I don't know
Husband/wife	87%	10%	3%
Parents	74%	25%	1%
Friends/Relatives	55%	44%	1%
Priest	18%	77%	5%
Family doctor	28%	67%	5%
School teacher	34%	60%	6%
Social worker	15%	77%	8%
Police	17%	76%	7%
NGO	9%	80%	11%
Social networks	3%	90%	7%
Traditional local media	4%	89%	7%
Mayor	12%	83%	5%
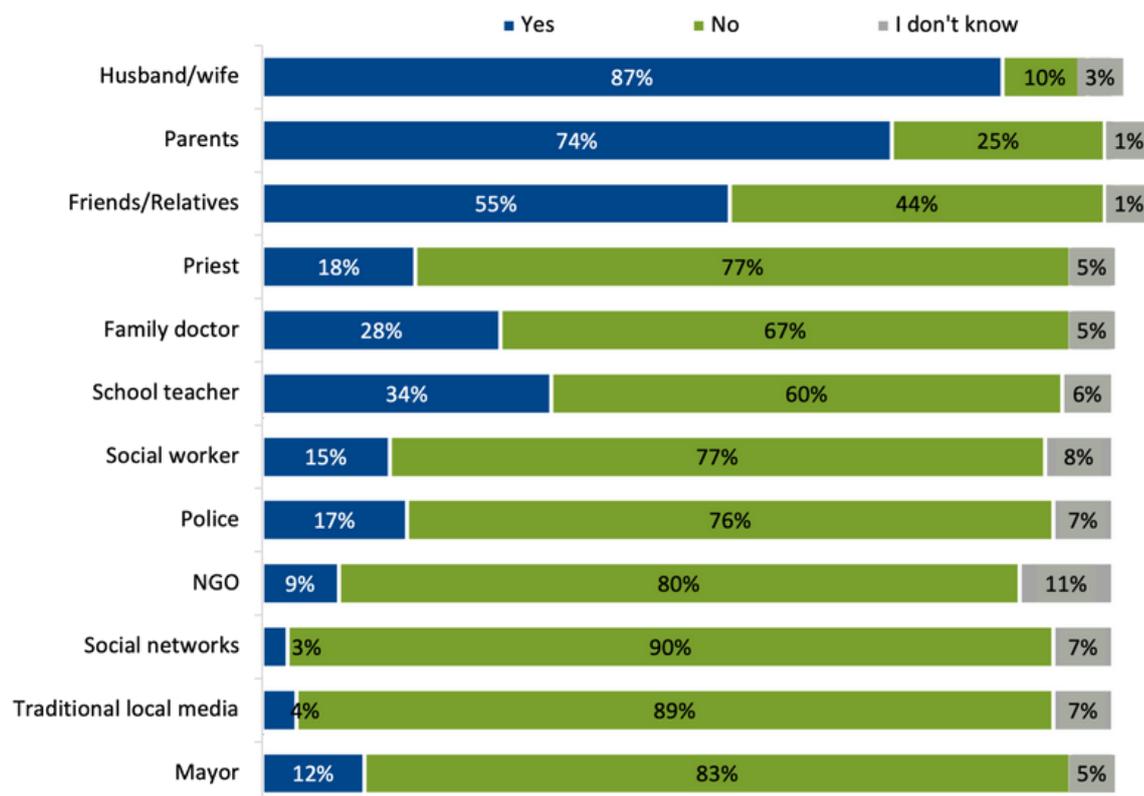
Women (21%), inhabitants of the central and southern regions (20%), people with average to high levels of education (20%), and those with experience of caring for non-biological children (27%) mainly rely on priests in times of crisis.

NGOs are consulted more often by people with a high level of education (15%) and those with experience of caring for non-biological children (15%). Young people (62%) and those with experience of caring for non-biological children (67%) rely mainly on friends and relatives.

Respondents' perceptions of people in the local community they can rely on have also been confirmed by the parents from families at risk of separation from their children. They can rely primarily on close people (spouse, relatives, neighbors) and on themselves, as well as on nurses (in case of health problems).

> It's Mrs. Nina, the nurse, she writes us a prescription, she even gives us a loan if needed. – IA 1

> I'll rely on myself and on my aunt. I work constantly, I pay for the kindergarten, for food, for repairs, for supplies, I have always been paying. – IA 2

> On the first-aid point, and on no one else. The child can also stay with the grandfather. – IA 3
> Only on me and my family. – IA 4

No one said they could rely on social assistance services or community social workers. However, one woman thanked the District Council for the aid and social assistance she received.

> I want to thank the District Council for giving us sometimes clothes for children and providing us with social assistance. – IA 3

Some interviewed women were dissatisfied, to a certain extent, with the way in which social assistance was provided; i.e., through fear (that the child will be taken from them) and taxation.

> They bother me sometimes; I don't like when they tell me that they will take my children right now or that they will take them and bring [them] to the center for a while. Why should I stay in the center if I have a family, a spouse …? – IA 3

If there were serious problems with the child/children, three out of four parents who have children with disabilities said that they can rely only on family/relatives. In addition to relatives, one of the mothers suggested that she could rely on the first-aid point in the community. Only one interviewed woman mentioned the mayor's office.

> On the family (mother, husband), grandparents, that's all. I didn't have situations where I needed to ask for help from the authorities. – IA 7, 9

> Only the mayor's office, no one else. The mayor's office helped us; the girl participated in the women's championship. Otherwise, we try to cope with difficulties on our own, we take credit, because otherwise we can't. I can't go abroad to earn money because I have no one to leave the children with. The grandparents are far away. – IA 8

> On the family—husband, brother, relatives, and the first-aid point. – IA 10

Although some of the participants mentioned that they benefited from support from the social assistance service, none of them said that they could rely on it.

From the answers of parents who have children in residential institutions, in case of serious problems with the child/children, half of the respondents claim to rely only on family/relatives. Another mother, in addition to relatives and family, would rely on the auxiliary school and the teachers there. A fourth respondent would go to social assistance.

Both our godparents and our doctors, they often helped us, supported us morally. – IA 5

There is no one whom I can rely on, except my husband and parents. – IA 15

I can rely on the family, on close relatives, but also on the auxiliary school, on teachers. – IA 6

I think I would rely on social assistance; it helps me a lot. – IA 16

Two mothers who have reintegrated children from the residential care institution claimed that, in case of serious problems with their children, they would be able to rely on close relations/friends (husband, neighbor) only. One mother suggested that she can rely more on a psychologist if she has problems with her relationship with, or the education of, her children. Another mother said that at the moment, she was relying on herself only.

> I'd rely more on a psychologist. If I have problems of relationship with, education of, the children, she gives me advice, and I know how to react. – IA 11

> The neighbor always helps me. – IA 13

> In the past I could rely on the mayor, when necessary, he always advised me on the way out of difficult situations, now I can only rely on my own. – IA 14

Parents from vulnerable families offered suggestions on how to get involved in supporting families (parents, carers, and children) at risk of child separation and who should be involved. Namely, they suggested that the State should be directly involved in:

- Financial support for vulnerable families.
- Providing assistance for vulnerable families (for example, facilitating the child's enrollment in kindergarten).
- Job creation at the local level.

> The State must help children, families in need. It shall provide financial aid, I think 1,300 MDL per month would be enough for a child, for clothes, shoes. – IA 1

> The State must create jobs for people to live with their family, at home. For the mother not to have to separate from the child and to go to work in another locality or even abroad. – IA 2

The interviewed women had the following suggestions on how to support families (parents, caregivers, and children) with children with disabilities:

- Create a pool (not necessarily only for children with disabilities) with ramps.
- Open a local support center with specialists available for all of the disabilities present in the local population.
- Arrange a special place where children, including those with disabilities, can exercise.
- Arrange camps and summer schools for children with disabilities.
- Provide material assistance to families with children with disabilities, depending on their needs.

On the other hand, one person said that she would need, "Only rehabilitation closer, in Ungheni." – IA 9

> It would be good to have a pool, not necessarily [only] for children with disabilities. At least one for all children, but with ramps. Also, a support center, to which people with disabilities have access. Let it be a place for exercises, a summer school, a camp organized for them. – IA 7

> A referral to the sanatorium, financial aid depending on the difficulties of each one, a compensation. A job for them to be able to support themselves. – IA 8

Parents of children in residential care requested other measures:

- Draw up a state program providing social apartments for the children (depending on how many children are present).
- Change the job requirements for personal assistants and raise their salaries.
- Provide more support to vulnerable families in order to help them support their children independently (facilitate purchasing/building a dwelling, facilitate access to kindergarten, school, other services).

> Here a state program is needed, depending on the possible number of children, because their number is unfortunately increasing, some social apartments, could be rented somehow. – IA 5

> Personal assistants are very poorly paid by the State, a very low salary, and there are some conditions, for example, the grandmother cannot be a personal assistant because she is retired and unfit. But will a healthy person who can work well physically accept a salary of about 1000 MDL? These conditions need to be changed, to be better paid. – IA 6

> The State should do more to help vulnerable families with dwellings, with everything they need, depending on their needs, because we also have to work and take care of children. – IA 15, 16

Parents of children who have reintegrated into families suggested the following measures regarding how to support a family that is attempting the same process:

- Provide financial and material assistance to create better conditions for children.
- Organize more activities for the children so they do not engage in inappropriate activities.
- Attract more specialists at the local level, such as psychologists, speech therapists, counselors, etc.

> A speech therapist, a psychologist, and a counselor are needed, because I often wondered what I had done wrong. – IA 11

> Activities and different workshops should be created to give the children permanent occupations so that they do not have time to deal with the wrong people. – IA 12

> It would be better to have a little financial or material aid, with products, with something else, because everything is expensive and virtually all of them find it difficult to create better conditions for children. – IA 13, 14

Local actors participating in the group discussions added a series of suggestions:
- Enhance record keeping of children at risk, their families, and any assistance provided.
- Support families in finding jobs.
- Create a flexible system for allocation of the financial package, which would ensure a minimum subsistence for the family as a whole.

> Strict records should be kept by the multidisciplinary commission of the localities and their determination to be more attentive to these children, to help the family in finding a job so that they can support the family on their own. Often, when we go with parcels and aid, they ask for a normally paid job to be able to support their families. If parents cannot find a job within one or two months, a flexible system for allocation of a financial package should be created, which should ensure a minimum family subsistence as a whole, because the child cannot eat and the mother and father look at him or her. – FGD

> Strict records should be kept of the aid offered to [make certain it will] reach its destination. – FGD

- Raise public awareness at the community level of the problems of disadvantaged families.

> Any person, when they see or suspect a problem, should worry and ask themselves what they can do for this child. – FGD

- Make parents accountable by tightening legislation on child protection.

> We need tougher legislation for parents who abuse alcohol. For example, providing their children with services should be entirely at the expense of these parents. – FGD

> It may even be necessary to intervene at the level of legislation, like in different countries, to prohibit some families from having children, if they don't have money (to create conditions, to provide care, proper nutrition). – FGD

- Ensure the principle of early intervention, which would prevent various problems, including child health problems.

  > A good way to include people with disabilities in society is early intervention. We have universal services that cover children from age 9 months to 18 years, those related to health and education. We have a number of regulations, laws, instructions, directives, which provide for early screening, to prevent deafness, other disabilities, various syndromes – FGD

- Approach each case individually and collaborate with all areas and sectors.

  > Each case is individual; there is no standard for all cases. But even more cooperation is needed between all bodies in order to solve the problem together. – FGD

- Dedicate an inspector unit for minors or train sector police officers in order to investigate serious family cases (violence, abuse, alcoholism).

  > Introducing inspectors who would monitor the situation in a region, or a specialist for a village, an inspector for minors, to investigate cases of violence, alcoholism in the family, because sector police officers often cannot identify cases of risk. We rely more on the complaints of neighbors and close people. – FGD

- Open special centers or schools, at least one to serve a few villages, to support children at risk, particularly those with disabilities.

  > I propose to follow the practice of the Italians and open a special center or school with special teachers to show them how to make a broom, how to cook biscuits, i.e., to guide them professionally and educationally. Thus, children could go at a certain time and then return home to their parents. – FGD

- Address the issue of parental education in a serious way.

  > The issue of education of parents should be developed because not only the child must be educated, but his or her parent should, only in this way we can achieve a good education of children. – FGD

Perceptions of Children at Risk of Separation from Parents

The study revealed many stereotypes regarding children at risk of separation from their parents. They include the idea that such children are addicted to drugs, alcohol, etc. (62%); that they are involved in delinquent activities (61%); and that they are subject to domestic violence (61%) (Figure 31). In other words, the children are perceived as either victims or offenders. These statements were mentioned more often by inhabitants of urban areas.

Figure 31: Do you agree or disagree with the following statements about children at risk of separation?

Statement	I agree	I disagree	I don't know
They are very poor (they have nothing to eat, nothing to wear).	38%	48%	14%
They do not have access to quality health services.	27%	58%	15%
They do not have access to quality education.	29%	57%	14%
They are subject to domestic abuse/violence.	61%	20%	19%
They are subjected to hard work, which does not correspond to their age.	48%	33%	19%
They are left without parental supervision who have gone to work abroad.	50%	31%	19%
They use drugs, alcohol, and/or they smoke.	62%	19%	19%
They are involved in various illegal actions, thefts, crimes.	61%	20%	19%
They use the internet without limits and without any control.	27%	44%	30%
They have unprotected sexual relations.	42%	21%	37%

On the other hand, half of the respondents also believed that these children are exploited through physical labor and are left without parental supervision.

Unlike the general population, the interviewed mothers from families at risk of separation claim that their children feel good in the family, and that they are happy (smile, sing, dance) because they are offered everything they need, most importantly, parental love.

> I think she's happy, there are parents who hit their ass, but we caress her
> … we offer the children all the love and all the possibility we have. – IA 1, 2
>
> They are always happy: they laugh, sing, dance, joke, hug me all morning.
> If they are too noisy, I can hit their ass a little with a wand. – IA 3

Interviews also revealed that mothers are proud and happy of their children's abilities and achievements. They say their children are teachable, smart, beautiful, persistent, eager to know, they learn well, etc.

> I'm glad she's developed, she already speaks, recites poems. She started talking when she was one year and seven months old. We also went to specialists, they told me she was teachable. – IA 1

> They learn well, come from kindergarten, recite poems. They try their best to learn, I'm very happy that they are persistent, they like to cope with difficulties, they learn songs. The girl already knows to add numbers, she is well developed, she knows everything, and at the kindergarten she learns very well. We plan in the future that she will join the dance section, if the husband goes abroad so that we can pay the fee, buy sandals, and whatever else is needed for dances. – IA 2

> I'm glad that they are doing well. They are brave. The girl is doing well with raising her grandson, the boy is learning well at school. – IA 4

The women were asked what they would do if they had to temporarily place their children in a residential institutions or with other families. Three out of four IA participants said that they would not send their children away under any circumstances. Only one said she would place her child with a family (for the good of the child).

> I don't place them, whatever it is. For me, none is a good option. I've been a month and a half abroad and I couldn't sleep at night. – IA 2

> I'd not agree to place the child in another family. – IA 1, 4

> If I see that I have nothing, that we are on the edge, even if my soul hurts, I will place them in a family and will visit them. In a family because there are more children at the residential institution and they would feel better in a family. – IA 3

The attitude of local officials regarding the separation of children from families is negative. However, separation is accepted as a temporary intervention measure. According to the specialists, a child should be separated from the family only when he or she is in imminent danger, such as from domestic violence, alcohol abuse, sexual harassment, forced labor, neglect (in all its forms), lack of childcare conditions, etc. Further, the child should be separated from the family only until the situation has been remedied.

> It is not good for these children to be separated from their parents, but there are cases when there is domestic violence, when the mother uses alcohol and the child's life and safety are at risk. Or if the children are sexually harassed, we really don't have to think long. In such cases, the local multidisciplinary commission may intervene to separate the child for a period of time. – FGD

> Right now, we have had a case of separation of a child from the family due to alcohol abuse of the parents, and the child has been placed in the extended family for half a year to give the parents the opportunity to change their behavior. – FGD

> Even with a lot of bad things in the family, the child is very attached to the parents. We have a case when parents drink alcohol and when we went to take the child, the child was at work for a daily wage, and the parents were at home were drinking alcohol. It is a situation that causes us both pity and compassion for these children. Nevertheless, the child is very attached to the parents. In practice, there are families in need who, although they make efforts, cannot cope with all the requirements. – FGD

On the other hand, if the children stay with their families, there is a risk that they will adopt the negative behavior of their parents and encourage other children to do the same.

> These children bring alcohol to school, narcotics, glue, and behave absolutely inappropriately. A colleague told me that during classes more children bark, climb on desks, they are unruly. Some of these children become informal leaders and influence other children so much that their parents put their hands on their heads and the teachers don't know what to do with them. – FGD

The attitude of community members towards families at risk of separation ranges from indifference to highly concerned. According to the officials participating in the group discussions, there are communities where people are totally indifferent to what is happening and how other families live, but there are also communities with very concerned people who are willing to help and who notify the authorities if they know of families in trouble.

> I see a total indifference in my community. – FGD

> Usually, the people from the village notify us, if necessary, … the community gets involved, actions are taken to collect clothes, food. We have several actions organized together with the young people from the village… The church gets involved, each member of the community tries to help with what he or she can. – FGD

> The people from the community are very receptive when there is a risk situation, they raise funds, bring clothes for these families. – FGD

> *Unfortunately, I don't see receptive people in the community where I live. Our society is very cold and cruel to children from families abusing alcohol. – FGD*

Local officials also speak about other situations where vulnerable families do not know how to appreciate the aid offered by the community (they set fire to the clothes they receive; they sell them or exchange them for alcohol; they are indifferent to the things offered).

This causes people to be more careful about offering help to these families. The reality of this situation is often supported by specialists from rural areas.

> *There are socially vulnerable families who don't have a serious attitude towards the help they receive. I know a case when a person who brought them clothes went to visit them and saw how their clothes were set on fire. – FGD*

> *We have situations with families who use alcohol. After receiving aid from other families, from NGOs or institutions, they sell or give them away for alcohol, or they are indifferent to the things they receive. Often, they expect money... It's painful when you try to offer support, a chance for change, and it is not taken into account. – FGD*

Personal and Community Involvement

The study shows a very low level of involvement by the respondents in various activities to support vulnerable families (Figure 32).

At least one third of the respondents are not involved in any form of support activity for vulnerable families.

Figure 32: How often have you been involved in the following activities in the last three years?

Legend: ■ Frequently ■ Rarely ■ Not at all ■ I don't know

Activity	Frequently	Rarely	Not at all	I don't know
Personal support for vulnerable families/children you know personally	26%	35%	38%	1%
Donated money to vulnerable families/children	15%	36%	48%	1%
Charitable activities organized by local or church leaders to support vulnerable families/children	17%	27%	50%	6%
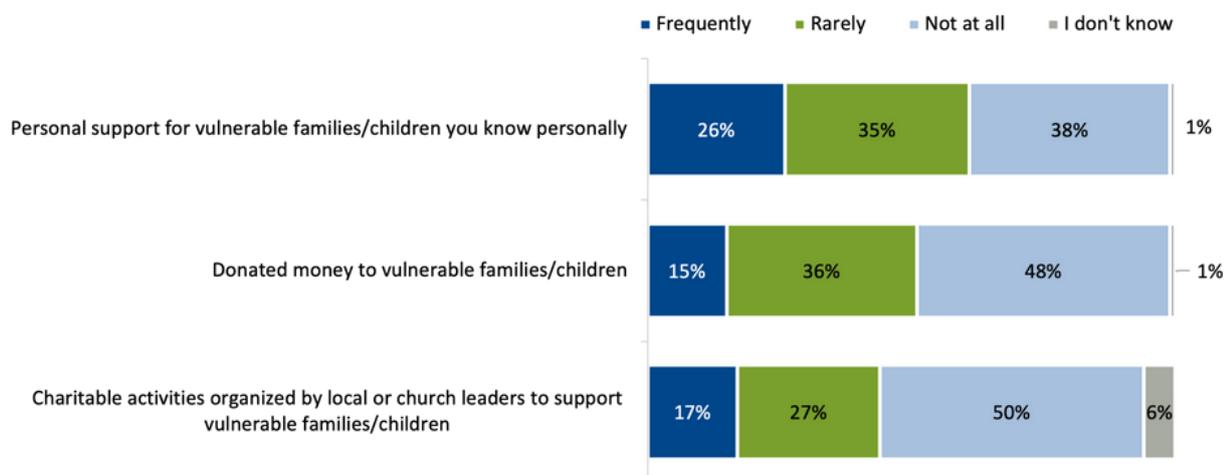
Most the respondents stated that they had helped vulnerable families by providing them with personal support in their immediate neighborhood. This form of support was most often offered by residents of towns (68%), people aged 30-59 (66%), and people who have experience of caring for non-biological children (75%).

Donating money to vulnerable families was more likely be practiced by people aged up to 44 years (5%) and those with a high level of education (60%).

Generally speaking, there is a positive perception that community members help each other (Figure 33). In other words, the perception of community involvement in mutual aid is significantly higher than actual involvement.

Mutual aid is mentioned more often by respondents from rural areas.

Figure 33: Regarding your community, do you agree or disagree with the following statements?

Legend: ■ I agree ■ I disagree ■ I don't know

- People in my community support each other and help each other when needed. — 72% / 25% / 3%
- People in my community care about my family and I can rely on them whenever I need support. — 58% / 35% / 7%
- People in my community care about vulnerable families with children and are actively involved in supporting those families to avoid separation from children. — 52% / 34% / 14%
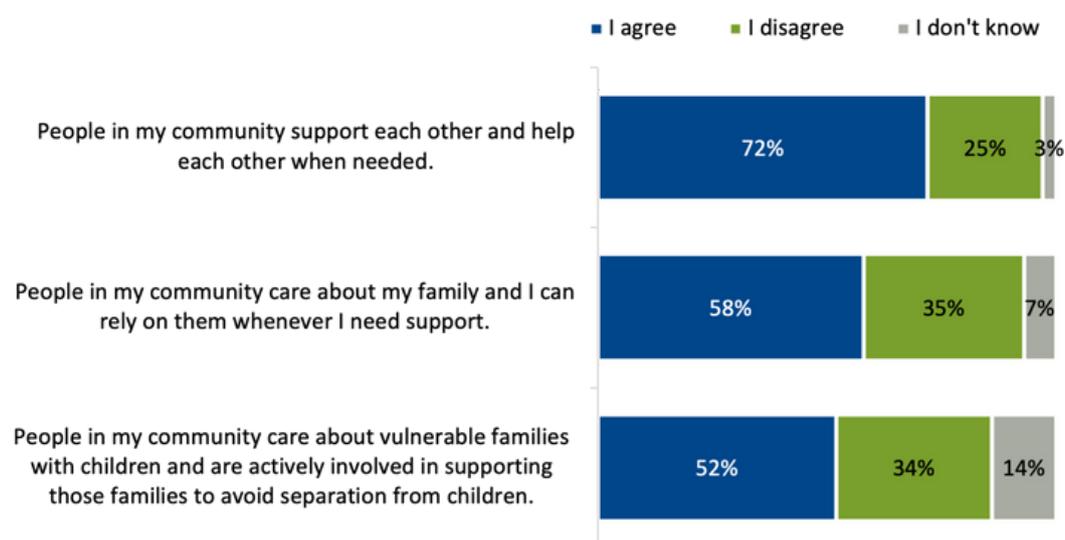
Chapter 3 Conclusions

The study results highlight preconceived ideas about vulnerable families and children at risk of separation. Thus, although only one-third of respondents heard about or know families at risk of separation, most said that these families face the risk of separation due to alcohol, drugs, violence, and bad attitudes toward children. These bad behaviors are coupled with a high level of poverty, which creates considerable obstacles to overcoming crisis situations.

Although children in these families suffer from conditions of poverty, abuse, and violence, they are often perceived by the respondents as people who engage in deviant behavior (drinking, smoking, stealing, being violent, etc.), who cannot be integrated into alternative families, and who should be in residential care institutions.
According to the study, although a large part of the respondents mentioned the availability of some support for families at risk of separation from formal and informal community leaders, most of them believe that in problematic situations, one can rely more on one's own family and close relatives, and less on the authorities.

The study of child care practices has shown that the vast majority of families consider that they take quite good care of their children given that they are well-dressed,

fed, and made to attend school. At the same time, most families avoid sensitive issues such as sex education and nearly one-sixth of the families involved in the study accept using corporal punishment on children in certain situations. Further, 2% of the families practice child labor outside the household.

INFORMATION CHANNELS

Frequency of Use of Information Sources

The main sources of general information are social media (84% of general users and 66% of daily users) and traditional television (86% of general users and 56% of daily users) (Figure 34).

News portals rank third with 72% of general users and 50% of daily users.
The print media is used by only 30% of respondents (and only 5% read the press daily) and 42% listen to the radio.

FigurE 34: What sources of information do you use?
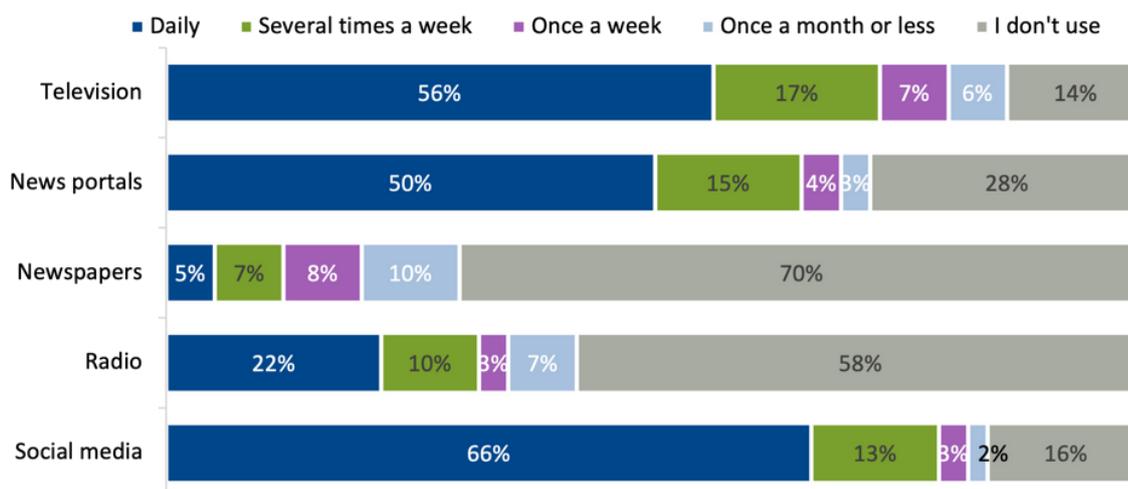
Television is used every day mainly by women (61%), inhabitants of villages and towns (58%), and people aged 45 and older (65% -81%).

Social media is used on a daily basis mainly by residents of urban areas (73%), people aged 18-29 years (87%) and 30-44 years (76%), and those with a high level of education (80%).

News portals are used daily mainly by Chisinau residents (60%) and people with a high level of education (64%).

Radio is used daily mainly by men (27%) and people aged 30 and over (22–30%).

Favorite Social Media Platforms

Facebook is by far the main social media channel used by respondents (71%), followed by YouTube (37%), Instagram (25%), and Odnoklassniki (24%).

Figure 35: What social media sources do you use most frequently?
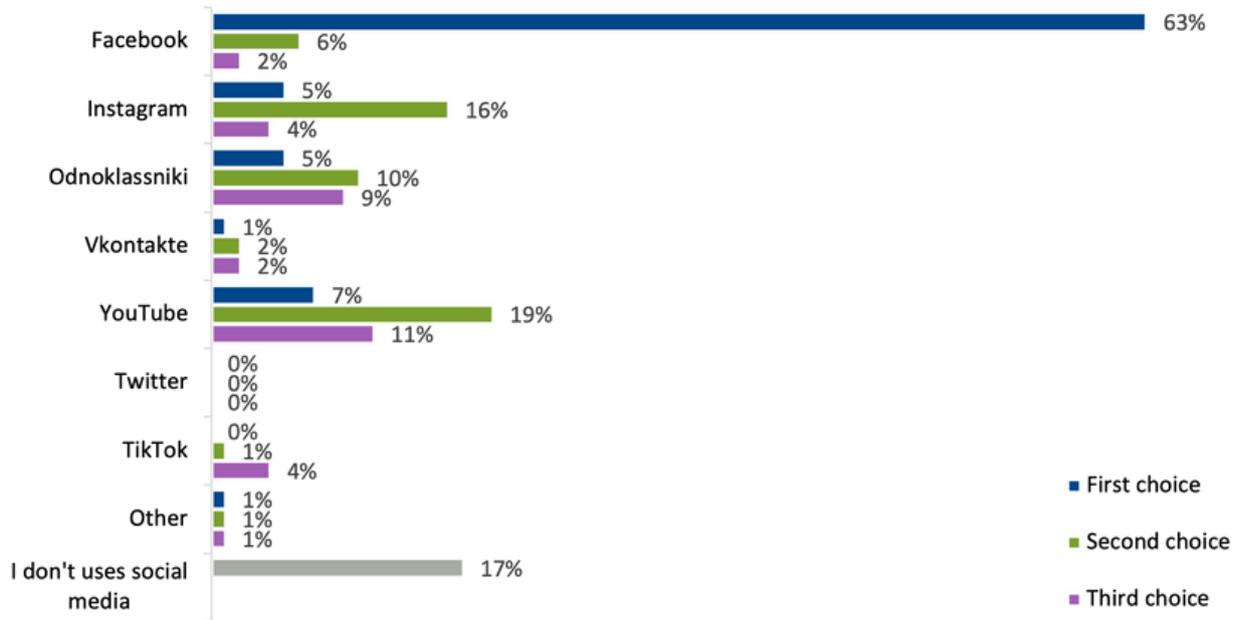
Favorite TV Channels

The study highlights four television channels that have a significantly higher number of viewers than other channels: Prime, Pro TV, Jurnal TV, and Moldova 1 (Figure 36).

Figure 36: What television channels do you watch most frequently?
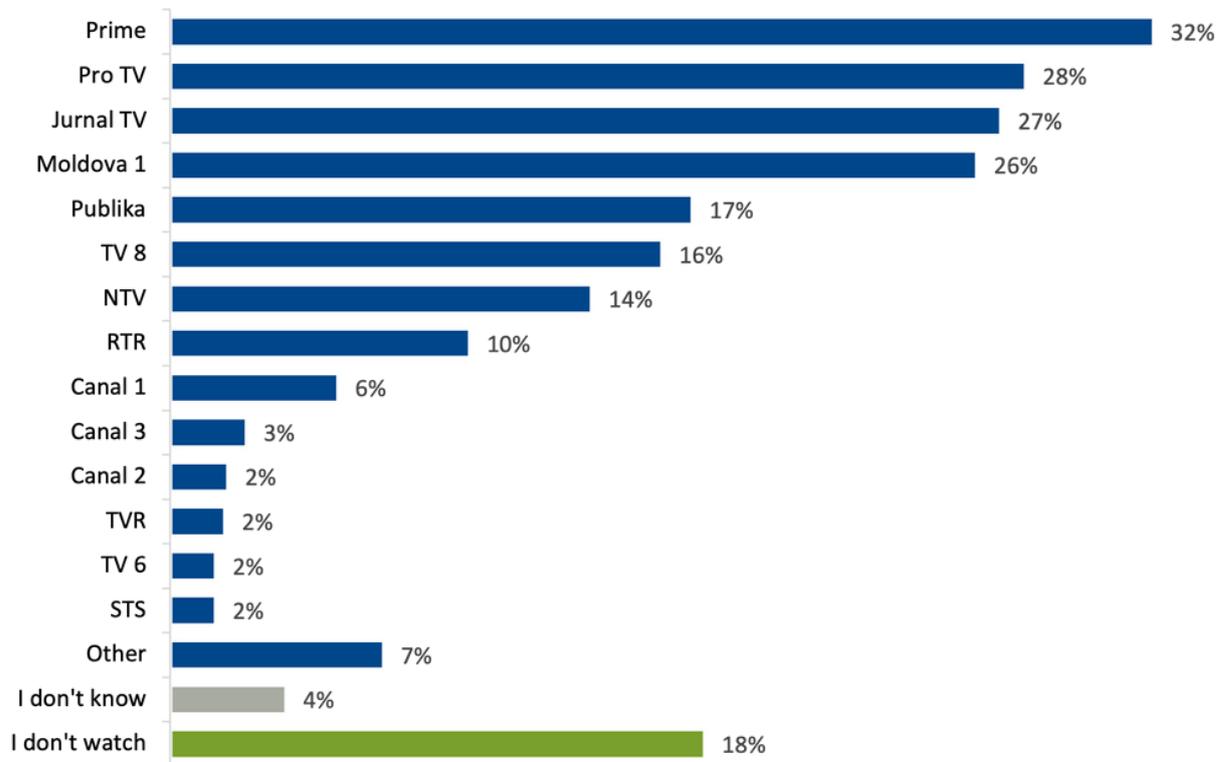
Favorite Radio Stations

The top three radio stations with the largest number of listeners are Radio Noroc, Radio Moldova, and Radio Plai (Figure 37).

Figure 37: Name three radio stations you use most frequently for information
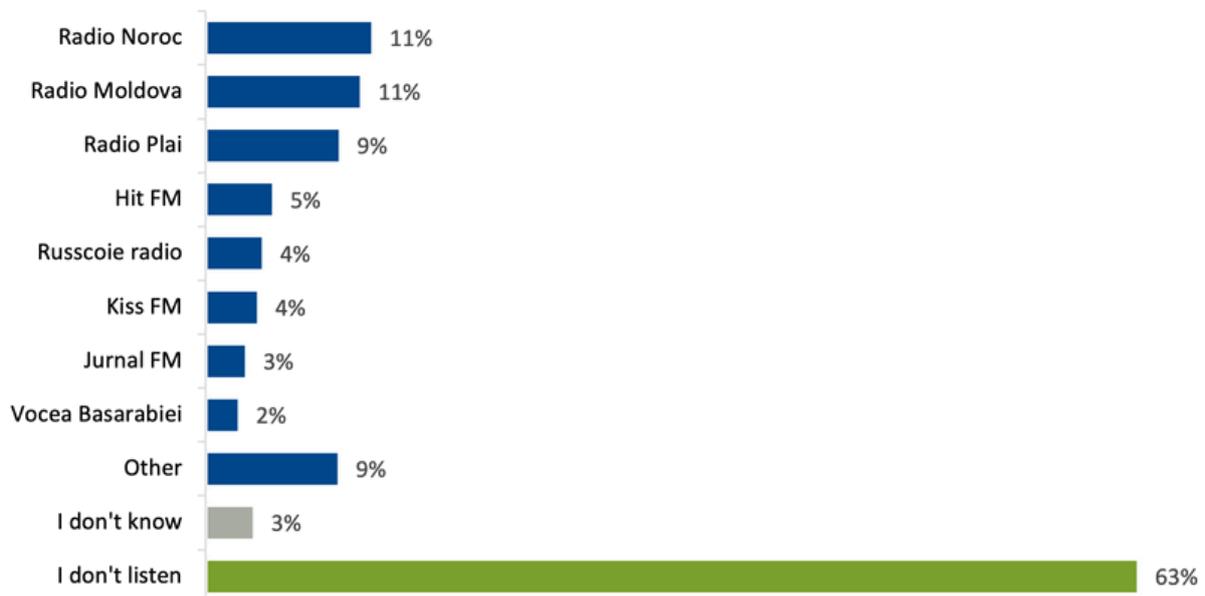
Favorite News Portals

The top three news portals by popularity are știri.md, point.md, and protv.md (Figure 38).

Figure 38: Name three news portals you use most often for information

Portal	Percentage
stiri.md	13%
point.md	13%
protv.md	12%
jurnaltv.md	8%
Facebook	8%
tv8.md	7%
publika.md	4%
zgd.md	4%
unimedia	4%
mail.ru	3%
prime.md	2%
Agora	2%
Other	15%
I don't know	6%
I don't use	34%
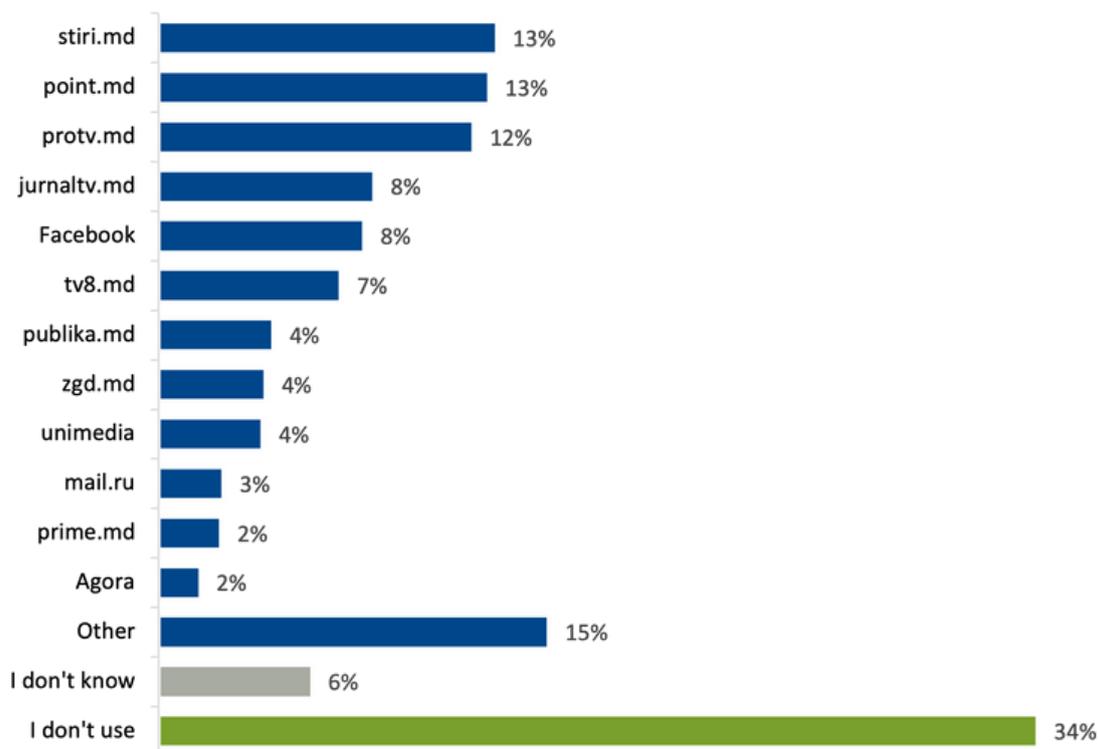
Chapter 4 Conclusions

According to the study, about half of the respondents have been informed about aspects of child protection in the last year by social and traditional media. The three most popular sources of information are traditional television (86%, particularly Prime [32%], Pro TV [28%], Jurnal TV [27%]); social media (84%, particularly Facebook); and news portals (72%, mainly știri.md [13%], point.md [13%], and protv.md [12%]).

CONCLUSION AND RECOMMENDATIONS

Having studied the knowledge, attitudes, and practices of the general population regarding the reintegration of children leaving residential care and families at risk of separation, the following conclusions were made:

Regarding Deinstitutionalization:

- About two-thirds of the respondents are aware of deinstitutionalization. They support the deinstitutionalization and reintegration of children into biological, extended, or alternative families. One-third of respondents were not informed about these programs.

- Although only one in eight respondents had experience of caring for non-biological children, more than half of the surveyed respondents were willing to care for non-biological children for spiritual and/or ethical reasons. This suggests the openness of a segment of the population to alternative family services in caring for children separated from the family.

- At the same time, more than half of the respondents opted for the institutionalization of certain groups of children (children with disabilities, children from vulnerable families). This view is supported by the idea that residential care institutions provide better living and care conditions than biological families, and by the reluctance of respondents to become involved with children from vulnerable families, who in their view have behavioral problems. The view is also supported by the reluctance of two-thirds of the respondents to integrate children with disabilities in general school.

- According to the study, the age and specific disability of children are two important barriers in the deinstitutionalization process.

Regarding Prevention of Separation of Children from their Parents:

- Most respondents are poorly informed about families at risk of separation and believe that these families have serious problems due to the violent behavior of parents that is manifested by excessive consumption of alcohol, drugs or violence, and/or abuse. Violent behavior is accompanied by extreme poverty and a bad attitude towards children.

- According to the respondents, although children from vulnerable families face major problems related to a lack of food, clothing, access to school, and parental care, they also display deviant behaviors (drinking, smoking, stealing, being violent, etc.). Therefore, residential care institutions would be a better option for them than their biological family or alternative families, which would be difficult to find. This statement is supported by the positive opinions of more than half of the respondents about care in residential care institutions.

- According to the research, formal and informal community leaders play virtually no role in informing/raising awareness of the researched subjects. Community support is very limited and is often insufficient and inefficient. As for the respondents, there is very insignificant involvement in various support activities for vulnerable families from their communities.

- The community support system is poorly developed in terms of both services and human and financial resources, particularly for children with disabilities. Under these conditions, institutionalization seems to be the only solution.

Regarding Sources of Information:

- About half of the respondents received information in the last year about the protection of children from social media and traditional media.

- The three most popular sources from which respondents find information are traditional television (86%, especially Prime [32%], Pro TV [28%], Jurnal TV [27%]); social media (84%, particularly Facebook); and news portals (72%, particularly știri.md [13%], point.md [13%], and protv.md [12%]).

Recommendations

The study's recommendations focus on raising the level of knowledge and improving the attitudes and practices of the general population and professionals in order to prevent child-family separation, facilitate children's exit from residential care institutions, and facilitate their reintegration into biological or alternative families.

Therefore, information and awareness campaigns among the general population are recommended in order to:

- Increase the level of information the population receives, particularly in rural areas, about functional diversity, the needs of children with different types of disabilities, the negative effects of separating children from their parents, and the negative effects of institutionalization on the physical, emotional, psychological, and spiritual development of children.

- Raise awareness within the general population of the need to care for children at risk of separation by promoting positive practices of integration of children from residential care institutions, including those with disabilities and behavioral problems into biological and alternative families. To promote the care of children in alternative families, the information campaign should focus on images, as well as moral and spiritual content; this last aspect having been suggested as a significant factor in one's decision to care for non-biological children.

- Raise awareness of the educational inclusion of children with disabilities and children with behavioral problems based on information about the universal right of every child to benefit from education in general schools, alongside other children, as well as the promotion of the principles of acceptance of diversity, non-discrimination, and tolerance.

- Promote positive family education models, including informing and raising public awareness of the problems faced by teenagers (delinquency, use of illicit substances, unprotected sexual practices, etc.) and ways to address them through non-violent and non-coercive behavior.

For Professionals and Community Leaders, Information and Awareness Campaigns, as well as Targeted Training, are Recommended in Order To:

- Change the negative attitudes of teachers towards the educational inclusion of children with different types of disabilities and behavioral problems, and promote the acceptance of all children in general school by adapting educational programs to the individual needs of children.

- Raise awareness by social care professionals of the negative effects of separating children from parents, institutionalizing children with disabilities and behavioral problems, and changing alternative care practices with a focus on supporting biological families in overcoming challenges that lead to separation, and/or on the integration of children into alternative families.

- Raise awareness of social care professionals of the behavioral problems faced by teenagers, and encourage more active involvement in supporting families at risk of separation, as well as families facing these types of problems in adopting positive, non-coercive, education models.

- Change negative attitudes towards children from vulnerable families at risk of separation through the broad involvement of formal and informal community leaders in supporting these families and the social inclusion of the children.

- Empower formal and informal leaders, particularly in rural communities, to mobilize the community to support families at risk of separation and prevent the separation of children from their parents.

Information Campaigns:

- An integrated approach to the development of a communication strategy with a focus on the general population, professionals, and community leaders is recommended. Communication messages should respond to the identified needs for change for each group and should be clarified (by testing) at the level of each group to increase their understanding and effectiveness. Three types of media used largely by the population are recommended: television (Prime, Pro TV, Jurnal TV, and Moldova 1), social networks (Facebook), and news portals.

ANNEX 1

SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Total	Non-Weighted		Weighted	
	#	Percent	#	Percent
SEX				
Female	596	59%	563	56%
Male	409	41%	442	44%
AREA OF RESIDENCE				
Village	477	47%	517	51%
City/Town	278	28%	240	24%
Municipality	250	25%	248	25%
REGION OF DEVELOPMENT				
North	294	29%	286	28%
Central	309	31%	299	30%
South	153	15%	173	17%
Chișinău	250	25%	248	25%
AGE GROUP				
18-29	179	18%	198	20%
30-44	389	38%	353	35%
45-59	228	22%	236	23%
60+	209	21%	218	22%
LEVEL OF EDUCATION*				
Low	109	11%	110	11%
Medium	532	53%	542	54%
High	361	36%	350	35%

* Low level—up to 11 grades; Medium level—high school, vocational school, college; High level— university, master's degree, PhD.

SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Total	Non-weighted		Weighted	
	#	Percent	#	Percent
ETHNIC GROUP				
Majority ethnic group	828	83%	824	82%
Minority ethnic group	175	17%	179	18%
STATUS OF EMPLOYMENT				
Employed	553	55%	546	55%
Unemployed	273	27%	274	27%
Retired/Person with a disability	177	18%	183	18%
SOCIO-ECONOMIC LEVEL				
Low	612	61%	611	61%
Medium	365	36%	366	36%
High	28	3%	28	3%
CIVIL STAUS				
Single	166	16%	175	17%
Married	691	69%	684	68%
Divorced/widowed	148	15%	146	15%
PRESENCE OF MINOR CHILDREN				
Has minor children	458	46%	438	44%
Does not have minor children	547	54%	567	56%
EXPOSURE TO CHILDREN WITH DISABILITIES				
Direct/indirect exposure	238	24%	236	23%
No exposure	767	76%	769	77%

SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Total	Non-weighted		Weighted	
	#	Percent	#	Percent
EXPERIENCE OF CARING FOR NON-BIOLOGICAL CHILDREN				
Has experience	137	14%	137	14%
Does not have experience	868	86%	868	86%
EXPOSURE TO CARE OUTSIDE THE FAMILY				
Exposed directly/indirectly	85	8%	84	8%
Not exposed	920	92	921	92%

SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

	TYPE OF METHOD	
	In-depth interview	Group discussion
TYPE OF RESPONDENT		
Parents at risk of separation from children	4	
Parents with children in residential care institutions	8	
Parents with children with disabilities	4	
Mayor, deputy mayor		2
Social worker		1
School principal		2
Family doctor		1
Social assistance directorate		2
NGO representative		4
Media representative		1
Kindergarten director		1
SEX		
Female	16	10
Male		4
AREA OF RESIDENCE		
Village	8	7
Town/City	8	7

END NOTES

1 UNEG Code of Conduct for Evaluation in the UN system.
http://www.unevaluation.org/document/detail/100
2 Omnimas, Every Child, 2006
3 Protection of the rights of children deprived of parental care or who are at risk of being separated from their families // 2011 / Every Child
4 National sample research conducted by Partnerships for Each Child, 2016.
5 Assessing alternative care for children in Moldova, 2018
6 VACS , 2019
7 Malcoci L., Sinchevici I. Inclusion of pupils with SENs in community schools (2015); Malcoci L., Sinchevici I. Implementation of inclusive education in the Republic of Moldova - sociological study (2017)
8 Joint evaluation of the implementation of the Inclusive Education Program (2011-2021). UNICEF, 2019,
https://www.unicef.org/moldova/media/5161/file/Educa%C8%9Bia%20incluziv%C4%83%20Evaluarea%20comun%C4%83%20a%20implement%C4%83rii%20Programului%20de%20educa%C8%9Bie%20incluziv%C4%83%202011-2020%20.pdf
9 UNEG Code of Conduct for Evaluation in the UN system.
http://www.unevaluation.org/document/detail/100

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