

Changing THE WAY WE *care*SM

Analysis of the Regulatory Framework and Financing Mechanism for the Alternative Care System



Situational Analysis of the Care System in the Republic of Moldova

REPORT 1
Analysis of Care Reform in the Republic of Moldova



REPORT 2
Assessment of Child and Family Protection Personnel Training



REPORT 3
Assessment of Social Services For Vulnerable Children and Families



REPORT 4
Analysis of National and International Best Practices in Case Management



REPORT 5
Knowledge, Attitudes, and Practices of Reintegrating Children into Families



REPORT 6
Analysis of Research Reports on the Reintegration of Children in Residential Institutions*
(available only in Romanian)



REPORT 7
Findings from Child Assessments from 6 Residential Institutions



REPORT 8
Analysis of the Regulatory Framework and Financing Mechanism for the Alternative Care System



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ACKNOWLEDGEMENTS

This report is the result of collaboration between several Changing the Way We CareSM partners.

Research and analysis were conducted by Keystone Human Services International, Moldova Association.

CTWWC global consortium partners include Catholic Relief Services and Maestral International. National partners include Copil Comunitate Familie (CCF) Moldova, Keystone Human Services International Moldova Association, and Partnership for Every Child (P4EC).

CTWWC is grateful to the United States Agency for International Development (USAID), the GHR Foundation, and the MacArthur Foundation for their critical financial support.

This report is made possible by the generous support of the American people through the USAID. The contents are the responsibility of CTWWC and do not necessarily reflect the views of USAID or the U.S. Government.

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ACRONYMS

CTWWC	Changing the Way We Care
GD	Government Decision
LPAs	Local Public Administration Authorities
LPAs I	Local Public Administration Authorities of the First Level, Established in the Territory of Villages (Communes) and Cities/Towns (Municipalities)
LPAs II	Local public administration Authorities of the Second Level, Established in the Territory of Districts and Chisinau and Balti Municipalities
MERC	Ministry of Education, Culture and Research
MHLSP	Ministry of Health, Labour and Social Protection
STAS	Territorial Structure of Social Assistance
UN	United Nations

GLOSSARY

Note: Definitions have been transcribed from Moldovan legal and policy instruments.

Accreditation: the procedure applied to social service providers to formally assess their functional, organizational, and administrative capacity to comply with legislative and quality standards; (Law No. 129/2012, Article 2).

Child at-risk: a child for whom one or more of the following situations is true – the child is subjected to violence; is neglected; practices vagrancy, begging, or prostitution; is deprived of parental care and supervision due to their absence from home for unknown reasons; is orphaned; lives on the street (ran away or was sent away from home); parents refuse to exercise their parental obligations regarding the upbringing and care of the child; was abandoned by his/her parents; as measure of judicial protection (provisional protection, guardianship) is housed in a residential institution by request of one of the parents; or is a victim of crime; (Law No. 140/2013, Articles 3 and 8).

Child Rights Protection Specialist: a person employed by the mayor's office (with or without civil servant status) with training in the field of social services, pedagogy, psychology, law, public administration, or other related humanitarian fields, who holds a bachelor's or master's degree and carries out support activities for the local guardianship authority in the field of the protection of the rights of the child; (Law No. 140/2013, Article 3).

Child separated from parents: a child deprived of the care of his/her parent(s) due to the parent(s) staying abroad for a period longer than two consecutive months; a child taken from his or her parents due to an imminent danger to his/her life or health or a child who was assigned the status of "child temporarily deprived of parental care" or "child deprived of parental care" by government authorities (Law No. 140/2013, Article 3).

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

Commission for the Protection of a Child in Difficulty: body empowered to issue the approval of family support measures aimed at overcoming risk situations and preventing child-family separation, as well as measures to protect the child already separated from their parents; established within the local public administration authority of the second level (Gagauzia Executive Committee [Government Decision {GD} 7/2016]).

Intersectoral collaboration mechanism: process of identification, assessment, referral, assistance, and monitoring of children at risk or separated from parents, which implies the involvement and cooperation of public authorities, structures, institutions, and services in the field of social care, education, healthcare, and law enforcement bodies for the purpose of child protection; (GD 1182/2010, GD 270/2014, and GD 143/2018).

Minimum package of social services: a set of specialized social services established by the government, which includes financial support for disadvantaged families/persons, support for families with children, and personal assistance; funded by special-purpose transfers from the state budget to local public authorities of the second level; (Law No. 123/2010, GD 800/2018).

Multidisciplinary team: a group formed by a specialist in the protection of child rights or, in his/her absence, by the community social worker, composed of professionals from different fields who are responsible for child protection and who collaborate to prevent and solve cases of violence, neglect, exploitation, and trafficking; (GD 270/2014).

Social services: set of measures and activities performed to meet the social needs of a person/family in order to overcome difficult situations and to prevent marginalization and social exclusion; (Law No. 123/2010, Article 1).

Territorial guardianship authority (in the field of child protection): the territorial structures of social assistance and family protection represented by sections/directorates of social services and family protection and the Municipal Directorate for Child Rights Protection of Chisinau and Balti. In Balti and Chisinau municipalities, territorial guardianship authorities also exercise the duties of local guardianship authorities, except for the autonomous administrative territorial units (UAT) within their composition where the duties of local guardianship authority are exercised by the mayors of those UATs; (Family Code, Article 572).

Territorial structure of social assistance: internal administrative structure established on the basis of organizational autonomy by the local public authorities of the second level in order to implement social service policies; (Law No. 123/2010, Article 1).

UN Guidelines for the Alternative Care of Children (Guidelines): international guidelines regulating policies for the protection and welfare of children deprived of parental care or at risk of losing such care, adopted in 2009 by the United Nations (UN) General Assembly for better implementation of the UN Convention on the Rights of the Child.

EXECUTIVE SUMMARY

Context

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

In the Republic of Moldova, CTWWC aims to end the placement of children in residential 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 in the coming years. This study is part of a series of eight thematic analyzes 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 structures. 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.

Keystone Moldova, a partner of CTWWC, led the development of this analysis of the regulatory framework, including the mechanism of financing the alternative care system.

Purpose and Objectives

The analysis was carried out in order to develop practical recommendations on improving the regulatory framework and the social services financing mechanism to prevent the separation of children from families and support alternative care mechanisms.

The analysis had the following objectives:

- Identify gaps in the regulatory framework for governing social services for separation prevention and alternative care, including their financing based on secondary data sources (reports and studies conducted at the national level).
- Establish criteria for normative acts regulating social services to be analyzed against the requirements of the UN Guidelines.
- Analyze the regulatory framework, which governs the alternative care system in general and social services in particular, against the requirements of the Guidelines.

- Analyze the social services financing mechanism in the context of administrative decentralization and the reform of the residential child care system.

Methodology

The analysis used criteria and descriptors based on the key concepts outlined in the Guidelines to establish the compatibility of the legal provisions of social services for children at risk or separated from their parents with the requirements of the Guidelines. For **services aimed at strengthening families and preventing separation**, the analysis criteria were: non-discrimination, participation, assessment of the best interests of the child, intervention planning, provision of services, temporary nature of the intervention, legal representation, safety of the care environment, confidentiality, family strengthening, case recording, service staff, quality of services, dismissal, and financing. For **alternative care services**, the placement decision and the maintenance of family ties were also included as analysis criteria. The findings regarding the correspondence/non-correspondence of provisions of the regulatory acts governing social services with the requirements of the Guidelines were based on a total of 29 reference descriptors for the 17 analysis criteria.

The analysis of the social services financing mechanism sought to identify the mechanism for planning and implementing budgets for social services by Central Public Authorities (CPA), Local Public Authorities (LPA), and private providers, as well as the mechanism for redirecting financial resources from residential institutions to the alternative care system. The social services financing mechanism was analyzed based on regulatory acts and secondary data sources, including recent studies and reports by public authorities, the academic environment, and civil society.

Main Findings and Conclusions

REGULATORY FRAMEWORK OF CHILD PROTECTION IN THE SOCIAL SERVICES SYSTEM

Strengths

The principles of necessity and appropriateness of alternative care were transposed into legal provisions at the national level, especially by Law No. 140/2013.

Intersectoral cooperation between specialists in the fields of: social assistance, education, health, and public order, was regulated for the purpose of identification, assessment, referral, assistance, and monitoring of children at risk or those separated from their parents. There are legal provisions regarding the endorsement/approval of child protection measures by the Commission for the Protection of Children in Difficulty (CPCD) in the process of accessing social services for prevention, alternative or residential care.

There are legal provisions on the accreditation of public and private social service providers, which require the mandatory compliance with minimum quality standards.

There are legal provisions regarding the priority of placement under guardianship in the extended family/alternative care services compared to other types of residential placement, as well as compliance with the principle of proximity in providing services and an individualized approach for each case.

Elements that need to be improved

The current classification of social services does not make a clear delineation between primary and specialized services, or between specialized services and highly specialized services. This distorts the role of CPAs and LPAs at level I and II in the provision and financing of various prevention, alternative, and residential care social services.

The nomenclature of social services has not been updated in the last 10 years despite the development and regulation of new social services and the completion of the classification of social services in Law No. 123/2010. Specifically, the regulatory framework for organization and operation and minimum quality standards for some social services are incomplete.

Law No. 140/2013 does not clearly delimit the responsibilities of the Community Social Worker (CSW) from those of the child rights protection specialist employed in the mayor's office, which would support the guardianship authority in exercising the powers of protection and of legal representation of children at risk and separated from their parents.

There is no provision on external evaluation of social prevention or alternative care, including residential services that would enable the service provider to analyze the relevance, efficiency, effectiveness, sustainability, and impact of the service in order to improve its quality.

SOCIAL SERVICES FOR PREVENTION

Strengths

In the last 10 years, the government has regulated a wide range of social services to prevent the separation of children from families. Most prevention services can be provided by CPAs, LPAs, or accredited non-profit organizations. Two prevention services for children (family support and personal assistants) have been included in the minimum package of social services. The analysis of the regulatory acts governing the social prevention services shows that a majority of them are aligned with the Guidelines.

Elements that need to be improved

The main gaps in the regulation of social prevention services are: the lack of minimum quality standards for day care services for children aged 4 months–3 years; the lack of a framework regulation for organizations that provide day services for children with disabilities; the lack of clear provisions regarding the accreditation of service providers such as Mobile Team, and personal assistance.

SOCIAL SERVICES FOR ALTERNATIVE CARE

Strengths

The current regulatory framework allows for selection of the most appropriate alternative care options in order to prevent prevent separation and subsequent placement in residential institutions and reintegrate children with their families. Alternative care social services can be provided by LPAs II or by accredited non-commercial organizations financed from local budgets and from donations, grants, and other legal sources.

An exception is the community-based group home for children with disabilities. This service can also be provided by the social assistance institutions created and managed by CPAs with state budget funds. Most of the regulations for the organization and operation of alternative care social services and their minimum quality standards contain concrete provisions according to the requirements of the Guidelines.

Elements that need to be improved

No support services for children/young people leaving the care system have been regulated, nor are there any minimum quality standards for such services. The regulation of the assisted social housing service and the development of its minimum quality standards for this service has been delayed.

The framework regulation for the organization and operation of maternal center services is missing, although minimum quality standards have been approved.

In the case of guardianship, there are no minimum quality standards imposed following the latest legislative amendments.

SOCIAL SERVICES FOR RESIDENTIAL CARE

Strengths

The analysis of the regulations on the organization and operation of residential care institutions shows that the institutions provide a wide range of services to children with complex care needs. Some of the residential care institutions also provide community social services while maintaining their financing from the state budget.

Most of the principles of the Guidelines have been included in the regulations on the organization and operation of residential care institutions as principles that guide their activity, but those principles are often not translated into concrete implementing provisions.

Elements that need to be improved

The regulatory acts governing the activity of residential care institutions subordinated to the Ministry of Education, Culture, and Research (MECR), and the Ministry of Health, Labor, and Social Protection (MHLSP) were not brought in line with the new provisions of Law No. 140/2013. The acts contain neither concrete provisions on the implementation of the Guidelines, nor provisions on delimitation of the financing of specialized services from the financing of highly specialized services.

The regulations on the organization and operation of residential care institutions do not contain clear provisions and criteria, which should delimit the financing of specialized services from the financing of highly specialized services provided within residential care institutions. There are major gaps in the regulation of compliance with minimum quality standards for each type of service provided in residential care institutions.

SOCIAL SERVICES FINANCING MECHANISM

Strengths

Based on the partnerships established between LPAs and community service organizations (CSO) for deinstitutionalization, there are financial possibilities for the development of alternative social care services, however that largely depends on how the financial support provided from the current state budget for the residential care system will be managed. There are models of mixed financing of social services by LPAs and CSOs. According to these models, contracting takes place on the basis of direct negotiations between the LPA and the private provider, followed by the conclusion of a partnership agreement. The dynamic analysis of social services expenditures for 2017–2020 shows that in the context of administrative and financial decentralization there is a growing trend in the volume of funding in the field of social services, which is justified by the increase in the number of families with children at risk and the increase in the number of children separated from their parents.

Elements that need to be improved

The funds used to finance social services in residential care institutions are planned exclusively in the state budget. The decisions regarding their redirection are made at the central level while the development of community social services is the responsibility of LPAs II. In the context of administrative and financial decentralization, the major burden of financing social services for separation prevention and alternative care rests with local budgets, in most cases without redirected financial resources from the system of residential care services financed from the state budget.

Studies conducted at the national level show that LPAs have limited resources to finance social services, and although private providers have experience and a significant role in the development and delivery of social services, they depend on financial resources from donors, which does not ensure the sustainability of services. The costs involved in providing social services of different types are not regulated sufficiently.

Main Recommendations

Measures proposed to improve the regulatory framework governing social services

- Complete Law No. 140/2013 with provisions delimiting the responsibilities of the community social worker from those of the child rights protection specialist.
- Complete the Law on the accreditation of social service providers with provisions on the terms and conditions of repeated application for accreditation by the social service provider in case of initial non-accreditation.

- Enact and promulgate the law on social services with provisions that clearly regulate the criteria, and substantiate the classification of social services into primary, specialized, and highly specialized categories; the use of more specific criteria such as: purpose of the service, categories of beneficiaries, assistance framework, place of provision, and the legal status of the social service provider is recommended.
- Review and update the nomenclature of social services by completing it with the regulatory acts governing social services approved after 2011 and introducing the common procurement vocabulary (CPV) code according to the Common Vocabulary of public procurement for each type of social service in the nomenclature.
- Gain government approval of regulations for the organization and operation of the following services: day centers for children with disabilities (with emphasis on children with severe disabilities and complex care needs, especially for 3–7 year olds), maternal centers and assisted social housing; gain government approval for the minimum quality standards for the following services: guardianship, day centers for the care of children aged 4 months–3 years, and assisted social housing.
- Complete regulations on the organization and operation of social services with provisions regarding: the external evaluation of each service in terms of its relevance, efficiency, effectiveness, sustainability, and impact; costs involved in providing each service; requirements to accredit service providers in the case of the Mobile Teams and personal assistance services, and residential care institutions (for each type of provided service).
- Revise and gain approval (by the MHLSP) for the regulatory framework for the community social assistance service, in particular the regulation of the number of active cases for each social worker, depending on the complexity of cases, taking into account the development of new services for which the community social worker must provide case management.
- Repeal regulatory acts that are not consistent with the provisions of Law No. 140/2013 and its guidelines.
- Develop regulations of residential care institutions including: 1) provisions on operation of institutions during the transformation period, including their role in the deinstitutionalization process; and 2) requirements for accreditation of services provided by residential care institutions based on minimum quality standards specific to each type of service provided (day, placement, etc.).

Measures proposed to improve the social services financing mechanism

- Amend Law No. 123/2010 on social services in order to regulate the specific conditions and types of community social services that can be financed from the state budget.
- Acquire the number and types of social services necessary for CPAs and LPAs to facilitate the deinstitutionalization of children placed in residential care institutions and to prevent institutionalization.
- Implement public-private partnership agreements with the involvement of non-governmental organizations and religious institutions in the provision of social services.
- Amend Law No. 131/2015 on public procurements regarding the guarantee of service contracts. The cancellation of the guarantee of the contract would favor non-commercial organizations accredited to apply for the provision of social services from public money. It is also necessary to approve the typical documentation required for the award of public procurement contracts and public-private partnerships in order to contract social services by LPAs and CPAs.
- Create regional social services through cooperation between LPAs I and LPAs II, as the case may be, or between LPAs II from different districts/municipalities by concluding public-public partnership agreements, taking into account the reduced financial capacities at mayor's offices and/or at the district level.
- Review funding of the minimum package of social services and include a state-guaranteed alternative care service. Finance the package through resources allocated to residential care institutions and from the state budget.
- Review the mechanism for financing inclusive education for children with sensory (hearing, visual) disabilities, emotional disorders, and speaking and communication difficulties. Ensure the financing of a complex package of inclusive education services in general education.
- Use the state budget to finance a child rights protection specialist within the mayor's office to be employed within a territorial structure of social assistance (STAS). Establish the number of employees based on the population of children in the area and leave open the possibility of hiring a specialist for several mayor's offices. The employment of the specialist is necessary both for the consolidation of services for the prevention of separation of the child from family and for the deinstitutionalization process by offering assistance to the child during the transition period from the residential care system to the family or alternative care system.

INTRODUCTION

Background

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

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

UN Guidelines for the Alternative Care of Children

In 2009, the United Nations (UN) General Assembly adopted the Guidelines for the Alternative Care of Children, which were designed as guidelines for policies and practices aimed at improving the implementation of the UN Convention on the Rights of the Child. The Guidelines are also relevant for the implementation of provisions of other international tools that promote the protection and welfare of children deprived of parental care or who are at risk of such a situation with the aim of achieving the following objectives:

- Keep children in the care of the biological family or reintegrate them back into the family. In the absence of such possibility, find another appropriate and permanent solution, including adoption.
- Seek permanent solutions, or if these are not possible or not in the best interests of the child, seek the most appropriate form of alternative care that will promote the child's development.
- Encourage all stakeholders in social protection and child welfare (government and civil society, public and private sectors) to apply the Guidelines more effectively, given the existing economic, social, and cultural conditions.

The UN Committee on the Rights of the Child fully implements the principles and objectives set out in the Guidelines when examining reports submitted by member States to the convention, as well as when formulating their observations and recommendations. The Republic of Moldova is a party to the UN Convention on the Rights of the Child and regularly reports to the UN on progress in implementing its commitments. Thus, the transposition of the Guidelines into legislation, policies, and practices is a commitment that the State must make for the benefit of children at risk and those separated from their parents.

Objectives, Methodology, and Limits

The analysis of normative acts regulating social services and their financing was carried out to develop practical recommendations on improving the regulatory framework and funding of social services to prevent separation of children from their families and of those related to alternative care. The following objectives were observed:

- Identify gaps in the regulatory framework of social services for the prevention of child-family separation and alternative care, including funding based on secondary data sources (reports, studies conducted at the national level).
- Establish criteria for normative acts regulating social services against which the requirements of the UN Guidelines can be analyzed.
- Analyze the normative framework regulating the system of alternative care in general, and of social services in particular, in relation to the requirements of the Guidelines.
- Analyze the funding mechanism for social services in the context of administrative decentralization and reform of the residential child care system.

Methodology

In order to understand the gaps in the normative framework regulating social services for the prevention of child-family separation and alternative care of children, including their funding, secondary data sources, in particular recent studies and reports from public authorities, academia, and civil society, were used. The list of reports, studies, and guidelines relevant to the analysis of the normative framework is presented in Annex 1 of this report. The data source used to analyze relevant normative acts was the State Register of Legal Acts; the consolidated electronic text of each normative act¹ was utilized. The list of normative acts analyzed is presented in Annex 2₂ of the report.

The normative acts regulating social services were analyzed based on criteria developed by the social policy consultancy and were based on the operationalization of key concepts in the Guidelines. The development of the analysis criteria and descriptors for each criterion were based on the practical recommendations for the implementation of the Guidelines developed by the Center for Excellence for Children's Care and Protection in Scotland, as well as the MEASURE Evaluation Tool for the evaluation of alternative care systems.³

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To analyze the legal provisions regarding the specialized social services for prevention of separation, 15 criteria were used: non-discrimination, participation, assessment of the best interests of the child, intervention planning, service provision, temporary nature of the intervention, legal representation, safety of care, confidentiality, family strengthening, case records, service staff, quality of service, dismissal, and financing. A total of 24 reference descriptors were used to assess the compliance of the provisions of the normative act regulating each service with the requirements of the Guidelines. In the case of alternative family-based and residential care services (low-capacity community support services and high-capacity residential care institutions), 17 analysis criteria were used: the 15 criteria for prevention services and two additional criteria relevant only to placement services: placement decision and maintaining family ties. Respectively, the analysis of the compliance of normative acts regulating alternative care against the requirements of the Guidelines used five more specific descriptors, a total of 29 descriptors, presented in Annex 3 of this report.

The results of the analysis of normative acts regulating social services for prevention of child-family separation and alternative care, including those regulating the mechanism for funding such services, have guided the preliminary findings and recommendations. The findings and recommendations were presented to the working group set up under the CTWWC initiative, as well as during the events organized by CTWWC, MHLSP, and MECR on July 20–21, 2021, with the participation of 200 representatives of CPA, LPA II, LPA I, civil society, and academia. The findings and recommendations of the analysis were discussed and validated by the participants during the events of July 20–21.

Limitations

According to the Terms of Reference, this analysis is limited to alternative care social services and specialized services for preventing the separation of the child from the family, including the funding of services, and does not cover all components of the child protection system. The regulation of social services and the policy and legal framework related to the alternative care system were analyzed based on normative acts approved by Parliament, the government, and CPAs with responsibilities in the field. Analysis of normative acts approved by LPAs, such as local child protection strategies/programs and/or regulations on social services to assess their compliance with the requirements of the Guidelines was not performed.

Report Structure

The report contains an introduction and the findings and recommendations that resulted from the analysis. The report is structured into five chapters and three annexes.

Chapter 1 presents the results of the analysis of normative acts regulating the alternative care system in the field of child protection and social services, with a focus on social services. This chapter addresses key issues set out in the Guidelines, such as: the principle of necessity; the principle of adequacy of care, legal representation, and protection of children in the alternative care system; gatekeeping procedures; mechanisms for cooperation and collaboration in the field of child protection; and existing options for the prevention of separation and alternative care. The chapter also addresses the need to ensure the quality of social services and the individualized approach to each case.

Chapters 2, 3, and 4 reflect the results of the analysis of normative acts regulating the organization and operation of social services (including the minimum quality standards) for each category and for each type of social service, respectively. Chapter 2 is dedicated to specialized social services to prevent separation of the child from his/her parents. Chapter 3 addresses alternative family-based and residential care with low placement capacity, and Chapter 4 focuses on residential care institutions subordinated to CPAs with high placement capacity (from 10 to 350 children).

Chapter 5 addresses the analysis of the mechanism for funding social services and focuses on the funding source and the responsibilities of CPAs and LPAs in funding services in the context of administrative decentralization and funding arrangements, including of non-profit social service organizations. The chapter also contains an analysis of the possibilities of funding social services in the context of deinstitutionalization of the care system.

The annexes include: a list of reports and studies that formed the foundation for the analysis of the normative framework (Annex 1), a list of normative acts analyzed (Annex 2), and the analysis matrix containing the criteria and descriptors on which the analysis was based (Annex 3).

NORMATIVE FRAMEWORK FOR THE PROTECTION OF THE CHILD IN THE SOCIAL SERVICES SYSTEM

This chapter contains the results of the analysis of normative acts regulating the alternative care system with an emphasis on social services. The analysis was carried out from the perspective of applying the two basic principles of the UN Guidelines: the principle of necessity and the principle of adequacy. The key elements of the alternative care system were addressed, such as: legal representation and child protection in the system, gatekeeping procedures, mechanisms for cooperation and collaboration in the field of child protection, options for preventing separation and alternative care, as well as ensuring the quality of social services and an individualized approach to each case. For this purpose, the normative acts relevant to child protection and social services were analyzed. The findings on the alignment with the principles of the Guidelines for the Alternative Care System reveal the extent to which the requirements of these principles are transposed into the relevant legislation. The recommendations formulated aim at improving the normative framework in order to address the identified gaps.

The principle of necessity and the principle of adequacy – Law No. 140/2013

According to the Guidelines, the alternative care system must be based on two fundamental pillars—the principle of necessity and the principle of adequacy. The principle of necessity supposes the prevention of the unnecessary separation of the child from the family. Policies must ensure that social services work to prevent the separation of children from their families and that only when it is in the best interests of a child should alternative care be used. Admission to alternative care involves establishing a robust gatekeeping mechanism capable of ensuring that children are admitted to the alternative care system only after all possible means of keeping them with their parents or extended family have been examined.

The principle of adequacy supposes the right to special protection and support of children who are permanently or temporarily separated from their family. If the need for alternative care is established in the case of a child, it must be provided in an appropriate manner, which implies compliance with certain minimum quality standards. Children in alternative care are entitled to a regular examination of the placement to see if it is still the most appropriate solution for their situation. States are encouraged to ensure that: there is a wide range of alternative care options; that care placements are taken on a case-by-case basis; and that the time spent in alternative care and the care received is appropriate to the needs of that child.

The reference normative act for the alternative care system at the national level is Law No. 140/2013. It lays down the procedures for the identification, assessment, assistance, referral, monitoring, and evidence of children at risk and children separated from their parents, as well as the authorities and structures responsible for applying such procedures. The procedures for self-notification and registration of notifications about children at risk, as well as a clear regulation of risk situations, are also provided.

According to legal provisions, the separation of the child from their parents is done only after the level of risk is assessed and the guardianship authority issues a disposal in this respect. The prosecutor is notified within 24 hours (in case of emergency) and a court decision is then released.⁵ With regard to the placement of the child separated from his or her parents, the guardianship authority shall decide on placing the child firstly in the family of relatives or other persons with whom the child has established close relationships, in family-type placement services, and/or ultimately in a residential care institution, taking into account the best interests of the child.⁶

In 2020, additions were made to the legislative act that addressed a number of shortcomings identified in national reports and studies. Among the most important provisions were:

- Delimitation of the roles of the guardianship authorities and the caregivers of children regarding the representation and legal responsibility for children separated from their parents.
- Establishment of the procedure for setting up custody of children whose parent(s) is/are temporarily in another locality in the country or abroad, and regulating and monitoring the informal kinship care of children separated from their parents.
- Planned placement in guardianship service and/or placement of a child of a minor parent, as well as the obligation to prepare a child who is leaving placement services for independent living.
- Responsibilities of the territorial guardianship authorities regarding legal representation of child victims/witnesses of crimes or offenses; children who are suspected, or accused of crimes, or who are defendants in criminal cases; as well as their responsibilities regarding the establishment and payment of daily allowances for children temporarily/permanently deprived of parental care.
- Outlining the duties of the central authority for child protection.
- Revision of the definitions of important terms, such as: child separated from parents, legal representative, legal guardian, imminent danger, etc.

Legal representation and protection of the child – guardianship authorities

In order to protect and legally represent children at risk and separated from their parents, guardianship authorities have been established at all administrative levels in both Law No. 140/2013 and the Family Code. The powers of the central guardianship authority are exercised by the MHLSP as it is the central authority for the protection of the child. The STAS has been designated as the territorial guardianship authority. STAS is the local specialized body in the field of social services and family protection at the level of LPA II. The local guardianship authority at the level of LPA I is represented by the mayors of villages (communes), towns, and municipalities (except for the municipalities of Balti and Chisinau, which have the role of LPA II). Law No. 140/2013 also provides for the hiring of a specialist in the protection of children's rights in each town hall to support the local guardianship authority in carrying out specific child protection duties. However, there is no clear delimitation between the responsibilities of the child protection specialist and those of the community social worker, a gap which needs to be addressed.

Gatekeeping procedure

The gatekeeping procedure is expressly provided for in the national system of alternative care. This is the responsibility of the CPCD, set up under LPA II. The CPCD is a body empowered to issue opinions on the approval of family support measures for overcoming risk situations and preventing the separation of the child from the family, as well as measures for the protection of the child separated from his or her parents.⁷ The Commission's tasks include examining and approving proposals for family support in separation prevention, deinstitutionalization of children from residential care services, separation of children from parents, planned placement, and termination of placement; approval of applicants for the position of foster care worker and parent-educator; and the evaluation of their competencies and performances. The Commission also presents proposals to the district/municipal council on the need to develop or expand social services.

Mechanisms for child protection cooperation

For a multidisciplinary approach to complex problems and situations of children at risk or separated from their parents, a number of provisions on cross-sectoral cooperation between specialists with responsibilities in the field of child protection have been regulated.

In 2010, an intersectoral cooperation mechanism for the prevention and reduction of the maternal-infant mortality rate of children up to 5 years old at home was approved. Through this mechanism, the authorities aimed at establishing and developing a ⁸ sustainable and effective partnership in the health and social field in order to prevent and reduce the mortality rate of infants and children up to 5 years old at home. The stated objectives of the mechanism are to: a) establish responsibilities and standardize the process of intersectoral coordination and cooperation on the prevention of mortality of infants and children up to 5 years old at home; and b) develop intersectoral partnerships within public and private institutions to solve the problems of families and children at risk.

In 2014, the government approved the instructions on the cross-sectoral cooperation mechanism for the identification, assessment, referral, assistance, and monitoring of children victims and potential victims of violence, neglect, exploitation, and trafficking. Intervention procedures for each sector and for multidisciplinary teams at local levels working together to perform identification; registration; initial assessment; provide urgent protection measures (if needed); specialized examination; complex assessment; and assistance, documentation and records of suspected cases of violence, neglect, exploitation, and trafficking⁹ have been regulated.

In 2018, the government approved a new intersectoral cooperation mechanism, which focuses on the intervention and cooperation of employees in the fields of education, health care, social services, and public order for the primary prevention of risks related to child welfare. The cooperation mechanism regulates the systematic observation of child welfare, assessment of concerns, planning of actions for prevention of primary risks, and exchange of data and documents with specialists from other institutions/services.¹⁰ The purpose of such interventions is to prevent risks and reduce the need for interventions in accordance with the instructions on the cross-sectoral cooperation mechanism for the identification, assessment, referral, assistance, and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking.

Options for separation prevention and alternative care

To facilitate access of children and their families to protection measures, in 2017, the Social Assistance Law was supplemented with provisions that assign LPA II and, in particular, STASs specific responsibilities for preventing risk situations for children and for supporting the development of family capacities in care and education of the child,¹¹ including for protecting children at risk and children separated from their parents. The Social Assistance Law also contains provisions on the proximity of social services, establishing that, following the complex assessment, STASs shall develop an individualized assistance plan for the beneficiary, stipulating that primary social services shall be provided in the beneficiary's community or that the specialized social services shall be provided primarily at his/her place of residence, in addition to the UAT of similar level or second level.

¹²

According to the legal provisions, the social services system in the Republic of Moldova involves three categories of services:

- Primary social services, which are provided at community levels to all beneficiaries and focus on preventing or limiting situations of risk that may cause marginalization or social exclusion.
- Specialized social services that involve the training of specialists and focus on maintaining, rehabilitating, and developing individual capacities to overcome difficult situations in which the beneficiary or his family finds themselves.

- Highly specialized social services: a) with a residential component provided in a residential care institution or in a specialized temporary placement institution, both of which require a series of complex interventions that may include any combination of specialized social services provided to beneficiaries who are highly dependent and require continuous supervision (24 hours/7 days a week); and b) without a residential component, which provides beneficiaries with highly qualified/narrowly specialized complex social care at regional or national levels.¹³

However, the current classification of social services does not delineate enough between primary services and specialized services, or between specialized services and highly specialized services. In the following chapters, it will be made clear that specialized social services can be with or without a residential component (i.e., some services are provided by the community social worker, but have been regulated as specialized services).

Social services can be developed and provided to beneficiaries both by public providers (social care institutions set up and managed by CPA, LPA II, and LPA I) and by private providers (public associations; foundations; private non-profit institutions registered and operating in the social sphere; legal persons and individuals; for-profit, registered enterprises and social enterprises).¹⁴ There are legal provisions governing the activity of non-profit organizations¹⁵ and public-private partnerships¹⁶ and that allow for the joint provision of social services and the development of social services programs with public authorities.

Quality of care - accreditation and inspection of social services

Social service providers can organize and provide social services if they are accredited in accordance with the law. Accreditation involves a procedure by which the national authority for accreditation of social service providers officially assesses the functional, organizational, and administrative capacity of social service providers to comply with legislation and quality standards. In 2012, the activity of the National Council for Accreditation of Social Service Providers¹⁷ was regulated. This body is the administrative authority subordinated to the MHLSP, whose goal is to certify the ability of service providers to provide quality services.

¹⁸

The government has also regulated the procedure for accreditation of social service providers,¹⁸ which sets out the organization and conduct of accreditation, the stages and criteria for¹⁹ assessing the service quality, how the accreditation/provisional accreditation or non-accreditation decision is made, and the conditions for suspension or withdrawal of the accreditation certificate. Social service providers must be subjected to accreditation review every five years, regardless of the type of ownership and/or the legal form of²⁰ organization. Also, the National Council for Accreditation of Social Service Providers asks social service providers to register with the State Electronic Register of Social Service Providers. Currently, there are no provisions or deadlines for the service provider to repeatedly request accreditation in the event of initial non-accreditation.²¹

Social services provided by public and private providers at different administrative levels are also subject to regular inspection. Social Inspection is the public administration authority subordinated to the MHLSP, which focuses on inspecting the correct application of laws and other normative acts governing the granting of social care, support for winterization, and social services.²² Representatives of civil society, including beneficiaries of social services, are involved in the inspection. In the field of social services, the Social Inspection focuses on: monitoring the application of social assistance laws; ensuring compliance of social service providers with minimum quality standards; promoting measures to reduce errors and prevent fraud in the social services system, as well as ensuring the quality of social services and verifying application of the laws when establishing a beneficiary's right to social services.²³

Individualized approach – case management

According to the legal provisions, the procedure for providing social services involves an individualized approach, the initial and complex assessment of needs, and the periodic review of the case plan, including of the placement. In order to establish the efficiency of social services provided and the need to continue or stop the intervention, the social services provider periodically re-assesses the situation of the beneficiary. The case must be reviewed: after the first month of providing social services; after three months of providing social services; and then as needed, but not less than once in six months.²⁴ Based on the results of the review, the social service provider completes or modifies the case plan or stops the provision of social services.

The provision of social services requires compliance with the case management procedures adopted in 2016 by the MHLSP,²⁵ which involve establishing risk levels for child welfare and applying a standardized methodology for handling cases, including referring to social services. A wide range of care options have been regulated at national levels and are included in the classification of social services.²⁶ However, the classification has not been updated since 2011. Since then, new social services have been approved, thus, the classification needs to be revised and supplemented.

Conclusions

The key normative act for the alternative care system is Law No. 140/2013. The principles of necessity and adequacy have been transposed into concrete legal provisions both in Law No. 140/2013 and in the normative acts regulating access to social services. At the level of LPA II, the CPCD (gatekeeping) is assigned an important role in endorsing/approving protection measures in order to prevent separation, as well as proposals of the guardianship authority regarding placement in alternative care, deinstitutionalization, and reintegration into the family. It also regulates cross-sectoral cooperation between specialists in social care, education, health, and public order for the primary prevention of risks to child welfare, but also for the identification, assessment, referral, assistance, and monitoring of child victims and potential victims of violence, neglect, exploitation, and trafficking.

Social services may be developed and provided by public and private providers on the condition that they are accredited by the appropriate institution. The law on social care states that services are to be granted based on the principle of proximity, and Law No. 140/2013 provides for giving priority to guardianship placement in the extended family over other types of placement. If this is impossible, placement in family-type services should take priority over residential-type ones. There are legal provisions on the assessment of needs and the provision of support on the basis of a case plan, regular review, and the assessment of its availability.

The legal framework on alternative care in the Republic of Moldova is aligned with the requirements of the Guidelines. However, there are some gaps that need to be addressed, namely: Law No. 140/2013 does not clearly delimit the responsibilities of the community social worker from those of the child protection specialist working in the mayor's office, which could demotivate the mayor from hiring additional staff, especially in conditions of a small budget. The current classification of social services (primary, specialized, and highly specialized) does not make a clear delimitation between primary and specialized services, or between specialized and highly specialized services, which distorts the role of CPAs and LPAs in providing and funding different types of services. The classification of social services has not been updated in the last 10 years despite the development and regulation of new social services. There are no procedures and deadlines for service providers to repeatedly request accreditation in case of initial non-accreditation.

Recommendations

To address gaps in normative acts, the following measures are recommended:

- Supplement Law No. 140/2013 with provisions delimiting the responsibilities of the community social worker from those of the specialist in child rights protection working in the mayor's office in order to support the guardianship authority in exercising the duties of protection and legal representation of children at risk and those separated from parents.
- Supplement the law on accreditation of social service providers with provisions on the terms and conditions of repeated requests for accreditation in case of initial non-accreditation.
- Supplement the law on social services with provisions clearly regulating the criteria for the classification of social services into primary, specialized, and highly specialized services; the following specific criteria are recommended: purpose of service, categories of beneficiaries, assistance regime, location of service, and legal status of the social service provider.
- Review and update the classification of social services by supplementing it with the normative acts regulating social services approved after 2011 and introducing the CPV code for each type of social service according to the Common Public Procurement Vocabulary. This measure is necessary to create a reference framework for public authorities to procure social services from other public and private providers if they do not have the necessary and/or suitable services for the needs of children in the administered territory.

SPECIALIZED SOCIAL SERVICES FOR PREVENTING SEPARATION OF CHILDREN FROM THEIR PARENTS

This chapter refers to the results of the analysis of normative acts regulating the organization and operation of specialized social services for the prevention of separation of the child from the family, including the minimum quality standards approved for such services. Each social service is provided with a brief description, which includes: the type and purpose of the service, the main activities/services provided, the beneficiaries and staff employed, the monitoring and evaluation of the services, the service provider, and the sources of funding. The findings regarding the alignment of normative acts regulating each service with the principles of the Guidelines are presented as a result of the application of criteria and descriptors for each criterion (as presented in the Analysis Matrix [Annex 3]). Where appropriate, recommendations are made to improve the legal provisions for the purpose of eliminating gaps identified for each type of service.

Support for families with children

The support service for families with children is a specialized social service established within the STAS based on the decision of district/municipal councils and provided at the local level (villages, towns). The purpose of the service is to ensure the welfare of children by developing and strengthening families' capacities to prevent and/or overcome risk situations in order to ensure the child's upbringing and education in the family environment. The service is regulated by government decision²⁷ and has minimum quality standards²⁸.

The service is provided in two forms: primary family support and secondary family support. Primary family support is provided through various programs, which may include: information- and awareness-raising activities; schools for parents; support groups for parents and children; and community activities for children to support their emotional, social development, and social inclusion. Secondary family support includes activities that are carried out for the protection of the family and the child in order to prevent the separation of the child from the family, as well as to prepare the family for reintegration. Such activities include providing financial support for the purchase of goods needed for the child, maintaining and improving health, investigations, and interventions and/or necessary medical rehabilitation, as well as connecting with relevant specialists and other services to meet the needs of the child and family members. All families with children in the community who need support can benefit from primary family support. Families with children at risk and/or families whose children are in the process of reintegration (as well as families with children at risk of separation) are eligible for secondary family support.

Beneficiaries of secondary family support who need help ensuring the minimum conditions for raising a child and/or placing a child in school are also eligible for financial support. The amount of financial support is 700 lei (about US\$40) per month and is granted for a certain period of time not to exceed six months (or as a single payment), which does not exceed 4000 lei (about US\$227). Granting the financial support and its amount is examined and approved by the district/municipal CPCD.

The service staff includes the service manager, supervising social workers, and community social workers within the community support services. Operation of the service involves staff costs, costs for conducting assistance programs (renting the room, facilitators, teaching materials, snacks, travel at the local level, etc.), and providing financial support. The service is funded from second-level local budgets as well as grants, donations, and other legal sources. The service was also included in the state-guaranteed minimum package of social services and is funded by the Population Support Fund managed by the National Social Assistance Agency (ANAS). The service is monitored and evaluated by the STAS.

The analysis of normative acts regulating the service shows that they are largely aligned with the requirements of the Guidelines, however, there are some aspects related to the regulation of the service that need to be improved. In the context of the development of different types of social services provided by the community social worker, regulating the number of active cases that a community social worker can have within primary and secondary family support is necessary. Also, the regulation on the organization and operation of the service does not provide for accreditation, nor are there any provisions on the possibility of providing support services such as counseling services or parent education programs by accredited private providers. The service is provided and evaluated by the STAS, which deprives the provider of an external evaluation on the relevance, efficiency, effectiveness, durability, and impact of the service on beneficiaries. Supplementing the regulatory framework of the service with the mentioned provisions would increase the quality of the service and would also allow private providers to initiate family support programs.

Mobile Team social services

The Mobile Team social service is a specialized service for people with disabilities (children and adults), which is provided at the beneficiary's residence. The service is regulated by government decision and focuses on improving the quality of life of the beneficiary through counseling, recovery, and psycho-social rehabilitation services in order to increase the degree of personal autonomy, prevent institutionalization, and promote social inclusion. The Mobile Team has the following objectives: develop beneficiaries' abilities for an independent life in the community; develop caregiving skills of those involved in the process of reintegrating the beneficiary into society; ensure socialization of beneficiaries by building relations with the community and accessing existing resources and services available in the community. Persons with severe disabilities with a high risk of abandonment and institutionalization (found as a result of the evaluation) are eligible for the service.

A mobile team can serve up to 25 beneficiaries per month. The duration of services to each beneficiary is established by the multidisciplinary team depending on the beneficiary's needs and on the counseling and training needs of relevant staff. Services can be provided to a beneficiary for a maximum of one year. The service staff consists of the service coordinator (who is also the case manager), psychologist, physiotherapist, and other staff hired according to the needs of the beneficiaries. The remuneration of service staff is made based on expenditure estimates approved by the service provider. With the exception of staff remuneration, the regulation on the organization and operation of the service does not contain provisions on other costs incurred by the provider (e.g., staff transport and training costs, equipment needed to work with beneficiaries, personal hygiene items and essential medicines, etc.).

The service is established by decision of the district/municipal council from the UATs of second level and can be provided by STASs, as well as by private providers that offer the service. The service is respectively funded from second-level local budgets and special sources, including donations, sponsorships, and other legal sources. Private providers fund the service from their own sources. The service is monitored by the service coordinator, and annual evaluations are performed by STAS specialists.

The analysis of normative acts regulating the service shows that they are largely aligned with the requirements of the Guidelines. However, it is necessary to supplement the regulation on the organization and operation of the service with: requirements for accreditation of service providers, external evaluation of the service, if the service is provided by STAS, and provisions on the costs involved in providing the service.

Personal Assistance social service

The personal assistance social service is a specialized social service for children and adults with severe disabilities. The service is regulated by government decision³⁰ and aims to provide support and care to beneficiaries in order to promote their independence and integration into society through: social protection, employment, healthcare, education, access to infrastructure, etc. The personal assistant provides personal care services, performs basic household chores, and helps the beneficiary with mobility and participation in social life, as well as offering supervision and guidance according to the person's needs. The service staff consists of the head of the service and personal assistants. Any person, including a family member or relative of the beneficiary, may be employed as a personal assistant provided that the eligibility requirements are met. The service is established by decision of LPA II and can be provided by STASs, as well as by non-profit organizations registered in accordance with the legislation who operate in the area.

The service is funded from second-level local budgets, special sources, and other legal sources. The staff is remunerated for the hours they worked. Personal assistance services are monitored and evaluated by the service provider. Private providers submit activity reports to STASs.

The analysis of normative acts regulating the service shows that they are largely aligned with the requirements of the Guidelines, however, additions to the rules on the organization and operation of the service are needed to ensure quality. For this purpose the following are recommended: introduce provisions regarding accreditation of service providers and regulation of external evaluations in cases where the service is provided by STASSs.

Early intervention social service

Early intervention services are medical, social, and psycho-pedagogical services offered to children with developmental disorders in order to stimulate physical, motor, and sensory development, including vision and hearing, cognitive, communicative, social, psycho-emotional, and adaptive development. Early intervention is regulated by government decision³¹ and focuses on early identification of children who have developmental disorders (or show risk factors for developing them) and providing the necessary support. Early intervention services are provided through intersectoral collaboration between specialists in different fields within interdisciplinary teams in partnership with parents or other legal representatives/caregivers of the child. The interdisciplinary team includes pediatricians, pediatric neurologists or physical therapists, psychologists/psycho-pedagogues, speech therapists, physiotherapists or rehabilitation nurses, nurses, and/or social workers.

Beneficiaries of the services are children up to three years old with developmental disorders and/or their associated risk factors, as well as parents/other legal representatives/caregivers of the child according to established eligibility criteria for early intervention programs. In order to access the services, the family situation is assessed in accordance with the social service case management procedure. The service provider appoints a case manager who then coordinates and monitors the service delivery process for 18–20 beneficiaries. Services can be provided by healthcare facilities or organizations specialized in early intervention services regardless of the type of ownership and the legal form of the organization.

Expenditure on the organization and operation of early intervention services shall be born by the service providers. Services are funded from compulsory health insurance funds, grants, donations, and other legal sources. In the compulsory health insurance system, service providers hold contracts with the national health insurance company for the provision of health care for insured individuals.

There are no provisions on the costs of these services. The services are monitored and evaluated by the head of the service. The analysis of normative acts regulating the service shows that they are largely aligned with the requirements of the Guidelines, however, including expenditure details and regulating the external evaluation of the service in order to improve its quality is recommended.

Specialized intervention center for autism spectrum disorders

The Specialized Intervention Center for Autism Spectrum Disorders provides medical and social services to children aged 3–18 and young people aged 18–35 with severe psychological development problems, including autism spectrum disorders. The service was regulated in 2019 by government decision³² and focuses on supporting children and young people (as well as their parent(s)/legal representative/caregiver) eligible for intervention to achieve their full development potential and his/her educational and social inclusion. The beneficiaries of the center are identified at various stages of the health care system (primary health care, specialized outpatient care, hospital care) or within the center when the family addresses it directly.

Interventions are selected individually for each beneficiary according to the identified problems and special needs of each child or young person and their family and are carried out within the programs offered by the center through the multidisciplinary team. A multidisciplinary team includes a psychiatrist, pediatrician, psychotherapist (behavioral, cognitive-behavioral), clinical psychologist and/or psycho-pedagogue, speech therapist, physiotherapist or rehabilitation nurse, nurse, social worker, and ergo-therapist/occupational therapist. Other specialists may be employed within the team depending on the assessed support needs of the beneficiaries. Multidisciplinary teams are formed according to the following ratio: a team of 200 for every 250,000 people within the territory served (3–4 districts). Within each multidisciplinary team, a case manager is appointed by the service provider who coordinates and monitors the process of providing services for a maximum of 10 beneficiaries of the center.

The center can be set up by the CPA, LPA II, or national and international non-profit organizations in coordination with the MHLSP, as well as by the LPA in partnership with non-profit organizations under a joint activity agreement. Expenditure on the organization and operation of specialized intervention centers in autism spectrum disorders is covered by the state or local budgets and compulsory health insurance funds within the limits of available financial means covering expenses for employees' salaries, procurement of medicines, and other eligible expenses in accordance with the law. Services are monitored and evaluated by LPA II regardless of the type of ownership or legal form of organization of the service provider, and the results of monitoring and evaluation are presented to the MHLSP. Services are assessed and accredited by the authorities responsible for the assessment and accreditation of health and social care services.

The analysis of normative acts regulating the service shows that they are fully aligned with the requirements of the Guidelines. Taking into account the narrow field of specialization of autism spectrum disorder intervention services and the profile of specialists involved in the provision of services, this is considered a highly specialized service without a residential component rather than a specialized service. In this context (i.e., defining the service as highly specialized, which is established at the regional level [north, center, and south]) medical and rehabilitation services are financed from the compulsory health insurance while social services funds come from the state budget.

Day care center for children with disabilities

The day care center for children with disabilities is either a State or private social care institution providing day care to children with disabilities. The centers provide a supportive environment, development recovery assistance, and support and mediation in family and community relations. The beneficiaries of the service are children aged 0–18 with sensory (hearing, vision), physical/locomotor, mental/intellectual, psychological, and behavioral disabilities, as well as the families of these children. The center has a maximum capacity of 40 children and provides services for the development of cognitive, communication, and behavioral skills, as well as recovery/rehabilitation. The center supports educational inclusion; provides counseling to family members/caregivers; leisure activities; food; professional orientation; and transportation of children to/from the center.

According to the State Register of Legal Acts, the government has not approved a framework regulation on the organization and operation of this type of service. In 2008, the minimum quality standards³³ were approved, which also include specific provisions of the regulation on the organization and operation of the service (e.g., general concepts, principles of activity, categories of beneficiaries eligible for the service, types of services provided, etc.). Note that in 2010, once the normative act was amended, there was an error in loading the document into the State Register of Legal Acts, which has thus far not been corrected. There is a discrepancy between the name of the regulatory act and the content of its annex: the normative act approves the minimum quality standards for day care centers, but its annex contains the minimum quality standards for placement centers for children with disabilities.

The analysis of minimum quality standards of day care centers for children with disabilities (2008 version) shows that they include a large part of the provisions specific to the requirements in the Guidelines. However, in the absence of a regulatory framework on the organization and operation of the service, important provisions on service quality assurance (service accreditation, monitoring and evaluation) are missing, as well as provisions on the funding of the service and the costs of providing services. In this context, development and approval (by the government) of the regulatory framework on the organization and operation of the service is recommended.

In the regulatory process, it should be noted that the services of the day care center for children at risk (which serves children with moderate–severe disabilities aged 7–18) and the day care center for the care of children aged 4 months–3 years have been regulated. In this context, it would be appropriate to regulate a day care service for children with severe disabilities and complex care needs, who are not currently covered by existing day care services.

Day care center for children at risk

The day care center for children at risk is a social care institution providing specialized day care services for children at risk. The service was regulated by government decision³⁴ and focuses on the prevention of child–family separation, marginalization, social exclusion, and institutionalization of the child as well as facilitating the process of reintegration of children returning from residential care. The beneficiaries of the service are children aged 7–18 who are registered with the guardianship authority as children at risk, including children with moderate–severe disabilities, as well as their family members.

The centers provide a wide range of services that vary depending on the needs of the beneficiaries: food; formation of life skills; development of cognitive, communication, and behavioral skills; support in studying; professional orientation; counseling and psychosocial rehabilitation of children; leisure; ease of access to community support services (education, health, culture, etc.); and parenting skills for raising and educating children. The services are provided by specialized staff consisting of the head of the service, social workers, pedagogues, psychologists, and other specialists who may be employed according to the assessed needs of the beneficiaries. The number of staff units depends on the number of children in compliance with the ratio: one specialist for seven children with a maximum capacity of 40 children in the center.

The centers may be provided by LPA I, LPA II, or other private providers if they are accredited for the provision of that service. Publicly funded centers are established by the decision of the local or municipal government and are funded from local budgets, special funds, and other legal sources. The centers are monitored and evaluated by the head of the service who submits reports to the service provider. Private centers submit biannual and annual activity reports to STASs. The analysis of normative acts regulating these centers shows that they are fully aligned with the requirements of the Guidelines.

Day care center for children aged 4 months–3 years

The day care center for children aged 4 months–3 years is a temporary specialized day care service.

The centers are regulated by government decision³⁵ and aim to prevent child–family separation, marginalization, social exclusion, and placement of the child in a residential institution. The centers also facilitate the process of family (re)integration and educational and social inclusion of the child. The beneficiaries are children aged 4 months–3 years, where the territorial guardianship has identified a high risk of child–family separation, the parent(s)/caregiver of the child requested the provision of the service, and/or the need for the service is confirmed by a complex assessment of the situation. Access is therefore conditional on prior access by the parent(s) of secondary family support services. The foster care assistant/parent educator can request the service if the placement will allow the admission/maintenance of the child in foster care or in a family-type home.

The center has a maximum capacity of 12 children and can operate in various adapted spaces, such as: apartments in blocks of flats or ground floor houses; buildings belonging to or rented by local public authorities or private providers; preschool facilities; and placement and rehabilitation centers for children under the MHLSP. Within the center, services are provided according to the needs of the beneficiaries, and include: food; formation of life skills (self-service, hygiene); development of cognitive, communication, behavior, and relationship skills; and training and strengthening of parenting skills. The service staff consists of a head of the service, an educator specialized in early education, a nurse, and a babysitter. Taking into account the individual needs of the children benefiting from the services, the service provider may also hire other specialists. Case management for the beneficiaries is ensured by the specialist in child protection within the mayor's office or, in his/her absence, by the community social worker.

The service may be provided by private providers accredited for the provision of this service. Publicly funded centers are established by the decision of the local or municipal governments. In cases where the center is located in existing preschool facilities and/or placement and rehabilitation centers for children under the MHLSP, the service is funded from the budget allocated to those institutions. If the service is offered by private providers, the source of funding is not regulated. The internal monitoring and evaluation of the services provided by the center is performed by the director of the center, and the external monitoring and evaluation is provided by STASs regardless of the type of ownership and/or the legal form of organization of the service provider.

Analysis of the service regulatory acts shows that although there are provisions on the accreditation of the service provider, no minimum quality standards have been adopted for the accreditation of this type of service. The regulation on the organization and operation of the service is largely aligned with the requirements of the Guidelines, but there are no provisions on the costs related to the provision of services or requirements for compliance with minimum quality standards.

In this context, supplementing the regulation with these provisions, as well as developing and approving minimum quality standards for the care of children aged 4 months–3 years in the day care service is recommended.

Conclusions

In the last 10 years, the government has regulated a wide range of social services to prevent the separation of children from their families, including several types of services for young children (0–3 years), children with disabilities, and those with developmental problems. There are services provided at the residence of the beneficiaries (family support, personal assistance, Mobile Team), which also include facilitating the access of the child and/or family to other basic community support services. There are also day care centers that offer services specific to different age groups and that are organized according to the different needs of the child and family/caregivers.

Most prevention services can be provided by LPAs or by accredited non-profit organizations. However, some prevention services can only be provided by LPAs (e.g., family support). Some can also be provided by CPAs, such as the day care centers for children aged 4 months–3 years and the specialized intervention center for autism spectrum disorders. Based on the fact that different prevention services are provided at different administrative levels and some of them involve complex interventions with the participation of specialists in different fields (social, educational, medical), services are funded from different sources: state budgets, local budgets, compulsory health insurance funds, and other legal sources, such as donations and grants. Two prevention services for children (family support and personal assistance) have been included in the state-guaranteed minimum package of social services managed by the ANAS.

The analysis of normative acts regulating social prevention services shows that they are largely aligned with the Guidelines. With some exceptions, when the normative act was found to be missing, most of the regulations for the organization and operation of social services and their minimum quality standards contain concrete provisions for implementing the requirements of the Guidelines on the following aspects: non-discrimination; child/family/caregiver participation and opinions; assessment of needs based on the best interests of the child; individualized and multidisciplinary approach to the assessment and planning of care; legal representation; protection against abuse, violence, and neglect; data confidentiality; case records; and termination of care. There are also provisions on the requirements for service staff and their involvement in strengthening the family, as well as requirements on the quality of services (compliance with minimum quality standards, monitoring and evaluation of services, etc.).

However, referring to social prevention services, gaps were also identified, i.e., a lack of minimum quality standards for day care services for children aged 4 months–3 years and a lack of framework regulations on the organization and operation of day care services for children with disabilities. Although minimum quality standards have been approved, the lack of express provisions on the accreditation of service providers for the Mobile Team and personal assistants is also noted.

In most cases, the regulations on the organization and operation of the service lack a provision on external evaluation, which would give the service provider the opportunity to analyze the relevance, efficiency, effectiveness, durability, and impact of the service in order to improve its quality. According to the legal provisions, services are monitored and evaluated by the service provider and STASs. If the service provider is STAS, an external evaluation is not provided. If the service is provided by a private provider, the external evaluation is performed by STAS.

Another weakness of the regulations for the organization and operation of alternative care is the insufficient regulation of costs that come with the provision of services. It is noted that two specialized prevention services—family support and day care centers for children aged 4 months–3 years—are in fact based on community support staff. However, there are no provisions governing the number of active cases (number of cases in progress) for one community social worker which would ensure the quality of case management in separation prevention services.

Recommendations

In order to improve the regulatory framework for separation prevention services, the following measures are recommended:

- Develop and gain government approval of the minimum quality standards for the day care center for children aged 4 months–3 years, which would allow the evaluation and accreditation of service providers.
- Develop and gain government approval of the regulatory framework on the organization and operation of day care centers for children with disabilities, avoiding overregulation of the service given that there are already two types of day care services, including services for children with disabilities. In this context, regulating a day care service for children with severe disabilities and complex care needs, especially for those aged 3–7 years, would be appropriate.
- Make the necessary amendments to the State Register of Legal Acts in order to elaborate further on the minimum quality standards for day care centers for children with disabilities.
- Supplement regulations for the organization and operation of the Mobile Team and personal assistance services with provisions regarding the requirement for accreditation of service providers.
- Supplement regulations on the organization and operation of specialized prevention services with provisions on the external evaluation of each service in terms of its relevance, efficiency, effectiveness, sustainability, and impact. It is recommended to evaluate each social service every four years, before the expiration of the service accreditation certificate, which is valid for five years.

- Supplement regulations for the organization and operation of specialized prevention services with details on the costs that come with the provision of each service. This would facilitate the implementation of the mechanism for securing and redirecting financial resources currently allocated to residential care institutions so that LPAs can procure services that are not available in the administered territory from other LPAs, non-profit organizations, or accredited religious institutions.
- Review and gain MHLSP approval for the regulatory framework on the activity of community support services, in particular, regulating the number of active cases (number of cases in progress) for each social worker, depending on the complexity of cases and taking into account new services for which the community social worker must provide case management.

SPECIALIZED ALTERNATIVE CARE SERVICES

This chapter contains the results of the analysis of normative acts regulating the organization and operation of specialized alternative care services, including the minimum quality standards approved for such services. Each social service is briefly described under the following terms: type and purpose of service, main activities/services provided, beneficiaries and staff, monitoring and evaluation, service provider, and sources of funding. The findings regarding the alignment of normative acts regulating each service with the principles of the Guidelines are presented in the analysis matrix (Annex 3). Where appropriate, recommendations are made to improve legal provisions to eliminate gaps identified for each service.

Forms of protection and family-type alternative care services

Custody

Custody refers to temporary protection of the child in order to ensure his or her growth, proper care, and education³⁶ Law No. 140/2013 regulates the procedure and deadlines for the establishment of custody, the rights and responsibilities of the custodian, establishes the conditions of eligibility to become a custodian, the legal representation of the child, and the conditions for termination and revocation of custody³⁷ Custody is established by the local guardianship authority for the benefit of children whose parent(s) is/are temporarily in another locality in the country, is/are abroad for a period of more than two months, or is/are unable to fulfill their obligations regarding raising, caring for, and educating their child. According to the legal provisions governing family rights, parents have the right to partially delegate their rights and obligations regarding the upbringing, care, and education of their child to a custodian by submitting an application to the local guardianship authority according to the procedure set out in Law No. 140/2013.³⁸

Custody is also imposed on children placed in the guardianship/curatorship service when their guardians/curators are (or intend to be) temporarily in another locality in the country or abroad for a period longer than two months. If the parents have different opinions about where their child will be, alternatives are examined by the territorial guardianship authority. The decision of the territorial guardianship authority can be challenged in court, which rules on who shall take care of the child. Expenditure for raising, caring for, and educating the child in custody shall be borne by his/her legal representative (parent, guardian/custodian), and can include the social benefits granted to the child. Custody is a personal and free task and does not involve the remuneration of the custodian. The procedures and requirements for the establishment of custody are in accordance with the UN Guidelines and ensure the formalization of the care of children by a person known/close to the child.

Guardianship/curatorship

Guardianship/curatorship is a form of child protection regulated by the Family Code, the Civil Code, and by Law No. 140/2013. According to the legal provisions, guardianship and curatorship can be established for children temporarily deprived of parental protection or for the purpose of raising and educating the child, which may include defending his/her legitimate rights and interests.³⁹ The difference between guardianship and curatorship refers only to the age of the child: guardianship is established for children who have not reached the age of 14, and curatorship is established for children aged 14 to 18 years. Upon reaching the age of 14, guardianship becomes curatorship without the guardianship authority issuing an additional provision in this respect. The territorial guardianship authority can only establish guardianship/curatorship for the child with the approval of the local guardianship authority and on the basis of a positive opinion from the CPCD.⁴⁰

During the process of establishing guardianship/curatorship, the territorial guardianship authority takes into account the priority of placing the child in the extended family, in the family of the person with whom the child has established close relations (neighbor, family friend, etc.), or in an adoptive family.⁴¹ For this purpose, moral and other personal qualities of the proposed guardian/curator are examined, as well as the candidate's ability to fulfill his/her duties as guardian/curator, his/her relationship with the child, and the relationships of his/her family members with the child.⁴² In 2020, amendments to the Family Code, the Civil Code, and Law No. 140/2013 were made to harmonize the provisions regarding guardianship and curatorship.⁴³ According to the latest amendments to Law No. 140/2013, guardianship and curatorship are regulated as services. As far as funding of guardianship/curatorship is concerned, the legal provisions stipulate that the obligations of the guardian or curator are exercised free of charge,⁴⁴ but an allowance is given for the upbringing and care of the child.⁴⁵

Normative acts regulating guardianship and curatorship correspond to the principles of the Guidelines, but it is necessary to clearly define the term guardianship/curatorship as a form of protection or social service. It is also appropriate to develop minimum quality standards, including provisions on needs assessments, monitoring, training and support for guardians/curators, as well as procedures for assessing and preparing children for cessation of guardianship/curatorship.

Foster care

Foster care is a specialized social service regulated by government decision⁴⁶ that provides substitute care for children in the family of a foster care assistant. According to legal provisions, the foster care assistant provides care and education of the child at home for a certain period of time and facilitates family and social (re)integration of the child in accordance with his/her individual needs for assistance and development. Beneficiaries of the service are children at risk and children separated from their parents, as well as children with disabilities whose parents or caregiver(s) need time to recover. In 2018, the regulation on the organization and operation of the service was supplemented with new provisions in order to expand the categories of beneficiaries eligible for the service, namely: a minor parent with a child at risk of separation, the child of a minor parent, and a pregnant minor at risk or separated from her parents.

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The placement of the child in foster care is carried out urgently or planned in compliance with the provisions of Law No. 140/2013. The procedures for assessing and approving the foster care assistant are regulated as are the balance of competencies, terms, and conditions of approval of the foster care assistant with the support and development needs of the child. Up to three children can be placed in the family of the foster care assistant at the same time, except for the placement of siblings, when the number of children can be increased to four. Children placed in the service receive different types of allowances (single payment upon placement, monthly and/or daily payments, and/or one-time payment at the age of 18) depending on the type and duration of the placement and the age of the child.⁴⁸ The foster care assistant is only remunerated during the placement of the child. The rules of organization and operation of the service do not regulate the costs of administration, monitoring, or evaluation of the service, nor the costs of staff training.

The service staff consists of the service manager (one manager for 15 approved foster care assistants), the social worker responsible for the service (one social worker for 20 children placed in the service), and the foster care assistants. The service is provided by STASs or by an accredited private provider.

Foster care is funded from the local budgets of second level and from other sources (donations, grants). The service is monitored systematically by the service manager, and the service provider performs the annual evaluation.

The analysis of normative acts regulating the service shows that they are nearly fully aligned with the requirements of the Guidelines. Despite this, the following aspects are lacking: a) assistance and counseling of foster care assistants after the initial placement of the child (established in the Guidelines); and b) the external evaluation of the service, which would give the provider the opportunity to analyze the efficiency, effectiveness, durability, and impact of the service in order to improve its quality. Supplementing the regulation of the organization and operation of foster care with these provisions and with better regulation of all costs involved in providing the service is recommended.

Family-type home

The family-type home is a specialized social service that focuses on providing children with substitute family care in the family of a parent-educator. The parent-educator provides for the care and education of the child at his/her home for a determined period of time.

The service was regulated in 2002. In 2018, the government approved a new regulation on the organization and operation of the service and minimum quality standards, which contain almost the same provisions as those governing foster care. The main⁴⁹ difference between the two services concerns the capacity of the service (number of children that can be placed simultaneously) and the categories of beneficiaries.

Beneficiaries of the family-type home are children at risk and children separated from their parents. The family-type home does not offer short-term placement to children with disabilities whose parents/caregivers require respiro services, nor does it offer placement for a minor parent with a child at risk of separation, the child of the minor parent, or a pregnant minor at risk or separated from her parents. Between three and seven children can be placed in a family-type home at the same time provided that the number of children placed and the number of biological children of the parent-educator does not exceed seven people. The situation of the child placed in the service is monitored by the manager of the family placement service within STAS.

Other aspects related to the organization and operation of the service, placement procedures, and service provision (i.e., the minimum quality standards, allowances available during the placement, and the ratio between the number of children and the number of educating parents for one social worker responsible for the service) are similar to foster care. The service is provided by STASs or by an accredited private provider. Funding of the service is carried out from the second-level local budgets and from other sources (donations, grants).

The analysis of normative acts regulating the service shows that they are nearly fully aligned with the requirements of the Guidelines. As in the case of foster care, several types of provisions are lacking: a) assistance and counseling of parents-educators after the initial placement of the child (as established in the Guidelines); and b) external evaluation of the service, which would give the service provider the opportunity to analyze the efficiency, effectiveness, durability, and impact of the service in order to improve its quality.

Supplementing the regulation on the organization and operation of the service with such provisions and with better regulation of all costs involved in the provision of the service, including the costs of administering the monitoring and evaluation of the service and the costs of training staff, are recommended.

Alternative care with residential placement in a family-type center

Small group home for children at risk

The small group home for children at risk is a specialized temporary placement social service for raising and educating children separated from their parents or at risk of separation. The purpose of the service is to ensure the growth and development of the child in a family-type environment for a certain period of time. The service is regulated by government decision⁵⁰ and has minimum quality standards.⁵¹

Beneficiaries of the service are children aged 10–18 years who are temporarily or permanently deprived of the family environment and cannot be placed with the extended family, in a family-type home, in foster care, or adopted. When referring to siblings, the regulations on the organization and operation of the service provides for the possibility of placing children under the age of 10, but not less than six. A maximum of 10 children can be placed in the service simultaneously.

The small group home provides for the following services: accommodation; maintenance; nutrition; development of life skills (self-service, hygiene); development of cognitive, communication, and behavioral skills; support for studying and assimilation of school programs; provision of psychosocial counseling and rehabilitation; leisure; professional orientation; family (re)integration; community and social inclusion; accompaniment to healthcare facilities; administration of medications prescribed by doctors; and provision of medical first aid, according to competence. The service staff consists of: administrative staff (director of the small group home), specialized staff (social pedagogues), and auxiliary staff (cook, maid). One of the social pedagogues within the small group home is appointed by the director to guide and support a child, coordinate and monitor his/her daily care process, and in general, become a “key person” for the child.

The service can be provided by STASs or by accredited private providers. The small group home is a public entity established by the district/municipal council at the request of the STAS and is subordinated to STASs.

The service is funded from local budgets of the first and second level, special sources, and other legal sources. The regulations on the organization and operation of the service do not expressly provide for the costs incurred by the service provider. Monitoring and evaluation of the service is performed, in the administered territory, by STAS. The analysis of normative acts regulating the service shows that they are largely aligned with the requirements of the Guidelines. However, supplementing the regulations with provisions on external evaluation of the service (if the service is provided by STAS) and with provisions on the costs associated with the provision of the service is recommended.

Small group home for people with disabilities

The small group home for people with disabilities is a specialized social placement service for people (children or adults) with severe disabilities requiring continuous specialized protection, care, and support. The service focuses on providing permanent care and developing self-service and social skills of beneficiaries in order to ensure a quality of life as close as possible to the one of the community, and increasing beneficiaries' ability to (re)integrate into the family and society. The service is regulated by government decision and has minimum quality standards.

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In 2017, sanitary requirements for the service (i.e., location, arrangement, and maintenance of the building; personal space afforded beneficiaries; hygienic-sanitary spaces; and requirements for the organization of food and support for personal hygiene and health protection) were approved.

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The service is organized separately for beneficiary children and adults, and four to six beneficiaries may be placed in the home simultaneously. As the service was regulated for two categories of beneficiaries (children and adults), there are specific provisions governing the emergency placement and planned placement of children, in compliance with the provisions of Law No. 140/2013. The service staff consists of a director, social workers, cooks and, as the needed, a nurse and other specialized staff (psycho-educational, speech therapists, physiotherapists, etc.) who are employed based on the needs and age of beneficiaries in the service.

In 2020, amendments to the regulations on the organization and operation of the service were approved in terms of objectives and service providers.⁵⁴ Deinstitutionalization and prevention of institutionalization of people with disabilities were included as objectives of the service. Under the new provisions, the service can be established and provided by a wide range of accredited public and private providers, including social service institutions set up and managed by the CPA. Respectively, the service is funded from the budgets allocated by the service provider. Expenditure on maintaining beneficiaries within the service are established according to cash expenditure norms for a person placed in temporary placement centers approved by the government.⁵⁵ Such expenditure involves providing beneficiaries with food, medicine and bandaging materials, clothing, footwear, soft inventory, sanitary products, games, and toys. There are also provisions for the establishment and payment (by the service provider) of a monthly allowance to beneficiaries for individual management (i.e., pocket money). However, the regulation does not contain sufficient provisions on granting allowances to adults and children and does not refer to any legislation enforcing the governing of such allowances. The monitoring and evaluation of the service is performed by a specialist responsible for the supervision of the service within STAS and by the service provider.

The analysis of normative acts regulating the service shows that they are largely aligned with the requirements of the Guidelines. However, additions to the regulations on the organization and operation of the service are needed to improve the regulation of case management within the service. The following is recommended: express establishment of a case manager for the beneficiaries and full compliance with the terms of case plan preparation according to the provisions of Law No. 123/2010 (according to the current provisions, the case plan is prepared within three months after placement, which is contrary to legal provisions).

Regulating the external evaluation of the service, (if the service is provided by STAS) and including references to the normative acts that support the allocation of a monthly allowance to beneficiaries (or regulating the procedures and conditions for granting allowances to adults and children) are also recommended.

Maternal centers

The maternal center is a public and/or private institution for the protection of the mother-child couple. The maternal center's mission is to ensure the formation, maintenance, and strengthening of family ties. The purpose of the center is to prevent abandonment of the child by providing a supportive environment for the mother-child couple, developing the mother's parenting skills, as well as mediating relations with the extended family for (re)integration into the family environment.

According to the State Register of Legal Acts, it appears that the government has not approved the regulatory framework on the organization and operation of this service. Only the minimum quality standards have been approved, which include specific provisions of the regulations on the organization and operation of the service (e.g., general concepts, principles of activity, and categories of beneficiaries eligible for the service).

Placement capacity at maternal centers is 7–12 mother-child couples, without exceeding 24 people. The center's beneficiaries are:

1. Parent-child couples (mother-child or father-child) at social risk: most commonly, mothers with newborns who are considering abandoning them (single mothers; minor mothers; trafficked mothers; mothers coming from low-income, marginalized families, etc.); homeless mothers with children; and mothers with children who face material and/or relationship issues.
2. Abused or neglected mother-child couples: mothers and/or children abused in various forms in the family; children who are abused physically/mentally through neglect, ignorance, and/or financial difficulties, etc..
3. Mother-child couples included in a family reunion program: situations when the child has experienced a form of protection (family or residential-type) and an intermediate stage of complex assistance and support for the mother is necessary so that the child is reintegrated into the family.
4. Pregnant women at risk during the last trimester of pregnancy who are in one/more of the situations described above.

Provisions stating that mother-child couples can be placed in the service are established, however, the age of the child cannot exceed six years.

The center provides the beneficiaries with temporary protection depending on their needs, offering accommodation, health, psycho-social services, and family and social reintegration. The staff of the centers consists of: administrative, social service, psychological, medical, pedagogical, and auxiliary staff. The analysis of normative acts issued by LPA II that established and provide the service shows that maternal centers can be provided as an independent service (for example, Cahul Maternal Center) or within other social services.

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For example, in Chisinau, maternal centers are provided through a highly specialized placement and rehabilitation service for young children, while in Hincesti they are provided through a specialized temporary placement and assistance service for victims of domestic violence.

The minimum quality standards include many of the specific provisions outlined in the Guidelines, but in the absence of a regulatory framework, important provisions on service quality assurance (accreditation, monitoring, and external evaluation) and funding are missing. In this context, developing and gaining government approval for the regulatory framework on the organization and operation of maternal centers is recommended.

Respiro services

Respiro service is a specialized social service that provides social services, support, care, and supervision 24 hours a day, seven days a week to people with severe disabilities (children and adults) for a maximum of 30 days a year during which families, relatives, or caregivers can rest. The service is regulated by government decision and has minimum quality standards.⁵⁸ Beneficiaries of the service are people with severe disabilities selected in accordance with the criteria for admission to the service. The service is provided separately for children with disabilities up to 18 years of age and for adults with disabilities in specialized centers or other types of social services. It is provided by service specialists (psycho-pedagogue, medical assistants, nurses, etc.) employed according to the beneficiaries' support needs. The service has a maximum placement capacity of six beneficiaries provided that the minimum housing space for each beneficiary is observed.

The service is established by the decision of LPA II and can be provided by STASs, as well as by public associations, foundations, and private non-profit institutions registered in accordance with the legislation and operating in the social sphere. The service is funded from second-level local budgets, special sources, and other legal sources. Private providers fund the service from their own sources. The remuneration of staff is based on the estimate of the expenditure for the service. The analysis of the normative acts regulating the service shows that the provision of service includes expenditures relating to the endowment of the service including inventory and equipment, maintaining and servicing the building, provision of food, personal hygiene items, and essential medicines. Expenditure on staff training is not expressly established. The provision of services to the beneficiaries is monitored by the head of the service, and the annual evaluation of the service is provided by the STAS specialists.

The analysis of normative acts regulating the service shows that they are largely aligned with the requirements of the Guidelines. However, additions to the regulation on the organization and operation of the service are needed to ensure the quality of service.

The following are recommended: introduce provisions regarding the accreditation of service providers and regulate the external evaluation of the service if the service is provided by STAS.

Supervised independent living/social housing

Social housing is granted on lease to people in need of social protection.⁵⁹ According to the provisions of the regulations regarding method of allocation and use of the service, social housing is offered on lease to people with severe disabilities; families caring for children with severe disabilities; young families without a home; and families in which triplets, quadruples, or several children have been born simultaneously.⁶⁰ Young people who have been granted the status of a child deprived of parental care (until the age of 18 or until they acquire/are given full exercise capacity and who have not benefited from housing from the State) are also eligible for social housing. Young people are registered for social housing immediately after leaving a placement institution.⁶¹ LPAs are responsible for keeping track of people in need of social housing. There are currently no legal provisions on the granting of social housing or measures and/or specialized support staff to provide guidance and/or to enable the child's transition to adult life. Government regulation of the organization and operation of the assisted social housing social service and of the minimum quality standards is planned for July 2021.⁶²

Conclusions

To ensure alternative care for children separated from their parents, the government has regulated a wide range of protection and social services. The protection of children separated from their parents is ensured as a matter of priority by establishing custody, guardianship, or curatorship, which involves placing the child in the extended family or in the family of the person with whom the child has established close relationships (neighbor, family friend, etc.). The substitute family service is provided by foster care assistants and parent-educators who are selected, trained, approved, and supervised to provide foster care and family-type home services at home. Social services that are not based on a family, but are provided in housing/family-type centers with low placement capacity (i.e., small group homes for children with disabilities, small group homes for children at risk, maternal centers, and respiro services) have been regulated. The care of children placed in family-type services is provided by specialized staff employed according to the needs of the children.

The current normative framework allows for the selection of the most appropriate alternative care from the available options in order to prevent institutionalization, as well as to reintegrate children from residential care institutions. Alternative care social services can be provided by LPA II or by accredited non-profit organizations, and are funded from local budgets, donations, grants, and other legal sources. An exception is the small group home for children with disabilities, which can be provided by social service institutions set up and managed by the CPA and can be funded from the state budget. The analysis of normative acts regulating alternative care social services shows that they are aligned with the UN Guidelines. Most regulations for the organization and operation of social services and their minimum quality standards contain concrete provisions for implementing the requirements of the Guidelines on the following terms: non-discrimination; participation of the child/family/caregiver and requesting their opinions; assessment of needs based on the best interests of the child; individualized and multidisciplinary approach to social service assessment and planning; placement

decision and temporary nature of the placement; legal representation; protection against abuse, violence, and neglect; data confidentiality; case records; and preparation for leaving the service. There are also provisions on the requirements for staff and their engagement in strengthening the family, as well as requirements for the quality of services (compliance with minimum quality standards, monitoring, and evaluation of services).

In most cases, however, the regulations on the organization and operation of the service lack the provision on external evaluation, which would allow the service provider to analyze the relevance, efficiency, effectiveness, durability, and impact of the service in order to improve its quality. According to the legal provisions, the monitoring and evaluation of the services is performed by the service provider and STAS. If the service is provided by STAS, an external evaluation is not performed. Another weakness of the regulations for the organization and operation of alternative services is the insufficient regulation of the costs that come with the provision of alternative care services.

Note that the regulations contain provisions on the inclusion of activities in the case plan for preparing the child for independent living and informing him/her about the support he/she will be able to receive after leaving the service. The State Register of Legal Acts shows that support services for children/young people leaving the care system were not regulated. The regulation of the assisted social housing service and the development of minimum quality standards for this service have been included on the government's agenda for this year. The lack of a framework regulation on the organization and operation of the maternal center service should be noted, although minimum quality standards have been approved for this service. Following the latest legislative changes, minimum quality standards are required for guardianship/curatorship services, but they currently do not exist.

Reccomandations

To improve the normative framework regulating alternative care service, the following measures are recommended:

- Develop and gain government approval for minimum quality standards for guardianship/curatorship in order to improve quality of service provided by guardians/curators and support them in exercising their responsibilities as required by law.
- Develop and gain government approval for regulations on the organization and operation of the maternal center service to serve as a benchmark for service providers for the development of quality services, in accordance with the Guidelines.
- Regulate support services for children/young people who leave the alternative care system, including the assisted social housing service, to ensure transition to adult independent living.

- Supplement regulations on the organization and operation of social services with provisions on external evaluation of each service in terms of its relevance, efficiency, efficacy, durability, and impact. It is reasonable to evaluate each social service every four years, before the accreditation certificate of the service expires (accreditation certificates are valid for five years).
- Supplement regulations for the organization and operation of social services with provisions on the costs that come with the provision of each service. This would facilitate the implementation of the mechanism for securing and redirecting financial resources currently allocated to residential care institutions to alternative care services and the procurement by LPAs of services that are not available in the territory administered by other LPAs or non-profit organizations.
- Review the minimum package of social services and ensure the inclusion of a State-guaranteed alternative care service funded from resources allocated to residential care institutions. The most appropriate alternative care service to receive these funds would be foster care, as it is a family-type service and allows the planned and emergency placement of children from different risk categories and of different ages.

RESIDENTIAL CARE INSTITUTIONS

This chapter contains the results of the analysis of normative acts regulating the organization and operation of residential care institutions with high placement capacity (from 10 to 350 children) subordinated to the CPA. For each social service, a brief description is provided, which includes: type and purpose of the service, main activities/services provided, beneficiaries and staff employed, monitoring and evaluation of the services, service provider, and sources of funding. The findings regarding alignment with the principles of the Guidelines for the provisions of normative acts regulating each service are presented in the analysis matrix (Annex 3).

Special education institution

Special education institutions provide rehabilitative assistance to students with sensory impairments (hearing or visual) and severe learning difficulties (multiple associated difficulties). Special education is provided in two types of institutions: special education institutions for children with sensory impairments and ancillary schools for children with severe learning difficulties. Beneficiaries of the service are students with special educational needs due to hearing and vision impairments and severe learning difficulties aged 7–18 years.

In 2017, the MECR approved a new standard regulation for special education institutions⁶³ stating that they can be established with or without the option of residential placement. The regulation contains provisions regarding the organization of the educational process and provisions on the social care of children with special educational needs placed in the residential service. A student's planned placement is made in accordance with the provisions of the territorial guardianship authority (with the opinion of the local guardianship authority) and only on the basis of a positive ruling by the CPCD issued following a decision by the specialized commission of the MHLSP.⁶⁴ There are provisions regarding the temporary nature of the placement and requirements for the development and approval of individualized education and case plans, including monitoring and analyzing students. The placement of a student in the educational institution is established for the school year, and the decision to extend the term is made by the territorial guardianship authority (that ordered the initial placement of the child) at the proposal of the district/municipal psycho-pedagogical support service.

Social workers have an important role in managing social care aspects of the service and are responsible for the following: identifying the individual needs of the student; ensuring efficient development and implementation of the case plan; case monitoring and re-assessment; facilitating relationships with the family; contributing to the maintenance of the child-family relationship; informing the family, at least once a month, about the student's progress; providing family counseling for the reintegration of the child into the family; and collaborating with bodies in charge of child protection, including for the temporary placement of the child during holidays with the biological family, extended family, or in other forms of placement.

According to the provisions of the regulation, the (re)integration of the student in the extended or biological family, in the adopter's family, or in other forms of family-type care is one of the duties of the special education institution. The institution also gives access to the territorial guardianship authority in order to monitor and assess the degree of compliance with the rights and interests of placed students. To this end, the special education institution shall apply the minimum quality standards for care, education, and socialization of children in residential care institutions.⁶⁵

The analysis of minimum quality standards shows that they were developed for all types of residential care institutions with a maximum capacity of 250 placements under the MECR. Some of the provisions of the standards are irrelevant and cannot be applied to children with visual or learning disabilities, which are purely declaratory in nature. For example, for the purpose of informing the child and ensuring their right to an opinion, “The institution shall display in a visible place a list of the rights of the child, as stipulated in the UN Convention on the Rights of the Child. There is a mailbox in each institution where children can submit proposals and suggestions regarding the quality of care within the institution and how it can be improved.”⁶⁶

The minimum quality standards contain provisions for the institution's activity, such as eligibility criteria for admission to the residential placement service. The normative act stipulates that “children who come from families with many children/from single-parent families/from jobless families, or who lack the conditions of maintenance and education; children who come from non-educogenic families; children with chronic diseases; and children with disabilities” may be placed in residential institutions. These conditions, without the child being necessarily at risk or separated from the parents, in compliance with the procedures provided in Law No. 140/2013, must not lead to the child being institutionalized. Note that the normative act uses the phrase “non-educogenic families,” which is not defined in the normative acts related to education and social service. Activities of the special education institution are monitored and evaluated by the MECR, the National School Inspectorate, and the local specialized education body. It is also anticipated that the MHLSP and LPAs will be involved in this process, under which the educational institution will be subordinated. The special education institution is funded from state and local budgets, including collected revenues (donations, investments, sponsorships, and other legal revenues).

Although a large part of the provisions of the regulation of the special education institution are aligned with the requirements of the Guidelines, important provisions on the participation of the child and family in the entire decision-making process related to the provision of services and accreditation of the placement service are missing. It is recommended that the notion of “individual placement plan” be replaced with “case plan” in order to standardize the notions according to case management. Minimum quality standards for the care, education, and socialization of children in residential care institutions are to be repealed. During transformation of the residential care institution (i.e., the removal of the residential placement component) applying the minimum standards for the placement center for children separated from their parents approved by Government Decision No. 591/2017 is recommended.

Temporary placement center for children with disabilities (Hincesti and Orhei)

The temporary placement center for children with disabilities⁶⁷ is a public social service institution founded and regulated by the MHLSP,⁶⁸ which provides temporary planned placement for children with mental disabilities for the purpose of recovery, rehabilitation, and social and family (re)integration. Highly specialized services provided by the institution include: placement, nutrition, support for educational inclusion, medical care, legal assistance, psychological counseling, and other services specific to the process and care needs of the beneficiaries. The staff of the institution consists of: director, deputy director, doctors, medical assistants, social worker, psychologist, nurses, cooks, and other specialized and auxiliary staff. Currently, two institutions of this type are regulated, and beneficiaries are divided according to their sex: Hincesti (for girls) and Orhei (for boys).

Service beneficiaries are children aged 4–18 years with severe degrees of disability who cannot be placed in the extended family, adopted, or placed in other types of alternative care services (family-type homes, foster care, small group homes, or placement centers for children separated from parents). Although the service is intended for children, the regulation on the organization and operation of the service provides for the possibility of the beneficiary to remain in the institution after the age of 18, and provides for the creation of separate groups for adults. The placement capacity of the institution is 350 people,⁶⁹ which is not expressly stipulated in the regulations.

Placement in the service is based on opinions issued by the director of the ANAS who is also the chair of the working group created by the MHLSP to examine applications for admission or transfer to the placement centers managed by ANAS.⁷⁰ Documentation submitted by the territorial guardianship authority are also consulted for service placement. Termination of services in case of deinstitutionalization and/or transfer of the beneficiary to another service is done with the consent of the ANAS, but only after the working group examines the request. The institution's activity is monitored and evaluated by the director, however, in cases where control bodies perform the assessment, the administration shall inform the ANAS of the initiation of the evaluation and its results. The residential care and alternative care services, created by the institution during the process of transformation (see details below), are funded from the state budget using the means allocated by the MHLSP.

The regulation on the organization and operation of the institution provides for the development and management of community support services, which is an inappropriate responsibility for a highly specialized service (the development of social services in the community is an LPA responsibility). This responsibility results from the obligation of the institution to “implement the transformation plans, approved by MHLSP.” According to the transformation plan, the residential care institution is to be transformed from a residential service provider to a community support service provider for people with intellectual and psychosocial disabilities. This also involves the use of finances allocated to the residential care institution to purchase real estate for the development of community support services and for the transfer of the beneficiaries of the institution to the newly created services.⁷¹

This measure was established in order to preserve the financial resources allocated from the state budget for the development of alternative care services in the community, but according to the analysis of the situation by civil society organizations, the model proved to be ineffective. The temporary placement center for people with disabilities does not have the capacity to manage two service systems simultaneously: residential care service with high placement capacity (200–350 placement places) and family-type social services or small group homes for children with severe disabilities (2–6 placement places).⁷²

Further, the qualifications and structure of the staff in the residential care institution do not correspond to the requirements for the implementation of the minimum quality standards specific to the social services developed at the community level.⁷³

The analysis of the regulation on the organization and operation of the institution shows that it contains a number of shortcomings: several provisions are repeated in different sections; and there is no clear delimitation between the principles of activity of the institution, objectives pursued, procedures applied in the provision of services, and services provision standards, which are often in the form of long lists of responsibilities, rights, and obligations. Although the institution is managed by the ANAS, the regulation does not contain any provision regarding the role of the ANAS in the activity of the institution, nor any duties of the ANAS regarding the monitoring and evaluation of services provided by the institution. The regulation lacks provisions on the need to comply with minimum quality standards specific to placement services for people with disabilities. In the absence of these provisions, the requirement to accredit the services provided is not regulated either. Also, the provision on the legal representation of children, according to which “the institution exercises the role of guardian of the beneficiaries,” does not correspond to the provisions of Law No. 140/2013. Further, the Family Code needs to be revised.

The government approved minimum quality standards for social services offered in placement centers for children with disabilities in 2008.⁷⁴ According to the provisions of the normative act, the standards are applied by all institutions of this type within the limits of allocations approved in the budgets of the central and local public authorities. The analysis of the standards indicates that they contain provisions that should fall under the regulation on the organization and operation of the service (type of service provider, placement capacity of the center, categories of beneficiaries).

According to the standards, the placement center has a maximum capacity of 60. The interior of the center is organized in blocks depending on the diagnosis of the beneficiaries, which denotes a medical approach to the care and segregation of children with disabilities in high-capacity centers. In the context of the development of new low-capacity residential care services and day care services for children with disabilities, these standards should be repealed.

Based on these findings, the regulation of temporary placement centers for children with disabilities does not correspond to the Guidelines, even though most of the principles of the Guidelines were listed in the regulation on the organization and operation of the institution in the "Principles of organization, purpose, and objectives" section. The normative act needs to contain procedures that ensure the implementation of these principles in compliance with the minimum quality standards. In this context, repealing the current regulation on the organization and operation of the institution and immediately approving a new regulation, including the requirement to comply with the minimum quality standards specific to the services provided, is recommended and should be applicable during the transformation/reorganization of the institution.

Placement and rehabilitation center for young children (Chisinau and Balti)

The placement and rehabilitation center for young children is a public institution subordinated to the MHLSP. Currently, two placement and rehabilitation centers for young children are regulated and operate under the MHLSP (in Chisinau and Balti). Initially, these centers provided services to children up to the age of 7. Later, they broadened their spectrum of services, extending the age category of the beneficiaries according to the regulations presented below.

The placement and rehabilitation center for young children (Chisinau municipality) was set up following the reform of the Republican Specialized Children's Home.⁷⁶ According to the regulation on the organization and operation of the center,⁷⁷ it is a medical-psycho-pedagogical and social institution that provides residential placement services and day care services with a capacity of 200 beneficiaries. The purpose of the center is to ensure respect for the child's right to grow up in an environment as similar as possible to the family environment and to ensure harmonious development from an emotional, intellectual, and physical point of view, starting from the best interests of the child. The beneficiaries of the Center are: children aged 0–7 at risk or separated from parents; pregnant women and mothers with young children aged 0–3 who are homeless, lack financial means, and/or family support and are at risk of child abandonment; children aged 4 months–3 years who need day care services; children aged 2–10 with psycho-neuro-locomotor disorders that require daily rehabilitation; children with disabilities aged 1–9; and parents/caregivers who need respiro services.

The center provides a wide range of services, including:

1. Hosting services (accommodation).
2. Health care, laboratory, investigation, diagnosis, and drug treatment services.
3. Food service according to age and medical diagnosis.
4. Individual development education services.
5. Socialization services.
6. Psycho-pedagogical and speech therapy assistance and counseling service.
7. Family integration (reintegration) services.
8. Counseling and support service for parents.
9. Legal and social care services.
10. Multidisciplinary rehabilitation service that emphasize medical rehabilitation.

According to the provisions of the regulation, social services are provided within different categories, which are specific to the health system, namely: residential placement, day care for children with disabilities, day care for children aged 4 months–3 years, and maternal and respiration services. Staff includes administrative staff (chief physician, deputy chief medical officer, department heads), medical staff (doctors and nurses), educators, speech therapists, psychologists, lawyers, social workers, babysitters, and other staff directly approved by the MHLSP. The center is funded from the state budget and special sources (donations, sponsorships, and other legal revenues). The center's activities are monitored and evaluated by the MHLSP.

The analysis of the regulation on the organization and operation of the institution shows that it contains a number of shortcomings. Those of main concern include: procedures on case management in relation to social services provided by the institution are not regulated; there are no provisions on the requirement to accredit medical and social services; and several provisions for each type of social service that selectively regulate certain aspects of the service (most often medical aspects) do so without a comprehensive approach to the organization and operation of that service as a service distinct from the others. The regulation contains general provisions stipulating that the provision of services is carried out in compliance with quality standards without express reference to the normative act based on which minimum quality standards specific to a certain type of service were approved.

Regarding the legal representation of children, the chief physician is considered the guardian of the children in the custody of the center, which does not correspond to the provisions of Law No. 140/2013 or the Family Code. Further, the provisions on the placement of children in residential service do not comply with the provisions of Law No. 140/2013: the role of the CPCD is omitted and there are no provisions on planned and emergency placement procedures. Another observation refers to the use (in the normative act) of terms inappropriate to the field of child protection, for example “residential children” and “children removed from the family.” The regulation also contains some inapplicable provisions when the young age of the children is considered. For example, “The child has the right to file a complaint on him/her own concerning the violation of his or her fundamental rights in the book of complaints and suggestions.”

Although most of the principles of the Guidelines were indicated in the regulation on the organization and operation of the institution in the “Structure and principles of organization of the Center” section, some were not translated into concrete implementing provisions. Thus, there are no provisions regarding the participation of the child/family in the decision-making process regarding the provision of services, nor are there provisions regarding the quality assurance of services (reference to the minimum quality standards for each service or accreditation of services). At the same time, the provisions regarding the placement decision and the legal representation of the child are not in accordance with the provisions of Law No. 140/2013.

The regulation of the center stipulates, among other things, that the center, with the agreement of the MHLSP and the LPA (as the case may be), is entitled “to develop alternative services to institutionalization for children and families at risk.” This provision requires a more detailed regulation specifying the types of services that can be developed in order to avoid taking over the LPA’s own responsibilities regarding the development of social services.

In this context, reviewing the current regulation on the organization and operation of the institution is recommended in order to ensure the agreement between its provisions and the provisions of Law No. 140/2013 on legal representation, placement decision, and categories of service beneficiaries. In particular, it is recommended that a separate regulation of organization and operation be approved for each social service provided with express reference to the application of minimum quality standards approved by the government, and with the requirement to accredit services. Regulations also need to include provisions on the management of cases referred to the center by the LPA and specific regulations on conditions under which the placement of children aged 0–3 can be accepted as an exception.

Note that the placement and rehabilitation center for young children in Balti is an institution similar to the one in Chisinau, as it is subordinated to the MHLSP. The analysis of the regulation on the organization and operation of the institution (approved by MHLSP Order No. 36 on February 9, 2004) shows that the normative act is not aligned with the Guidelines or with the new provisions of Law No. 140/2013. The current regulation needs to be repealed and a new one needs to be drafted, taking into account the recommendations presented for the placement and rehabilitation center for young children in Chisinau.

Placement center for children separated from their parents

The placement center for children separated from their parents is a public and/or private social institution that provides specialized social care for children separated from their parents for a specified period of time. The service focuses on providing temporary protection to children separated from their parents, (re)integration in the family and/or the community, and social inclusion. The framework regulation on the organization and operation of the service and the minimum quality standards were approved by the government in 2017.

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Beneficiaries of the service are children separated from their parents, including child victims of violence, neglect, exploitation, and trafficking; and children with moderate to severe disabilities aged 4 to 18 who cannot be placed with the extended family, in a family-type home, in foster care, or in a small group home for children at risk. A maximum of 25 children can be placed in the center at the same time. Staff includes the director, specialized staff (social worker, psychologist, pedagogue/social educator/educator), and support staff. One specialist within the center is appointed by the director to guide and support each child, coordinating and monitoring daily care processes and generally becoming a “key person” for the child.

Depending on the needs of the beneficiaries, the center provides the following services: hosting; maintenance; nutrition; life skills (self-service, hygiene); developing cognitive, communication, behavior, and relationship skills; providing support in studying and school programs; providing psychosocial counseling and rehabilitation; leisure; career guidance; accompanying children to healthcare facilities; and administering medications prescribed by doctors. Children who are enrolled in an educational institution, starting with fifth grade until the age of 18, also benefit from a daily allowance (i.e., a fixed amount of money granted on a daily basis to a child for individual management).⁷⁹

The emergency placement of the child in the service is made based on the decision of the local guardianship authority in compliance with the procedure established in Law No. 140/2013. The planned placement is made on the basis of the provision of the territorial guardianship authority, with the opinion of the local guardianship authority, and on the basis of a positive ruling by the CPC. The planned placement is for a maximum of six months, with the possibility of extension up to 12 months. In cases where 16-year-old children, cannot be reintegrated into biological/extended families or placed in family-type services, the child remains in the placement until reaching the age of 18. If he/she continues to study in high school, he/she may stay until the completion of high school.

The regulation contains provisions on the periodic review (after one, three, and six months of placement, as well as whenever necessary) of the case plan with the participation of the case manager, the key person, the specialized staff from the center, the child, and, as needed, the parents/family members of the child. The service may be provided by an accredited legal entity governed by public or private law. Costs related to the organization and operation of the service are borne by the service provider. The internal monitoring of the service is performed by the service director, and the external monitoring and evaluation, regardless of the type of ownership and the legal form of organization of the service provider, is performed, in the administered territory, by the STAS. Expenditure on the organization and operation of the service shall be borne by the service providers as well as by other legal sources. Currently, a temporary placement center for children separated from their parents is managed by the ANAS. The center was founded by the MHLSP and provides highly specialized services. The analysis of the regulation on the organization and operation of the center shows that there are some peculiarities related to the profile of the service beneficiaries⁸⁰ and the placement capacity in the service which differ from the provisions of the framework regulation approved by the government. The center managed by the ANAS has a maximum placement capacity of 10 children aged 12–18. The beneficiaries of the center are children separated from their parents, including child victims of violence, neglect, exploitation, and trafficking; children with severe disabilities; and children with complex emotional problems (anxiety disorders, emotional disorders, behavioral disorders, personality disorders, and disorders caused by overusing psychoactive substances: alcohol, drugs). The service activity is coordinated and monitored by the ANAS and funded from the state budget and other legal sources (donations, sponsorships). The normative acts regulating the service comply with the requirements of the Guidelines.

Conclusions

Highly specialized social services are mainly provided in residential care institutions with a high placement capacity (from 10–350 children) and are regulated by the ministries under which the respective institutions are subordinated: the MECR and the MHLSP. The regulations governing such services (with the exception of the placement center for children separated from parents) contain a number of shortcomings as they have not been brought into line with the new legal provisions on the protection of children at risk and separated from their parents, especially with the provisions of Law No. 140/2013. Among the biggest shortcomings are the use of terms that are devaluing for beneficiaries and that are not defined in the specific acts of child protection and social services, as well as the erroneous regulation of the legal representation of the child separated from parents and placed in residential care institutions.

Although most of the principles of the Guidelines have been indicated in the regulations for the organization and operation of residential care institutions as guiding principles, such principles are often not translated into concrete implementing provisions. In particular, the following are missing: 1) provisions regarding the participation of the child/family in the decision-making process regarding the provision of services; 2) provisions on ensuring the accessibility of support and information in the case of children with disabilities and young children; 3) provisions regarding the accreditation of services provided based on the minimum quality standards; and 4) provisions regarding the categories of costs involved in the provision of services.

The analysis of regulations for the organization and operation of residential care institutions shows that institutions provide a wide range of services to children with complex care needs. Some of the residential care institutions also provide community support services while maintaining their funding from the state budget. Currently, some specialized social services, such as small group homes, day care centers for children with disabilities, respiro services, and day care centers for children aged 4 months–3 years can be provided and funded by both LPAs and CPAs.

According to the Guidelines, residential-based care and family-based care complement each other to meet the needs of children. In the case of high-capacity care institutions, the State must develop alternatives in the context of a general deinstitutionalization strategy with precise aims and objectives, which will allow the gradual elimination of such institutions. The Guidelines require states to set standards of care that ensure quality, as well as conditions for the development of the child, such as individual and small group care, and the assessment of existing institutions in relation to these standards. However, the analysis of normative acts of residential care institutions shows major gaps in the regulation of compliance with the minimum quality standards for each type of service provided within the respective institutions. This situation needs to be remedied urgently by requiring compliance with minimum quality standards for alternative care services with low-capacity residential placement and for prevention services if the residential care institution also provides such services during the transformation period.

Recommendations

In order to complete the deinstitutionalization process and to prevent institutionalization, especially of children with different types of disabilities and of children aged 0–3 years with complex care needs, reviewing normative acts regulating services provided by/in residential institutions is necessary. The following measures are especially recommended:

- Repeal the regulations for the organization and operation of the following residential care institutions: residential institutions for children with mental disabilities, temporary placement centers for children with disabilities, and placement and rehabilitation centers for young children approved by MHLSP orders.
- Develop new organization and operation regulations for temporary placement centers for children with disabilities and placement and rehabilitation centers for young children in accordance with the provisions of Law No. 140/2013 and the Guidelines. In particular, the new regulations should include: 1) provisions on the mode of activity of institutions during the transformation period, including their role in the deinstitutionalization process; and 2) requirements for accreditation of services provided by residential care institutions based on minimum quality standards specific to each type of service provided (day care, placement, etc.).
- Repeal the minimum quality standards for the care, education, and socialization of children in residential care institutions (Government Decision No. 432/2007) and the minimum quality standards for social services provided in placement centers for children with disabilities (Government Decision No. 823/2008).
- Supplement the regulation of special education institutions with provisions regarding participation of the child and family in the entire decision-making process regarding the provision of services. For the residential component, it is recommended that the regulation contain provisions on the application of minimum standards during the transformation of institutions for the placement of children separated from parents approved by Government Decision No. 591/2017.

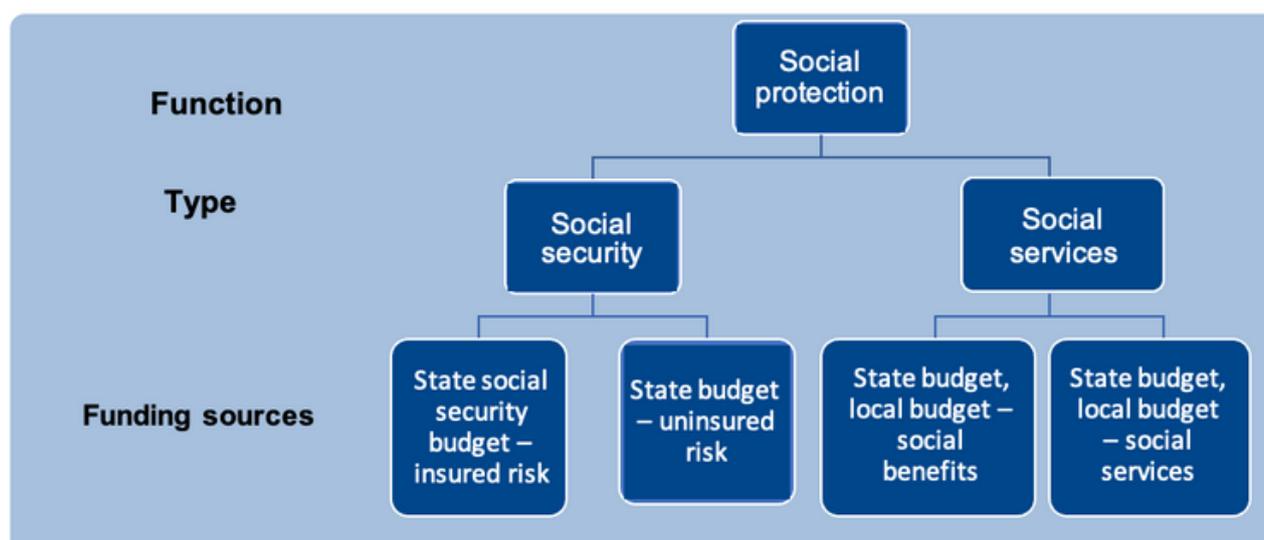
SOCIAL SERVICES FUNDING MECHANISM

This chapter contains the results of the analysis of the social services funding mechanism, which focuses on funding sources and the related CPA and LPA responsibilities in the context of administrative decentralization and funding arrangements, including of non-profit social service organizations. The chapter also contains an analysis of the minimum packages of social services planned and implemented in order to deinstitutionalize the child care system as well as proposals to improve the funding of social services to facilitate the completion of the deinstitutionalization process and prevent the separation of the child from the family

Public sector funding of social services

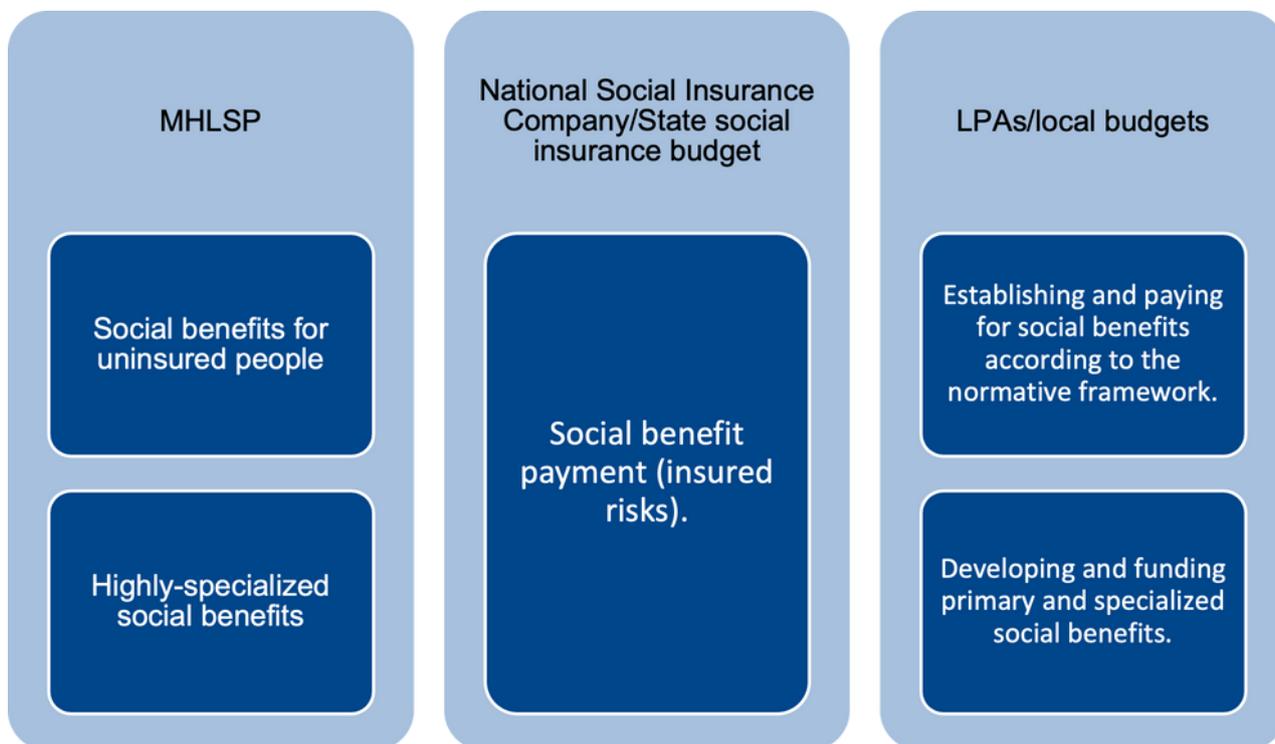
The national social protection system includes social security and social care in the form of social services and social benefits.⁸¹ Social services are a component of the social protection system (Figure 1. p.2.2.), and in some services, the beneficiaries are also eligible for social benefits (Figure 1. p.2.1.). Social benefits are cash support granted to beneficiaries (if provided for in the regulations governing such services). Social benefits are usually funded from the state budget, but the legal framework allows for the provision of social benefits from local budgets provided that the local public administration has the financial means to do so.⁸² Social security was not included in this analysis report as the state social security budget gives funds only to insured risks approved by law and only for some categories of beneficiaries of state social benefits, allowances, and state pensions.

Figure 1: The social protection system in the Republic of Moldova. Source: Authors



The state social security budget is considered the contributing part of social protection, while social services are its non-contributory part. With reference to Figure 1, it is necessary to mention that the function of developing policies in the field of social security and social services belongs to the line ministry, currently (in 2021) that is the MHLSP. However, administrative activity is divided depending on the source of funding established in the legal framework.

Figure 2: Administrative bodies of social protection. Source: Authors



In the Republic of Moldova, there is an extensive system of social protection in which the insured risk is funded from the mandatory contribution of the population. Social security contribution rates are differentiated according to normal or special working conditions. The basis for the monthly calculation the employer owes for its social security contribution is established by law.

In addition to the pension, insured people in the public system are entitled to:

- Allowance for temporary inability to work caused by general illness or accidents outside work, occupational diseases, and accidents at work, including allowance for the care of a sick child.
- Benefits for the prevention of illness and recovery of the ability to work.
- Maternity allowance.
- Allowance for raising a child until the age of three.
- Unemployment benefits.
- Death grant.

Social benefits and services are provided to people according to the needs assessed in the social service system. Social services can be funded as follows:

- Directly from the state budget or through special purpose transfers to local budgets.
- From the local budget.
- Competition-based funding by applying public procurement procedures for social services.

Currently, social services are mostly funded using the first method. The use of the public procurement instrument⁸³ for social services is not fully applied, as the necessary procedures are not sufficiently regulated (for example, the standard documentation required for the award of public procurement contracts for different types of social services has not been approved). Service providers can also create public-private partnerships⁸⁴ for “... carrying out public projects or services, which require joint efforts...” This provision is beginning to be applied to economic services provided by LPAs, such as water supply and waste collection, but not to social services.

The procedure specific to the public-private partnership obliges the private partner to present financial guarantees upon submission of tenders (tender guarantee and bank performance guarantees), which proves difficult for private providers as most are non-profit organizations and lack the possibility of obtaining and presenting such guarantees⁸⁵.

The analysis of international practices⁸⁶ highlights streams of funding by private organizations, which are also applied in the Republic of Moldova in various fields and can serve as a model for funding social services.

BUDGETARY SUBSIDIES

Form of support provided for the economic activities of public associations. The funding is made directly or through tax exemptions.

Strengths

Facilitates jobs for people with disabilities.

Challenges

The subsidy model does not create an environment of open and fair competition. It has a low degree of transparency and accountability for the public funds used.

Applicability in the Republic of Moldova

The legal framework provides for funding⁸⁷ where “the State partially subsidizes the purchase of equipment and raw materials, job creation, and also partially compensates the state social security contributions paid by the specialized enterprises of the Disabled Persons Society of the Republic of Moldova, the Society of Blind in the Republic of Moldova, and the Association of Deaf in the Republic of Moldova. Their respective financial means are approved annually in the state budget law.⁸⁸

GRANTS

Form of non-reimbursable financial support of service providers, including NGOs from central or local authorities.

Funding is awarded on a competitive basis for specific activities and for a specified period of time. Grants usually aim to implement policy measures for certain functions and activities that the State does not have.

Strengths

Grants can be used to promote reform and pilot new ideas.

Challenges

The model is not suitable for long-term funding and loses its innovative effect over time.

Applicability in the Republic of Moldova

The State provides grants mainly to youth organizations⁸⁹ based on a country-approved program. The amount of the grant is approved annually in the state budget law.

CONTRACTING SERVICES

Represents the procedure for procuring concrete services based on established specifications, ensuring that a quality service is procured at a reasonable price. The funding is granted on the basis of a service contract between the funding public administration representative and the service provider. Within this collaboration, the State must develop the selection mechanism and funding method and ensure the supervision of the services provided.

Strengths

The process of competition is always ensured, which leads to the improvement of the quality of the purchased services. This type of funding can be a catalyst in the development of social services.

Challenges

There may be a lack of supply for the needs of the State.

Applicability in the Republic of Moldova

Social services can be contracted based on the legal conditions established by the law on public procurement. An example of best practices is the Child's Phone, a free telephone helpline for children, which is developed and funded by the MHLSP but is provided by a public association.

THIRD PARTY PAYMENTS OR "STATE ORDER"

Involves direct state funding of the service provider for a number of beneficiaries. Funding is provided on a cost-per-beneficiary basis. In international practice, it is seen when funding services for delegated functions, while maintaining responsibility for ensuring continuity and quality of service delivery.

Strengths

The service has guaranteed long-term funding.

Challenges

Lack of accredited social services for the needs of the State.

Applicability in the Republic of Moldova

This method of funding is widely applied in the field of vocational and higher education on the basis of the "State Order" for the needs of staff established by the government for various economic areas of the country.

Role of private providers in funding social services

The results of a study⁹⁰ conducted by the public association “Institutum Virtutes Civilis” at the request of the alliance of NGOs active in the field of social protection of children and families show that in the Republic of Moldova there is no consolidated and/or sustainable social services funding system comprising both central and local budget resources that would ensure financial sustainability of social services, while also achieving the objectives of national public policies. Determining and applying the right financial instruments is essential to ensuring accessibility to social services. This activity involves identifying an effective mechanism for combining the financial efforts of central and local authorities to ensure that the operational/current costs of social services provided at the local (community and specialized) level are covered. This mechanism concerns the funding of community and specialized social services, the highly specialized ones being funded by the central administration. This funding mechanism needs improved collaboration and coordination with civil society organizations, major donors, and international development organizations (UNICEF, UNDP, European Commission, World Bank) on both the definition of the standard package of social services and the funds needed to develop them and ensure their short- and long-term financial sustainability.

Private providers (especially public associations, foundations, and private non-profit institutions) have a rich expertise in the development and provision of social services for children and contribute additional financial resources to those in the public budget by involving volunteers; obtaining and implementing donations and grants; and procuring/renting buildings and equipment necessary for the provision of social services. During a study conducted in 2018 at the national level,⁹¹ it was found that most STASs in the Republic of Moldova have signed collaboration/partnership agreements with civil society organizations in order to develop and provide social services. STASs from the 32 districts and the Gagauzia Autonomous Territorial Unit indicated 36 civil society organizations that contributed to the development and funding of social services in various projects funded by different donors. Frequently STASs mentioned the following associations: Child, Community, Family (CCF) Moldova, Concordia Social Projects, Keystone Moldova, Partnerships for Every Child (P4EC), CERI Moldova, National Center for the Prevention of Child Abuse, and Lumos Foundation Moldova. Within these collaboration/partnership agreements, several types of social services for children have been developed, such as: support services for families with children, foster care, family-type homes, Mobile Teams, personal assistance, small group homes, maternal centers, day care centers, placement centers, respiro, and food banks.

Based on another national study from 2018,⁹² a model of mixed funding of social services by LPAs and civil society organizations was identified. The authors of the study referred to it as “direct funding of services provided by civil society organizations based on partnership agreements.”

The direct funding model is usually applied in communities where there is only one service provider with a proven ability to provide social services in the appropriate volume and quality. According to this model, contracting takes place on the basis of direct negotiations between the LPA and the private provider, followed by a partnership agreement and the issuance by the contracting authority of an administrative act approving the agreement and/or allocating financial resources for covering part of the costs of providing that service. The study identified about 95 LPAs and LPAs II, which applied this contracting model to fund social and medico-social services provided in those localities.

Examples of best practices in applying the mixed funding model of social services for children are the following associations:

- Concordia Social Projects operates in 61 localities in the Republic of Moldova and benefits from the support of the respective LPA for funding the services provided. The contribution of each LPA is established using a percentage of the cost of the service (usually the LPA contributes 20% of the service costs) or on the number of beneficiaries in the LPA's records, who require a certain type of service. Some LPAs contribute support by providing space, supplying food to support the service, etc.
- Woman and Child – Protection and Support benefits from the support of LPA II (Criuleni District Council) for funding the Mobile Team. The LPA contributes 21% of the operational expenses of the service (electricity, gas, water, sewerage, travel, training, fuel, repair of means of transport, tolls, etc.).
- The Association for the Empowerment of Children and Families “Ave Copiii” benefited from the support of the Municipal Directorate for the Protection of the Rights of the Child in Chisinau to fund small group homes for children at risk. The Directorate has allocated financial resources to maintenance costs, utility costs, and payroll costs. As the costs for the service were calculated on the basis of outdated and inadequate spending rules, Ave Copiii further contributed to cover the costs necessary for the quality provision of services.

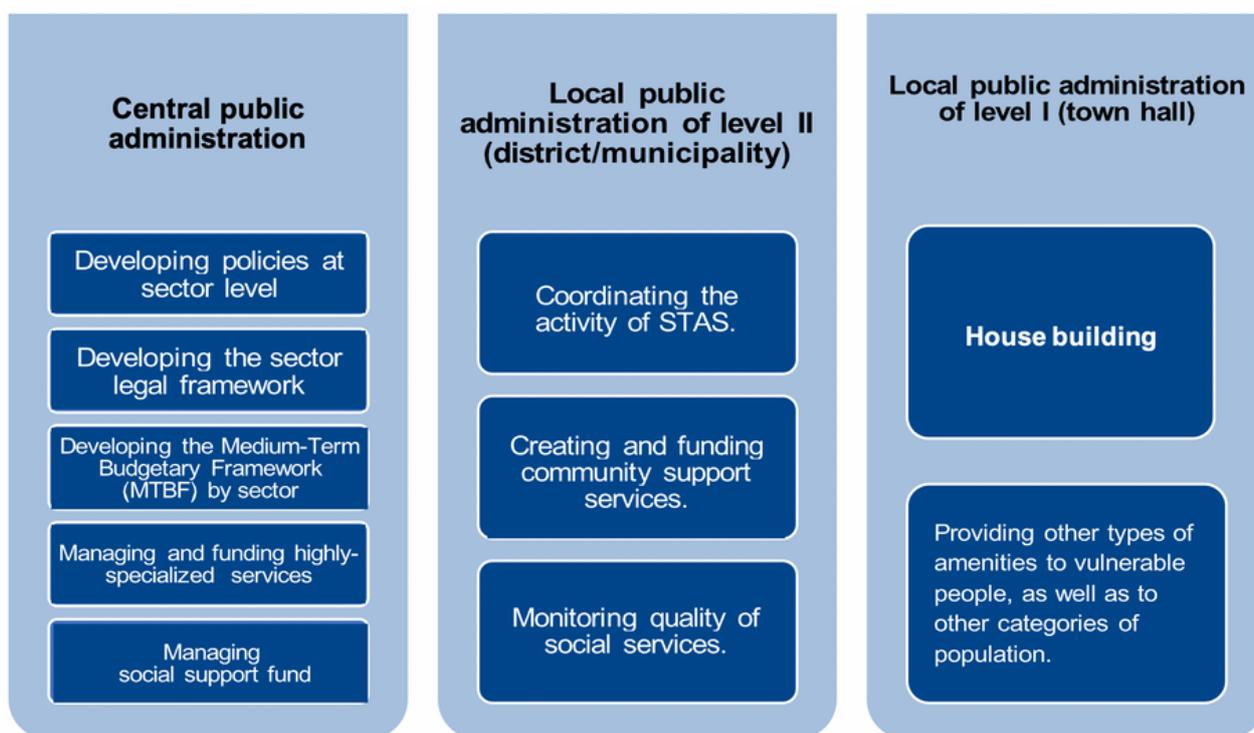
According to the study, LPAs have extremely limited resources for funding social services and can only hire private service providers who already benefit from financial resources from donors and are provided sufficient monies to fund a significant part of the costs of maintaining social services provided.

Relationship between the funding sources of social services and the competences of the public administration.

According to the legal provisions, social services are funded from the state budget, from the budgets of the UAT, from⁹³private sources of the social service providers, and from other legal sources according to the types of services and competences assigned to CPAs, LPAs II, LPAs I in the field of social protection. The funding source of social services in the Republic of Moldova is determined by the type of social service to be funded, but also by the LPAs' field of activity.

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Figure 3: Social skills by public administration levels. Source: Law No. 435 of December 28, 2006 on administrative decentralization, Article 4



In addition to the provisions set out in Figure 3, according to the legal provisions,⁹⁵ LPA II plans the types of social services and identifies the financial means for them to be provided. Another necessary condition worth mentioning is established in the law on social assistance,⁹⁶ which warns that social services are provided based on real financial possibilities. In the context of administrative decentralization, which involves the division of competences between public authorities at different levels, the administrative and financial capacities of local authorities play a key role in the development of social services.

For the development of social services and for the efficient management of public services under the responsibility of public authorities, three principles of administrative decentralization are representative⁹⁷ of and applicable to the provision of social services:

- The principle of correspondence of resources with competencies, which implies the correspondence of financial and material resources allocated to LPAs with the volume and nature of competencies assigned to them to ensure their efficient fulfillment.
- The principle of public-private, public-public, public-civil partnership, which involves guaranteeing real possibilities for cooperation between the central government, local authorities, the private sector, and civil society.
- The principle of responsibility of the local public administration authorities, which implies, within the limits of their competences, the obligation to achieve minimum quality standards established by law for the provision of public utility services for which they are responsible.

Functions related to the provision of social services are considered the areas of activity of level II LPAs (see Figure 3).⁹⁸ According to Law No. 397/2003 on local public finance, the LPA's services are funded from the account and within the limits of its own revenues. Although the social services are provided in villages/towns, they are funded from the district/municipal budget of level II as that is a function of LPA II. In the decentralization process, it is important to make a visible link between the functions and services provided and the financial possibilities and needs assessed, as set out below:

Case 1:

LPA II ensures the development and management of social services in accordance with the regulations established by law, depending on the identified needs of the population in the administered territory, either autonomously or jointly with other LPA authorities, as well as in collaboration with economic agents, employers, and unions from the territory and with public associations in the country and abroad.⁹⁹

Correlating needs with financial possibilities is a challenge for local authorities as LPAs operate under an austere budget: low economic activity at the local level makes it difficult to perform the functions established by law for LPAs. The exodus of the active population (i.e., those aged 25–50), lack of jobs, concentration of economic agents in urban areas, and their lack at the local level negatively influences the accumulation of revenues for local budgets. In order to overcome such situations, LPAs I and LPAs II can cooperate with each other in order to implement public projects or services.¹⁰⁰ Such services include social services that can be developed through cooperation and assured with an agreement signed by both parties. Such collaborations are based on the principle of partnership between LPAs I, LPAs II, the private sector, and civil society. As the law establishes not only its own powers, but also delegated powers, it is important to mention the procedure for delegating powers.

Case 2:

Delegation of powers must be accompanied by provision of the necessary and sufficient financial resources to achieve them.¹⁰¹

Delegation of powers is carried out in compliance with the criteria of efficiency and economic rationality. It can only be carried out by Parliament at the proposal of the government and is accompanied by provision of the necessary and sufficient financial resources to achieve them. Monies from the state budget for related social services reach the budgets of LPAs I and LPAs II in the form of special purpose transfers¹⁰² approved annually in the annex to the state budget law for each LPA and type of service separately.

The inter-budgetary relations between the state and local budgets of level I and II and the means of funding social services are guided by the legal provisions in the field of public finances and budgetary-fiscal responsibility as well as the field of local public finance. The normative acts regulating social services also include provisions on the source of funding at different levels of LPAs. For all LPAs, the relationship between state

and local budgets is established in the normative acts on local public finance.¹⁰³

In 2013, the method of calculating transfers from state to local budgets was changed.¹⁰⁴ The main changes to the local public finance system that affect the way local budgets and, in particular, the transfers from state to local budgets are created, are the following:

- The volume of transfers is based on the level of revenue collected in the local budget. In this sense, LPAs are motivated to collect as much revenue as possible.
- In order to increase the volume of their own revenues, LPAs must create favorable conditions for the development of economic activity.
- LPAs are urged to independently set out development priorities at local levels as the budgetary resources are allocated according to those priorities.
- It is important to note that transfers are allocated separately for each LPA I (village, town halls) and LPA II (districts, municipalities), based on clear formulas. The only exception is delegated or shared powers (social payments and expenditure on pre-university education), which are funded by special purpose transfers from the state budget.

The public finance laws being quite explicit on how to plan, fund, and execute budgets means that the specific regulatory framework for each social service is very general. It usually stipulates in general terms that services will be funded “within the approved budget” or “within the available funds,” without any additional information on the costs of the services. Starting with the 2016 budget year, relations between state and local budgets are limited to general purpose transfers and special purpose transfers.

The volume of such transfers is expressly established in the state budget law for each UAT. In cases expressly provided by the legislation, the transfers may be distributed under other normative acts.¹⁰⁵ The amount of general purpose transfers from state to local budgets from the Financial Support Fund of the UATs are calculated, according to the law, on the basis of a formula that is distinct for each UAT of first and second level, and on data¹⁰⁶ according to the final budget execution that exists, usually, at the end of the previous year. The financial support fund of the UATs is formed from unallocated personal income tax in the form of local budget breakdowns.

The 2021 budget¹⁰⁷ provides for the following delegated powers in the field of social services, which, in accordance with the provisions of the new budgeting system, are funded by special purpose transfers:

- Compensation for urban, suburban, and interurban public transport (excluding taxis) for people with severe and accentuated disabilities.
- Compensation for expenditure on the transport of people with locomotor disabilities.
- Allowance for raising and caring for children deprived of parental care and placed in guardianship services (curatorship).
- Compensation for price difference for electricity and natural gas for the inhabitants of some localities in Causeni and Dubasari districts and Varnita village in Anenii Noi district.

- Allowance and compensation for young specialists (i.e., graduates from higher and post-secondary pedagogical institutions) employed in educational institutions in the rural environment, and for those in district centers, for the payment of one-time allowances as well as compensation for renting, heat, and electricity.
- Social services, namely:
 - Rehabilitation centers for victims of domestic violence.
 - Centers for the support and protection of victims of human trafficking.
 - Regional social centers for the support of people living with HIV/AIDS and their family members. Social services of community mediators.
 - Expenditure on procuring psychological counseling services for victims of crimes.
 - Social benefits for children placed in social services (i.e., guardianship/curatorship, family-type homes, and foster care).

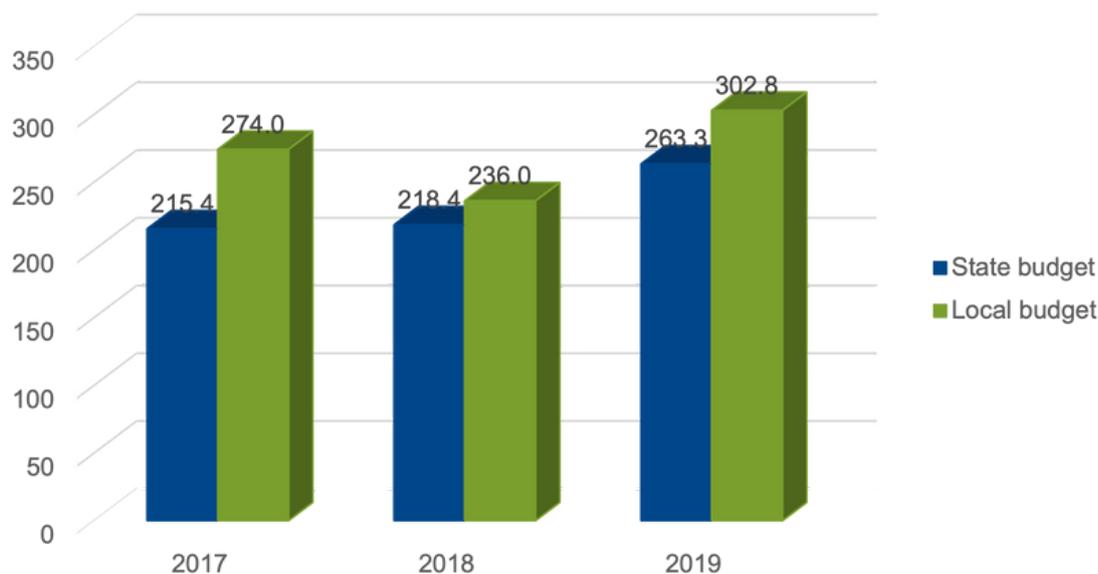
It is worth mentioning that although some social services included in special purpose transfers do not represent highly specialized services, they are still funded from the state budget. Note that LPAs also receive financial means for the implementation of the minimum state package of social services,¹⁰⁸ which includes the financial support service to disadvantaged families/people, the social care service for families with children, and personal assistance social service.

Note that two of the three specialized prevention services involve the provision of financial support to beneficiaries through family support and monetary support services, and only one of them provides for the remuneration of staff that offers personal assistance services to people with severe disabilities.

The social care provided by LPAs in the form of social services is not supported directly through special purpose transfers as they are considered competences (areas) of activity of the LPAs according to the legal provisions on administrative decentralization. Level II LPAs ensure the development and management of social services in accordance with the competencies established by law,¹⁰⁹ according to the identified needs of the population in the administered territory, either autonomously or jointly with other LPAs, as well as in collaboration with economic agents, employers, trade unions in the territory, and public associations in the country and abroad.

The dynamic analysis of social services expenditure for 2017–2019 shows that in the context of administrative and financial decentralization, the social services were funded in a higher proportion from local budgets (Figure 4). In recent years, there has been an increase in expenditure on social services from both state and local budgets. This increase is conditional on the regulation of new social services, the allocation of financial support resources for families with children, and the improvement of the local funding mechanism following the collaboration of public authorities with civil society organizations.

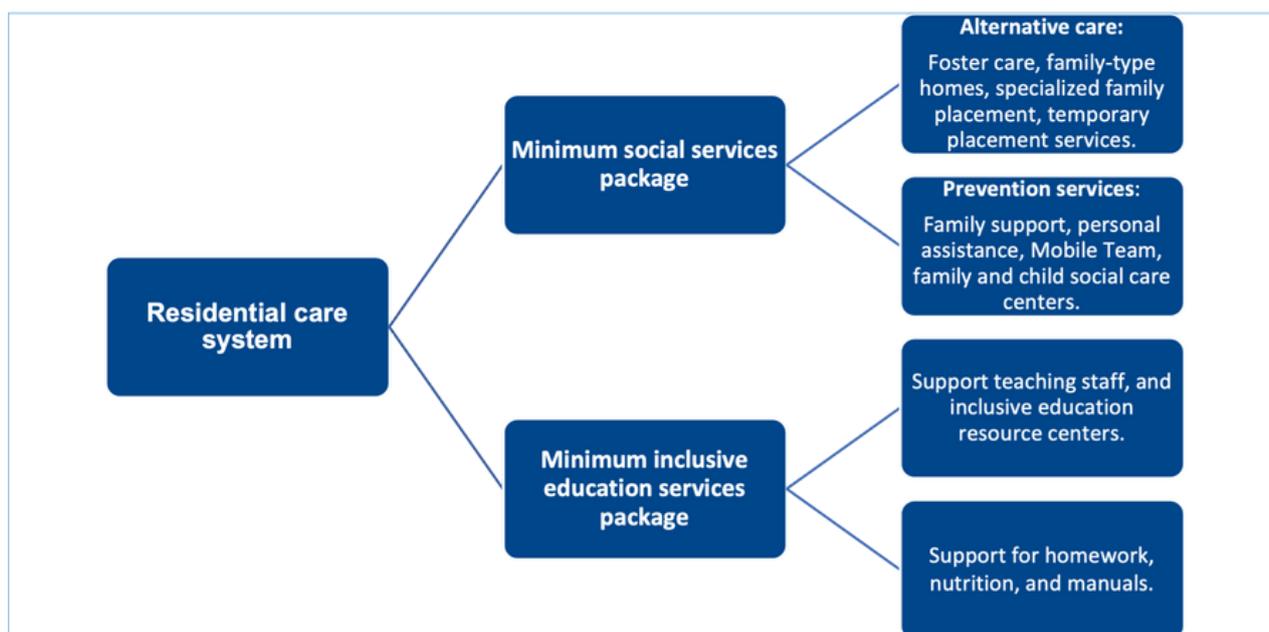
Figure 4: Social services funding from 2017–2019, million lei
 Source: Ministry of Finance. Analysis of expenditure for 2016–2019: National Public Budget, State Budget, Budget of UATs.



Possibilities for funding social services in the context of deinstitutionalization

To implement residential care reform, the government approved the regulation on the redirection of financial resources for the reform of residential care institutions.¹¹⁰ This regulation establishes how to redirect financial resources during the process of reforming residential care institutions. It provides a minimum package of social services and inclusive education services for children and young people leaving the residential care system, sets out the cost of social services and inclusive education services for beneficiaries, plans the financial means for such services, and establishes the competences of public authorities. In practice, this mechanism for redirecting funds was to be implemented according to the scheme presented in Figure 5.

Figure 5: Redirecting funds from the residential care system to alternative care social services



The analysis of the minimum social services package funding mechanism shows that the state budget comes with financial support for only three of the eight social services proposed in Government Decision No. 351/2012 on the redirection of financial resources during reform of residential care institutions. The minimum social services package was repeatedly regulated by Government Decision No. 800/2018ⁱⁱⁱ which includes: monetary support services to disadvantaged families/people; support services for families with children; and personal assistance social services. The minimum social services package is funded from the state budget through special purpose transfers from the Population Social Support Fund, not from the redirection of resources from the residential care system.

Concerning services proposed for the minimum inclusive education services package recommended by Government Decision No. 351/2012, they are found in the expenses eligible for funding from the Inclusive Education Fund referred to in Government Decision No. 868/2014 on standard cost-per-student funding.

In addition to standard cost-per-student funding, for children with special educational needs, the inclusive education fund provides expenditure for: setting up and supporting inclusive education resource centers; salaries of support teaching staff; and support for homework preparation. At the same time, there are additional costs associated with free nutrition, that are paid for in the form of special purpose transfers.

According to the report evaluating the implementation of the Inclusive Education Program for 2011–2020 developed with the support of UNICEF Moldova in 2019, the current inclusive education funding is insufficientⁱⁱ² to ensure quality general education for students who are currently still in the residential care system, especially children with hearing and/or visual impairments, emotional disorders, and/or language and communication difficulties. According to the report mentioned above, the average annual cost for a child with special educational needs in a general education institution was 17,505 lei (about US\$1,000) or 67.5% higher than the average cost for a typical student, while the cost for care and education of a child in the residential care system amounted to 170 thousand lei per year (about US\$10,000).

The redirection of financial resources from the residential care institutions subordinated to the MECR and the MHLSP to the alternative care social services in the community, as well as to educational institutions, did not happen despite Government Decision No. 351/2012. The reference costs for social services and inclusive education services for a beneficiary have not been determined. According to Chapters V and VI, the regulation only refers to the types of expenditure necessary for the provision of services to beneficiaries who have been deinstitutionalized or are at risk of separation, but a clear methodology for developing reference costs for social services has not yet been developed. This is the main barrier to the implementation of the regulation on the redirection of financial resources from the residential care system to the alternative care system.

With regards to continuing residential care reform, it is necessary to capitalize on the application of Government Decision No. 351 of May 29, 2012 by observing the principle “money comes after the child” and developing a sufficient number of services at the local level in the minimum social services package and the minimum inclusive education services package¹¹³ to meet the needs assessed. This principle implies funding services for the child in the community where he/she comes from/returns to and limiting funding in the residential care institution he/she left, taking into account the following scenarios:

1. If the child leaving residential care is to be included in the community school, costs related to the education system (established on a cost-per-student basis) will be included in special purpose transfers from the state budget to local second-level budgets and will be allocated to the school in which the child will be enrolled.¹¹⁴
2. If the child leaving residential care will be placed in alternative care established by LPA II, it is assumed that LPA II will bear all or part of the cost of providing the service. For example, if the child is placed in a small group home for children at risk, the costs of providing food, medicine, clothing, footwear, soft inventory, sanitation, games, and toys will be budgeted and allocated by the LPA II based on the expenditure norms approved and indexed annually by the government.¹¹⁵ LPA II will also bear part of the salary costs of the service staff and building maintenance. If a child from a residential care institution is placed in a small group home, the home will receive the costs necessary for his/her maintenance by redirection from the residential care institution.
3. If the child leaving residential care is placed in an alternative family-type care service, LPA II shall bear costs for the remuneration of the foster care assistant or the parent-educator. However, in this case, the child allowances (placement allowance; monthly allowance; daily allowance; one-time payment upon reaching the age of 18) are funded by special purpose transfers from the state budget.¹¹⁶ If the child leaves residential care, LPA II will receive additional costs for the recruitment, training, and remuneration of a foster care assistant by redirection from the residential care institution.

Conclusions

Social services are provided to individuals according to the needs assessed in the social care system and are funded from the public funds of the state budget, local budgets, personal sources of social service providers, and other legal sources. Services are funded according to the type of service provider (public or private) and to the areas assigned to CPAs, LPAs II, and LPAs I in the field of development, provision, and funding of social services. Social services funding for residential care institutions is planned exclusively in the state budget, decisions on their redirection are made at the central level, while the development of community support services is incumbent on LPA II. In the context of administrative and financial decentralization, the major difficulty of funding separation prevention community support services and alternative care services lies with local budgets.

The regulatory framework also provides for methods of funding services, such as public-private partnerships, with the application of the public procurement instrument, which is not applied or fully exploited in the practice of social services funding despite the existence of some positive practices. The causes lie in the fact that the existing regulations involve a complicated procedure for awarding service contracts that is not adapted to social services. Studies conducted at the national level show that LPAs have limited resources for funding social services, and although private providers have experience and a significant role in the development and delivery of social services, they are dependent on financial resources from donors, which does not ensure the sustainability of services. The development of mixed forms of funding of social services through public-private partnerships and the use of the public procurement instrument, which is to be adapted to social services, is thus a forward-looking funding solution. The financial possibilities for the development of alternative care social services largely depend on how the financial support provided from the state budget will be managed in order to transform the care system.

According to the legal provisions regarding the approval of the minimum social services package, the state budget currently provides financial support for only three of the eight social services expected in 2012. The services in the minimum social services package are funded only from the Population Support Fund. The continuation of residential care reform largely depends on the redirection of financial resources during the reform of residential care institutions. Local budgets do not have the resources to develop new social services.

The current composition of the state-guaranteed minimum social services package is focused on preventing the separation of the child from the family and providing support for family reintegration by offering financial aid and providing personal assistance to children with disabilities.

The minimum social services package does not include any family-type social placement service, which would allow low-income LPAs to provide the necessary services at the local level and would prevent the institutionalization of children separated

from their parents and especially of children with disabilities and young children (0–3 years old) with complex care needs. Regarding the minimum inclusive education services package, it is also insufficient to ensure a quality general education for students who are still in the residential care system.

Recommendations

In order to continue the reform of the residential care system and strengthen the mechanism for funding alternative care services by redirecting funds from the residential care system, the following recommendations were developed:

- Amend Law No. 123/2010 on social services in order to: (a) extend the possibility of funding the minimum social services package, not only from the Population Support Fund, as established by the government, but also through redirecting funds from the residential care system; and (b) introduce articles on urgent social services, social care, and integrated services provided on the basis of the “under one roof” principle and/or the “one-stop shop” principle¹⁷
- Amend the Population Support Fund Law No. 827-XIV of February 18, 2000 by expanding the funding areas, which would also include additional funding of social services at the local level in the districts with limited local capacities to fund social services for various categories of people. This change would encourage and support the uniform development of social services in all regions where there is an urgent need for them, regardless of the financial capabilities of the local authority.
- Assign the function of providing alternative care social services to people with disabilities (children and adults) to the LPA in the form of a delegated function with the respective financial support from the state budget through special purpose transfers. This would ensure that the state and local budgets share the financial burden as social services for children with severe disabilities and multiple care needs are very expensive.
- Implement a Social Order, a funding mechanism for civil society organizations to receive public funds, through CPAs/LPAs in order to acquire the number and types of social services necessary for the support of children leaving residential care institutions. At the central level, management of this measure should be handled by the ANAS, and at the local level it should be handled by STASs, providing access to LPAs, non-profit organizations, and religious institutions accredited for the provision of social services to the competitions for placing the Social Order.

- Implement public-private partnership agreements with the participation of non-profit organizations and religious institutions in the provision of social services.
- Amend the provisions of Law No. 131/2015 on public procurement regarding the guarantee of service contracts. The cancellation of the guarantee of the contract would favor non-profit organizations accredited to apply for the provision of social services from public money. It is also necessary to approve the standard documentation required for the award of public procurement and public-private partnership contracts so that LPAs and CPAs can contract social services.
- Develop regional social services through cooperation between LPAs I and LPAs II or between LPAs II from different districts/municipalities by confirming public-private partnership agreements, taking into account the reduced financial capacities at town hall and/or district levels. The contribution of each LPA to the funding of services for children in the administered territory is to be made centrally from the district budget, or from the town hall's budget, depending on the rules established in the cooperation contracts.
- Approve organization and operation regulations and the minimum quality standards for all social services, which will be subject to contracts by CPAs and LPAs, taking into account that in order to become a payment commitment or budget allocation,¹¹⁸ a service must be regulated.
- Review the composition and sources of funding for the minimum social services package and ensure the inclusion of a state-guaranteed alternative care service in the package, which will also be funded from resources allocated to residential care institutions. The most appropriate alternative care service that would benefit from this would be foster care, given that it is a family-type service and allows the planned, temporary, and emergency placement of children of different risk categories and of different ages.
- Review the funding of inclusive education for children with sensory (hearing, visual) disabilities, emotional disorders, and language and communication difficulties, and ensure the funding of a complex inclusive education services package in general education, at least at the current level of funding (i.e., cost-per-student) in the special education institution. This measure is predicated on the fact that the current funding of inclusive education is not sufficient to ensure quality education for this group of students in general education institutions.
- Use the state budget to fund child protection specialists from town halls and employ him/her within STASs. Establish the number of staff according to the population of children at the town hall level and consider the possibility of employing one specialist for several town halls. The employment of the specialist is necessary both for the consolidation of services to prevent the separation of the child from the family, and for the deinstitutionalization process by providing support to the child during the transition from residential to family-style or alternative care.

ANNEX 1

List of reports, studies, and guidelines consulted for the analysis of the regulatory framework.

- Alliance of NGOs active in the field of social protection of children and families. (2017), Alternative Report on the Implementation of the UN Convention on the Rights of the Child in the Republic of Moldova. <https://aliantacf.md/publicatii/>
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- Mijatovic, D. (2020). Commissioner for Human Rights of the Council of Europe Report Following Her Visit to the Republic of Moldova from March 9–13, 2020 <https://rm.coe.int/report-on-the-visit-to-moldova-from-9-to-13-march-2020-by-dunja-mijato/16809ed0e4>
- Munteanu, P. (2020). Monitoring report of the 2019 Action Plan of the National Program for deinstitutionalization of persons with intellectual and psychosocial disabilities in residential institutions managed by the National Agency for Social Assistance for the years 2018-2026, <https://aopd.md/publicatii/>

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- Ombudsman for the Protection of the Rights of the Child. (2019). Thematic report. Monitoring the observance of the rights of children deprived of parental care. <http://ombudsman.md/avocatul-copilului/rapoarte/>
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- UN Committee on the Rights of the Child (2017). Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova*, CRC/C/MDA/CO/4-5. <https://www.refworld.org/docid/5a0ed42e4.html>
- UNICEF Moldova (2019). Joint evaluation of the implementation of the Inclusive Education Program 2011–2020. Volume I: Evaluation report. <https://www.unicef.org/moldova/media/5166/file/Joint%20evaluation%20of%20implementation%20of%20the%20Programme%20for%20Development%20of%20Inclusive%20Education%202011%E2%80%932020.pdf>
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ANNEX 2

List of analyzed normative acts

CHILD PROTECTION

- Civil Code No. 1107 din June 6, 2002 https://www.legis.md/cautare/getResults?doc_id=125043&lang=ro#
- Family Code No. 1316 of June 26, 2000, https://www.legis.md/cautare/getResults?doc_id=122974&lang=ro#
- Government Decision No. 1182 of December 22, 2010 approving the regulation on the inter-sector medical-social cooperation mechanism to prevent and reduce infant and under-five mortality rates at home https://www.legis.md/search/getResults?doc_id=103311&lang=en
- Government Decision No. 270 of April 8, 2014 on the approval of the instructions on the intersectoral cooperation mechanism for identifying, assessing, referring, assisting and monitoring child victims and potential victims of violence, neglect, exploitation and trafficking, https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro
- Government Decision No. 7 of January 20, 2016 approving the framework regulation on the organization and operation of the Commission for the Protection of the Child in Difficulty, https://www.legis.md/cautare/getResults?doc_id=125328&lang=ro#
- Government Decision No. 143 of February 12, 2018 approving the instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks. https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro
- Law No. 140 of June 14, 2013 on the special protection of children at risk and of children separated from their parent, https://www.legis.md/cautare/getResults?doc_id=123160&lang=ro#

SOCIAL ASSISTANCE

- Law No. 547 of December 25, 2003 on social assistance, https://www.legis.md/cautare/getResults?doc_id=107485&lang=ro#
- Law No. 123 of June 18, 2010 on social services, https://www.legis.md/cautare/getResults?doc_id=123161&lang=ro#
- Law No. 129 of June 8, 2012 on accreditation of social service providers, https://www.legis.md/cautare/getResults?doc_id=22654&lang=ro
- Government Decision No. 802 of October 28, 2011 on social inspection, https://www.legis.md/cautare/getResults?doc_id=12356&lang=ro
- Government Decision No. 998 of December 28, 2012 approving the regulation on the organization and operation of the National Council for Accreditation of Social Service Providers, its structure and organization chart https://www.legis.md/cautare/getResults?doc_id=84700&lang=ro#
- Government Decision No. 95 of February 7, 2014 approving the regulation on the procedure for accrediting social service providers https://www.legis.md/cautare/getResults?doc_id=18965&lang=ro
- Government Decision No. 828 of November 20, 2015 approving the framework regulation on the organization and operation of the specialty local body in the field of social care and family protection, and its structure https://www.legis.md/cautare/getResults?doc_id=120334&lang=ro

- Order of the Ministry of Social Protection, Family and Child No. 54 of June 10, 2009. Framework regulation on the activity of the community support service
- Order of the Ministry of Social Protection, Family and Child No. 353 of December 15, 2011 Classification of Social Services.
http://old.mmps.gov.md/file/HG/nomenclato_serv_sociale.pdf
- Order of the Ministry of Social Protection, Family and Child No. 96 of May 18, 2016. Case Management. Implementation Support Guidelines

SPECIALIZED SOCIAL SERVICES FOR THE PREVENTION OF SEPARATION OF THE CHILD FROM THE FAMILY

- Government Decision No. 824 of July 4, 2008 approving the minimum quality standards for social services provided in day care centers for children with disabilities,
https://www.legis.md/cautare/getResults?doc_id=69597&lang=ro#
- Government Decision No. 722 of September 22, 2011 approving the framework regulation on the organization and operation of the Mobile Team and of the minimum quality standards,
https://www.legis.md/cautare/getResults?doc_id=22714&lang=ro
- Government Decision No. 314 of May 23, 2012 approving the framework regulation on the organization and operation of the personal assistance social service and the minimum quality standards.
- Government Decision No. 889 of November 11, 2013 approving the framework regulation on the organization and operation of the social support service for families with children,
https://www.legis.md/cautare/getResults?doc_id=103106&lang=ro
- Government Decision No. 780 of September 28, 2014 approving the minimum quality standards regarding the social support service for families with children,
https://www.legis.md/cautare/getResults?doc_id=102909&lang=ro
- Government Decision No. 441 of July 17, 2015 approving the framework regulation on the organization and operation of the day care center for children at risk social service and of the minimum quality standards, https://www.legis.md/cautare/getResults?doc_id=84308&lang=ro
- Government Decision No. 730 of July 18, 2018 approving the framework regulation on the organization and operation of the day care center for children aged 4 months–3 years social service, https://www.legis.md/cautare/getResults?doc_id=108874 & lang=ro
- Government Decision No. 234 of April 24, 2019 approving the framework regulation on the organization and operation of the specialized center for intervention in autism spectrum disorders and the minimum quality standards, https://www.legis.md/cautare/getResults?doc_id=114122&lang=ro

ALTERNATIVE CARE SPECIALIZED SOCIAL SERVICES

- Government Decision No. 1019 of September 2, 2008 approving the minimum quality standards regarding the social services provided in maternal centers,
https://www.legis.md/cautare/getResults?doc_id=14238&lang=ro
- Government Decision No. 41 of June 14, 2012 approving the framework regulation on the organization and operation of the respiro services and of the minimum quality standards,
https://www.legis.md/cautare/getResults?doc_id=103171&lang=ro
- Government Decision No. 52 of January 17, 2013 approving the framework regulation on the organization and operation of the small group home for children at risk social service,
- Government Decision No. 529 of July 13, 2014 approving the Minimum Quality Standards for the small group home for children at risk social service,
https://www.legis.md/cautare/getResults?doc_id=103078&lang=ro

- Government Decision No. 760 of September 17, 2014 approving the framework regulation on the organization and operation of the foster care social service and of the minimum quality standards, https://www.legis.md/cautare/getResults?doc_id=110307&lang=ro#
- Government Decision No. 885 of December 28, 2015 approving the framework regulation on the organization and operation of the small group home social service and of the minimum quality standards (Note: service for people with disabilities), https://www.legis.md/cautare/getResults?doc_id=119941&lang=ro#
- Government Decision No. 356 of May 31, 2017 approving the regulation on health requirements in social services for people with disabilities, i.e., small group homes, protected housing, and respiro, https://www.legis.md/cautare/getResults?doc_id=99368&lang=ro
- Government Decision No. 447 of June 19, 2017 approving the regulation on the records and way of allocating and using the social housing, https://www.legis.md/cautare/getResults?doc_id=110051&lang=ro#
- Government Decision No. 51 of January 17, 2018 approving the framework regulation on the organization and operation of the Family-type home social service and the minimum quality standards, https://www.legis.md/cautare/getResults?doc_id=102004&lang=ro

RESIDENTIAL CARE INSTITUTIONS AND ALTERNATIVE CARE SPECIALIZED SOCIAL SERVICES

- Government Decision No. 432 of April 20, 2007 approving the minimum quality standards regarding the care, education and socialization of children in residential care institutions, https://www.legis.md/cautare/getResults?doc_id=25133&lang=ro
- Government Decision No. 823 of July 4, 2008 approving the minimum quality standards for social services provided in placement centers for children with disabilities, https://www.legis.md/cautare/getResults?doc_id=69595&lang=ro#
- Government Decision No. 591 of July 24, 2017 approving the framework regulation on the organization and operation of the placement center for children separated from their parents social service and the minimum quality standards, https://www.legis.md/cautare/getResults?doc_id=110138&lang=ro#
- Order of the Ministry of Labor, Social Protection and Family No. 220 of November 28, 2016. Framework regulation on the organization and operation of the temporary home for children with mental disabilities social service.
- MECR Order No. 187 of September 28, 2017. Standard regulations of the special education institution https://www.legis.md/cautare/getResults?doc_id=103732&lang=ro
- MHLSP Order No. 807/A of September 4, 2020 approving the regulation of activity of the intersectoral working groups regarding the examination of applications for temporary admission in the social care institutions, in which MHLSP exercises the duty of founder, and of deinstitutionalization and/or transfer applications. <https://www.anas.md/categorie/rapoarte/>
- MHLSP Order No. 867 of September 23, 2020 on Specialized Commissions of MHLSP.

FUNDING SOCIAL SERVICES

- Law No. 397 of October 10, 2003 on local public finance https://www.legis.md/cautare/getResults?doc_id=125263&lang=ro#
- Law No. 435 of December 28, 2006 on administrative decentralization, https://www.legis.md/cautare/getResults?doc_id=125085&lang=ro
- Law No. 181 of July 25, 2014 on public finance and budgetary-fiscal responsibility https://www.legis.md/cautare/getResults?doc_id=106188&lang=ro

- Law No. 131 of July 3, 2015 on public procurement https://www.legis.md/cautare/getResults?doc_id=125108&lang=ro Law No. 258 of 16.12.2020 to the state budget for the year 2021 https://www.legis.md/cautare/getResults?doc_id=124567&lang=ro
- Government Decision No. 520 of May 15, 2006 approving the rules on spending money for the maintenance of people in social care institutions, https://www.legis.md/cautare/getResults?doc_id=120675&lang=ro#
- Government Decision No. 581 of May 25, 2006 approving the regulation on the conditions for establishing and paying allowances for adopted children and those under guardianship/curatorship https://www.legis.md/cautare/getResults?doc_id=103686&lang=ro#
- Government Decision No. 351 of May 29, 2012 approving the regulation on the redirection of financial resources in the reform of residential care institutions, https://www.legis.md/cautare/getResults?doc_id=111914&lang=ro#
- Government Decision No. 868 of October 8, 2014 on the funding on a standard cost-per-student basis of the primary and secondary general education institutions subordinated to the second level local public authorities https://www.legis.md/cautare/getResults?doc_id=118772&lang=ro#
- Government Decision No. 378 of April 25, 2018 on the establishment and payment of the daily allowance for children, https://www.legis.md/cautare/getResults?doc_id=125905&lang=ro#
- Government Decision No. 800 of August 1, 2018 approving the minimum social services package and the amendment to the regulation on how to establish and pay material aid, https://www.legis.md/cautare/getResults?doc_id=113486&lang=ro
- Government Decision No. 1278 of December 26, 2018 approving the regulation on the types, amounts and specific conditions for granting allowances for the upbringing and care of children placed in guardianship/curatorship services, foster care, and family-type homes, amending and repealing certain government decisions. https://www.legis.md/cautare/getResults?doc_id=119777&lang=ro

ANNEX 4

Analysis criteria and descriptors for evaluating compliance with the requirements of guidelines of normative acts regulating social services

No.	Analysis criterion	Descriptors
1.	Non-discrimination	<ul style="list-style-type: none"> • There are provisions on implementing the principle of non-discrimination in the activity of the service. • There are clear eligibility criteria for accessing the service/placement in the service. • There are provisions on ensuring accessibility (spaces, information, support) in the service, including for children with disabilities.
2.	Participation	<ul style="list-style-type: none"> • There are provisions stipulating the involvement of the child and his/her family/legal representative during the entire decision-making process (planning interventions, accessing the service/placement in the service, duration of services, preparation for leaving the service). • There are provisions stipulating that the opinions of the child and his/her family/legal representative are requested and taken into account regarding the decisions on interventions. • There are guidelines stipulating the provision of information to the child adapted to his/her level of understanding so that he/she can fully participate in the decision-making processes that concern him/her. • There are provisions on support for children with disabilities, including through alternative means of communication, so that they can be heard.
3.	Assessing the best interest of the child	<ul style="list-style-type: none"> • There are provisions on implementing the principle of the best interest of the child in the selection of the service. • There are provisions on assessing the needs for each child (individualized approach). • There are provisions on assessing the child's needs by qualified professionals in various areas (multidisciplinary approach).
4.	Placement decision**	<ul style="list-style-type: none"> • There are provisions on the procedure of referring/admitting the child in an alternative form of care. • There are provisions on authorizing/approving the placement by the responsible authorities. • There are provisions on the type of placement (planned/emergency).

No..	Analysis criterion	Descriptors
5.	Intervention planning	<ul style="list-style-type: none"> • There are provisions for drawing up a case plan based on the individual needs of the child/family. • There are provisions for the cooperation of specialists in various areas in order to plan assistance (multidisciplinary approach).
6.	Service provision	<ul style="list-style-type: none"> • There are provisions on providing services based on the assessed needs of the child/family and the age/ characteristics of the child. • There are provisions on facilitating/ensuring access of the child and the family to other basic services (educational, health, sports, cultural, legal) and/or financial assistance (integrated approach).
7.	Temporary nature of the intervention	<ul style="list-style-type: none"> • There are provisions on the duration of care/placement. • There are provisions on the schedule of the review of the case plan.
8.	Legal representation	<ul style="list-style-type: none"> • There are provisions on the legal representation of the interests of the child at risk or separated from the parents by the parent/guardian/curator/guardianship authority. • There are provisions on the duties of the child's legal representative in the process of providing services.
9.	Safety of the care environment	<ul style="list-style-type: none"> • There are provisions on protecting the child against any form of violence, neglect, or exploitation. • There are provisions on the procedure for filing and examining complaints. • There are provisions on the requirements for the internal and external spaces of the home/center where the service is provided to prevent the risks of injury, illness, and to ensure the privacy of the child.
10.	Confidentiality	<ul style="list-style-type: none"> • There are provisions on ensuring confidentiality of the personal information of the child, parents/another legal representative of the child by the service provider. • There are provisions for ensuring the child's access to a trusted adult/legal representative for confidential discussions.
11.	Family strengthening	<ul style="list-style-type: none"> • There are provisions on family support for preventing placement of the child in alternative care/for reintegrating the child back into the family (information, counseling, facilitation of access to basic services).

No..	Analysis criteria	Descriptors
12.	Maintaining family ties**	<ul style="list-style-type: none"> • There are provisions for placing siblings together, unless this is not in their best interests. • There are provisions for maintaining the child's connection/contact with his/her family, as far as possible, during the period when the child is in alternative care, unless this is not in his/her best interest.
13.	Case records	<ul style="list-style-type: none"> • There are provisions on registering cases (records of children placed in the service). • There are provisions on the child's personal file and its contents.
14.	Service Staff	<ul style="list-style-type: none"> • There are provisions on the requirements for the staff employed in the service. They stipulate that staff: <ul style="list-style-type: none"> ◦ Goes through a formal recruitment process. ◦ Has the skills, experience, and vocational requirements necessary for the position. ◦ Has clearly defined roles (job description). ◦ Are sufficient in number to achieve realistic workloads (e.g., there are provisions on the number of active cases per case manager). ◦ Participates in initial and continuing training courses. ◦ Receives regular professional supervision. ◦ Is subject to annual assessment of professional skills. ◦ Participates in the monitoring and evaluation procedures of the service. ◦ Is able to support children's participation in care/support processes. • Facilitates contact between children and their parents, families, and communities, as appropriate.
15.	Service quality	<ul style="list-style-type: none"> • There are minimum quality standards approved by government for the service. • There are provisions on the accreditation requirement of the service. • There are provisions for internal monitoring and evaluation of the service. • There are provisions for external monitoring and evaluation of the service.
16.	Care leavers	<ul style="list-style-type: none"> • There are provisions on preparing the child and, where appropriate, his/her family to leave care.
17.	Funding	<ul style="list-style-type: none"> • There are provisions on the sources of funding for the service. • There are provisions on service costs.

Note: **The criterion and descriptors were applied ONLY to the analysis of family-type and residential-type alternative care social services (low-capacity community support services and high-capacity residential care institutions). In the case of prevention services, this criterion does not apply.

END NOTES

1 State Register of Legal Acts is an automated information system in which normative acts and other legal acts are registered; in which their collection, processing, systematization, storage, and presentation are performed.

2. The consolidated electronic text of the normative act is the text published in the State Register of Legal Acts that is drawn up on the basis of the initial official text of the normative act and, as the case may be, on the basis of the official texts of normative acts amending it; text including all changes operated in the respective normative act.

3. Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). Moving forward: Implementing the “Guidelines for the Alternative Care of Children.” United Kingdom: Centre for Excellence for Looked After Children in Scotland.

4. Cannon, M., Gheorghe, C., & Country Core Team. (2018). Evaluating alternative child care in Moldova: Evaluation report, volumes I and II. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

5. Law No. 140/2013, Article 10.

6. Idem, Articles 11-12.

7. Government Decision No. 7 of January 20, 2016 approving the framework regulation on the organization and operation of the CPCD.

8. Government Decision No. 1182 of December 22, 2010 approving the regulation on the inter-sector medical-social cooperation mechanism to prevent and reduce infant and under-five mortality rates at home.

9. Government Decision No. 270 of April 8, 2014 on the approval of the instructions on the intersectoral cooperation mechanism for identifying, assessing, referring, assisting and monitoring child victims and potential victims of violence, neglect, exploitation, and trafficking.

10. Government Decision No. 143 of February 12, 2018 approving the instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks.

11. Law No. 547 of December 25, 2003 on social assistance, Article 13.

12. Law No. 547 of December 25, 2003 on social assistance, Article 17.

13. Law No. 123 of June 18, 2010 on social services, Article 6.

14. Law No. 123 of June 18, 2010 on social services, Article 7.

15. Law No. 86 of June 11, 2020 on non-profit organizations.

16. Law No. 179 of July 10, 2008 on public-private partnership.

17. Law No. 129 of June 8, 2012 on the accreditation of social service providers, Article 2.

18. Government Decision No. 998 of December 28, 2012 approving the regulation on the organization and operation of the National Council for Accreditation of Social Service Providers, its structure and organization chart.

19. Government Decision No. 95 of February 7, 2014 approving the regulation on the procedure for accrediting social service providers.

20. Law No. 129 of June 8, 2012 on the accreditation of social service providers, Article 17.

21. Government Decision No. 95 of February 7, 2014 approving the regulation on the procedure for accrediting social service providers, Article 83.

22. Government Decision No. 802 of October 28, 2011 on Social Inspection.

23. Law No. 1 of June 18, 2010 on social services, Article 22.

24. Law No. 123 of June 18, 2010 on social services, Article 19.

25. Order of the Minister of Labor, Social Protection and Family No. 96 of May 18, 2016. Case management. Implementation Support Guidelines.

26. Order of the Minister of Labor, Social Protection and Family No. 353 of December 15, 2011 Classification of Social Services.
27. Government Decision No. 889 of November 11, 2013 approving the framework regulation on the organization and operation of the Social Support Service for families with children.
28. Government Decision No. 780 of September 28, 2014 approving the minimum quality standards regarding the Social Support Service for families with children.
29. Government Decision No. 722 of September 22, 2011 approving the framework regulation on the organization and operation of the Mobile Team social service and of the minimum quality standards.
30. Government Decision No. 314 of May 23, 2012 approving the framework regulation on the organization and operation of the personal assistance social service and minimum quality standards.
31. Government Decision No. 816 of June 30, 2016 approving the framework regulation on the organization and operation of early intervention services and minimum quality standards for early intervention services.
32. Government Decision No. 234 of April 24, 2019 approving the framework regulation on organization and operation of the Specialized Center for Intervention in Autism Spectrum Disorders and minimum quality standards.
33. Government Decision No. 824 of July 4, 2008 approving the minimum quality standards for the social services provided in day-care centers for children with disabilities.
34. Government Decision No. 441 of July 17, 2015 approving the framework regulation on the organization and operation of the day care center for children at risk social service and minimum quality standards.
35. Government Decision No. 730 of July 18, 2018 approving the framework regulation on the organization and operation of the day care center for children aged 4 months–3 years social service.
36. Law No. 112 of July 9, 2020 amending certain normative acts, Article I, Article IX.
37. Law No. 140/2013, Articles 13– 136.
38. Family Code, Article 61.
39. Family Code, Article 142.
40. Law No. 140/2013, Article 12(1).
41. Law No. 140/2013, art. 12(3).
42. Family Code, Article 143(2)
43. Law No. 140/2013, Article 5(3), Article 12(1)
44. Family Code, Article 147, Civil Code, Article 58.
45. Government Decision No. 1278 of December 26, 2018 approving the regulation on types, amounts and specific conditions for granting allowances for the upbringing and care of children placed in guardianship/curatorship services, foster care and family-type home, amending and repealing certain government decisions. Government decision No. 581 of 25 December 2006 approving the regulation on the conditions for establishing and paying allowances for adopted children and those under guardianship/curatorship.
46. Government Decision No. 760 of September 17, 2014 approving the framework regulation on the organization and operation of the foster care service and minimum quality standards.
47. Government Decision No. 662 of July 11, 2018 amending and supplementing certain government decisions.
48. Government Decision No. 1278 of December 26, 2018 on the types, amounts and specific conditions for granting allowances for the upbringing and care of children placed in guardianship/curatorship services, foster care and family-type homes, amending and repealing certain government decisions.

49. Government Decision No. 51 of January 17, 2018 approving the framework regulation on the organization and operation of the family-type home social service and the minimum quality standards.
50. Government Decision No. 52 of January 17, 2013 approving the framework regulation on the organization and operation of the small group home for children at risk social service.
51. Government Decision No. 529 of July 13, 2014 approving the minimum quality standards for the small group home for children at risk social service.
52. Government Decision No. 885 of December 28, 2015 approving the framework regulation on the organization and operation of the small group home social service and the minimum quality standards.
53. Government Decision No. 356 of May 31, 2017 approving the regulation on health requirements in social services for people with disabilities, i.e., small group homes, protected housing, and respiro.
54. Government Decision No. 19 of January 15, 2020 amending certain government decisions, art. 3.
55. Government Decision No. 520 of May 15, 2006 approving the rules for spending money for the maintenance of people in social institutions.
56. Government Decision No. 1019 of September 2, 2008 approving the minimum quality standards regarding the social services provided in maternal centers.
57. Chisinau Municipal Council, Hincesti District Council, Cahul District Council, Telenesti District Council.
58. Government Decision No. 41 of June 14, 2012 approving the framework regulation on the organization and operation of respire social service and of the minimum quality standards.
59. Law No. 75 of April 30, 2015 on housing, Article 4.
60. Government Decision No. 447 of June 19, 2017 approving the regulation on the records and way of allocating and using social housing.
61. Idem, al. 13.
62. Government Decision No. 636 of December 11, 2019 approving the Government Action Plan for the years 2020-2023
63. MECR Order No. 187 of September 28, 2017 approving the standard regulation of the special education institution.
64. MHLSP Order No. 867 of September 23, 2020 on Specialized Commissions of MHLSP. Commissions are permanent health advisory bodies, which provide the necessary expertise, used by MHLSP to coordinate medical activity on scientific, professional and methodological issues.
65. Government Decision No. 432 of April 20, 2007 approving the minimum quality standards regarding care, education and socialization of children in residential care institutions.
66. Idem, Standard 16
67. According to the official website of ANAS, the institution was renamed, but no new regulation was approved. The normative act in force regulates the activity of the residential institution for children with mental deficiencies.
68. Framework regulation on the organization and operation of the residential institution for children with mental disabilities, approved by the Order of the Ministry of Labor, Social Protection and Family No. 220 of November 28, 2016.
69. Government Decision No. 893 of September 12, 2018 approving the National Program for deinstitutionalization of people with intellectual and psychosocial disabilities in residential care institutions managed by the National Social Assistance Agency for the years 2018-2026 and the action plan implementing it.
70. MHLSP Order No. 807/A of September 4, 2020 approving the regulation of activity of the intersectoral working groups regarding the examination of applications for temporary admission in social institutions, in which MHLSP exercises the duty of founder, and of deinstitutionalization and/or transfer applications.

71. MHLSP Order No. 213 of November 10, 2016 approving the transformation plan of the residential institution for children with mental disabilities (boys) in Orhei. MHLSP Order No. 235 of December 15, 2016 approving the transformation plan of the Orphanage for children with mental disabilities (girls) Hincesti.
72. <http://incluziune.md/studii/>
73. Government Decision No. 893 of September 12, 2018 approving the National Program for deinstitutionalization of people with intellectual and psychosocial disabilities in residential care institutions managed by the National Social Assistance Agency for the years 2018-2026 and the Action Plan implementing it, points 29-32.
74. Government Decision No. 823 of July 4, 2008 approving the minimum quality standards for the social services provided in placement centers for children with disabilities.
75. Idem, Standard 10.
76. Government Decision No. 1180 of November 6, 2001 on the reorganization of the Republican Specialized House for Children in Placement and Rehabilitation Center for Young Children.
77. The institution's regulations are not available on the MHLSP website or in the State Register of Legal Acts. The analysis was made on the basis of the act without a date/number from the institution.
78. Government Decision No. 591 of July 24, 2017 approving the framework regulation on organization and operation of the placement center for children separated from parents social service and of minimum quality standards.
79. Government Decision No. 378 of April 25, 2018 on the establishment and payment of the daily allowance for children.
80. MHLSP Order No. 05 of January 3, 2020 approving the regulation on the organization and operation of the temporary placement center for children separated from parents in Soroca.
81. Law No. 468 of July 8, 1999, with subsequent amendments, establishes the right to social security, which, in the Republic of Moldova, is guaranteed by the State and is exercised, in accordance with the law, through the public social security system. Social security benefits are provided in the form of pensions, allowances, help and other forms provided by law. In the public system, social security benefits represent a replacement income for the total or partial loss of income due to age, disability, accidents, illness, maternity, job loss or death, hereinafter referred to as insured risks. In the public system, insured people may not benefit from two or more social security benefits at the same time for the same insured risk, with the exception of benefits for the prevention of illness and recovery of work capacity. The state social security budget is part of the national public budget and is independent of the state budget. The revenues of the state social security budget come from social security contributions, transfers from the state budget and from other revenues (interest, surcharges for late payments) provided by law.
82. Constitution of the Republic of Moldova, Article 131 para. (6) stipulates that "... no budgetary expenditure may be approved without establishing the source of funding."
83. Law No. 131 of July 3, 2015 on public procurement, Article 2 para. (1) letter c).
84. Law No. 435 of December 28, 2006 on administrative decentralization, Article 5 "Cooperation between public authorities."
85. Stajila, E. and Cibotarica, I. (2018). Identifying barriers and gaps in the process of contracting by the state the services provided by CSOs. Center of Legal Assistance for Persons with Disabilities.
86. Nilda Bullain, N. and Luben Panov, L. Handbook on Non-State Social Service Delivery Models: A Guide for Policymakers and Practitioners on the CIS Region, UNDP, 2012, pp. 25 20 1.3. Forms of financial support for CSOs.
87. Law No. 60 of March 30, 2012 on social inclusion of people with disabilities, Article 36, para. (2).
88. Law No. 258 of December 16, 2020 on the 2021 state budget, Article 2, paras. j) - m).

89. Law No. 215 of July 29, 2016 on youth; Government Decision No. 1213 of 27.12.2010 approving measures to support youth activities; Order No. 165 of July 7, 2017 approving the framework Regulation on the organization and development of Grants Program for youth organizations.
90. L. Palihovici (2020). Report on the accreditation, contracting and funding mechanisms of social services prepared at the request of APSCF.
91. Ciocan, L. (2018). Baseline study on social services for people with intellectual and psycho-social disabilities and for children from vulnerable groups. Soros Foundation – Moldova.
92. Stajila, E. and Cibotarica, I. (2018). Identifying barriers and gaps in the process of contracting by the state the services provided by CSOs. Center of Legal Assistance for Persons with Disabilities.
93. Law No. 123 of June 8, 2010 on social services, Article 26.
94. Law No. 435 of December 28, 2006 on administrative decentralization, Article 4.
95. Law No. 123 of June 18, 2010 on social services, Article 9.
96. Law No. 547 of December 25, 2003 on social assistance, Article 23.
97. Law No. 435 of December 28, 2006 on administrative decentralization, Article 3.
10. Law No. 435 of December 28, 2006 on administrative decentralization, Article 4, para. (2), letters j), k).
98. Law No. 123 of June 18, 2010 on social services, Article 9, para. (1).
99. Law No. 435 of December 28, 2006 on administrative decentralization, Article 5.
100. Law No. 435 of December 28, 2006 on administrative decentralization, Article 6 para. (4).
101. Law No. 181 of July 25, 2014 on public finance and budgetary-fiscal responsibility, Article 33 para. (1) letter a).
102. Law No. 397 of October 26, 2003 on local public finance.
103. Law No. 267 of November 1, 2013 amending and supplementing certain legislative acts.
104. Law No. 397 of October 16, 2003 on local public finance, Article 10 para. (2).
105. Law No. 258 of December 16, 2020 to the 2021 state budget, Annex 7.
106. The minimum social services package represents a set of specialized social services established by the government, according to Law No. 123 of June 18, 2010 regarding social services.
107. Law No. 435 of December 28, 2006 on administrative decentralization.
108. Law No. 397 of October 16, 2003 on local public finance, Article 11.
109. Government Decision No. 351/2012 on the redirection of financial resources in the reform of residential care institutions.
110. Government Decision No. 800 of August 1, 2018 approving the minimum social services package and amending the regulation on the payment of the material aid.
111. Evaluation report on the implementation of the Inclusive Education Program 2011-2020 prepared with the support of UNICEF Moldova in 2019).
112. Government Decision No. 351 of May 29, 2012 approving the regulation on the redirection of financial resources in the reform of residential care institutions, c. II, Minimum package of services provided to beneficiaries.
113. Government Decision No. 868 of October 8, 2014, with subsequent amendments, on the funding on a standard cost-per-student basis of the primary and secondary general education institutions subordinated to the local public authorities of the second level.
114. Government Decision No. 520 of May 15, 2006 approving the rules for spending money for the maintenance of people in social institutions.
115. Government Decision No. 1278 of December 26, 2018 approving the regulation on types, amounts and specific conditions for granting allowances for the upbringing and care of children placed in guardianship/curatorship services, foster care and family-type homes.
116. L. Palihovici (2020). Report on the accreditation, contracting and funding mechanisms of social services prepared at the request of APSCF.

117. L. Palihovici (2020). Report on the accreditation, contracting and funding mechanisms of social services prepared at the request of APSCF.

118. Notions of payment commitment and budgetary allocation are established in Law No. 181 of July 25, 2014 on public finance and budgetary-fiscal responsibility, Article 3. A payment commitment represents the payment obligation assumed by the budget administrator and/or by other budgetary authorities/institutions in accordance with the legislation. The budget allocation represents the amount of money approved in budgets for honoring budgetary commitments.

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