Changing THE WAY WE care℠

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COPIL COMUNITATE FAMILIE
CCF MOLDOVA

UNDERSTANDING THE POTENTIAL FOR A MORATORIUM ON PLACING CHILDREN AGED 0-6 IN INSTITUTIONAL CARE

Qualitative Study

Translated from Romanian

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ABBREVIATIONS

ANAS	National Social Assistance Agency
ATU	Administrative-Territorial Unit
CCF Moldova	"Child, Community, Family"
CSO	Civil Society Organizations
CPCD	Commission for the Protection of the Child in Difficulty
CTWWC Moldova	Global Initiative Changing the Way We Care
EU	European Union
FGD	Focus Group Discussion
IIA	In-depth Individual Interview with Foster Parents
IIE	Individual Interview with Experts
ISWG	Intersectoral Working Group on the Examination of Applications for Admission to Temporary Placement Centers for Children (in the Placement and Rehabilitation Center for Young Children in Chisinau and the Temporary Placement and Rehabilitation Center for Children in Balti) and Requests for Deinstitutionalization and/or Transfer.
LEAs	Local Education Authorities
LPA	Local Public Authorities
MDTs	Community-based Multidisciplinary Teams
MLSP	Ministry of Labor and Social Protection
MoER	Ministry of Education and Research
MoH	Ministry of Health
PC	Territorial Structure of Social Assistance
UN	United Nations
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

Study background

The child protection policies in the Republic of Moldova are largely aligned with the international frameworks defined by the UN Convention on the Rights of the Child and the Guidelines for Alternative Care of Children.

The National Child Protection Program for 2022-2026 and its Action Plan are aimed at achieving three general objectives: (i) strengthening the child protection system to ensure prompt and effective response to the needs of each child; (ii) promoting zero tolerance towards any form of violence against children by both adults and children; and (iii) ensuring that children grow up in a safe and protective family environment that guarantees their well-being. One of the five actions under general objective 3 is the liquidation/reorganization of residential institutions, with reintegration of children into the family or transfer to alternative family-based services.

In this context, the non-governmental organization "Child, Community, Family Moldova" (CCF Moldova), within the framework of the global initiative Changing the Way We Care (CTWWC), deemed it necessary to conduct the qualitative study *Understanding the potential for a moratorium on placing children aged 0-6 in institutional care*. This study would help the authorities in the Republic of Moldova, in particular the Ministry of Labor and Social Protection (MLSP), the Ministry of Health (MoH) and the Ministry of Education and Research (MoER) to achieve the national policy objectives and international commitments. Sociopolis Consultancy was selected to carry out the study.

Purpose and research objectives

The purpose of the qualitative study was to identify the challenges that have prevented the introduction of a moratorium on the placement of children aged 0-6 in residential institutions until now, and the ways to remove the existing barriers.

The research **objectives** included: (i) analyzing statistical data on the institutionalization of children aged 0-6 and their placement in alternative family-based care; (ii) understanding the existing practices of identification, assistance, referral, and placement of children aged 0-6 in residential institutions; (iii) evaluating the knowledge and attitudes of professionals and decision-makers regarding institutional care versus alternative family-based care for children aged 0-6; (iv) developing recommendations for designing advocacy efforts that address the current barriers to implementing a moratorium on the placement of children aged 0-6, including key audiences and concrete actions.

Methodology and limitations of the qualitative study

To achieve the research purpose and objectives, a qualitative approach was proposed to allow data triangulation. The research was based on primary and secondary data sources.

The research program of the study included: (i) Analysis of statistical data on children aged 0-6 years at risk of separation from their families, and placement of children of this age in residential care and alternative family-based care (CER 103 and CER 103A) for the

years 2018-2022; (ii) Conducting in-depth individual interviews on a sample of 21 social stakeholders and experts (mayors, community social workers, maternity social workers, nurses, doctors, heads of STAS, regional specialists in maternal and child health care, representatives of residential institutions for children aged 0-6 years, etc.); (iii) Organizing 7 focus group discussions with members of the community-based multidisciplinary team (MDTs), the Commission for the Protection of the Child in Difficulty (CPCD), the intersectoral working group (ISWG) of the National Social Assistance Agency (NSAA), civil society organizations (CSOs) involved in the development of child protection services, as well as community social workers and nurses.

The research was based on purposive sampling. Participants in the in-depth individual interviews and focus group discussions were selected, together with the CCF Moldova team, based on two criteria: relevant experience and possession of knowledge and skills for the studied topic.

In conducting the research, the principles and ethical norms promoted by the United Nations Evaluation Group were taken into account. Participants were informed about both the context and purpose of the study, as well as the respect for the principles of anonymity and confidentiality. For the collection of information, the verbal agreement of the specialists participating in the research was obtained.

The limitations of this study are due to the peculiarities of qualitative research, which seeks to understand the possibility of introducing a moratorium, based on the professional experience of the research participants and not on quantitative data mapping social services for children aged 0-6 years.

Key findings

Children aged 0-6 years at risk of separation, period 2018-2022

- During 2018 – 2022, the number of children at risk increased from 7,996 cases to 8,862 cases. Statistical data attest that approximately 1 in 10 children aged 0-2 years and 1 in 4 children aged 3-6 years were at risk in 2022.

- Factors that put children at risk of separation vary based on age. Neglect is the primary risk factor for children aged 0-2 years (87.6%) and those aged 3-6 years (82.4%). There are no clear trends in reducing separation risks, apart from preventing abandonment..

- Regarding the number of children separated from parents, the data attest to an increase for the years 2018-2019, after which we follow the decrease in their number. In 2022, 1,599 (5.0%) children aged 0-2 years and 6,465 (20.1%) aged 3-6 years were separated from parents, out of a total of 32,242 children aged 0-17 years.

- The main cause of separation was the departure of the only parent or both parents to work abroad, but 365 children (1.1%) were separated from parents due to the imminent danger to their life and health. Of the total children separated due to imminent danger to their life and health, children aged 0-2 years constituted 15%, and those aged 3-6 years – 26%.

- The report on children in the residential care system in 2022 (CER no.103 A) attests to the placement of 361 children aged 0-6 years placed in residential institutions, including 215 through emergency placement and 146 through planned placement. These placements included 175 children aged 0-2 years and 186 children aged 3-6 years.

- Interviews conducted with the staff of the two residential institutions for children aged 0-6 years, under the supervision of the MoH for the year 2023, indicate that 80 children aged 0-6 years were in residential protection, including 29 with disabilities, 27 of them with severe disabilities. In the process of data collection, situations were established for the placement of children aged 3-6 years in the Tarnova, Donduseni Children's PhthisiopneumologyRehabilitation Center, which are not found in the CER no.103 A Report.

- There is a clear trend of decreasing the number of children aged 0-2 and 3-6 in residential care. This trend also applies to children with disabilities of this age.

- Maternal centers play a significant role in preventing the abandonment and separation of children aged 0-6 years. In 2022, out of 217 children of this age who left these residential institutions, 180 (83%) remained in the biological family. This situation is also confirmed by the manager of the "In the mother's arms" Maternal Center (Diaconia Social Mission). In the 12 years of the center's activity, 185 mother-child couples were supported and only 9 cases of separation were recorded.

- Children aged 0-6 years who left residential institutions in 2022 were reintegrated into the biological family (29.9%); placed in family-based alternative care, including professional parental assistance (17.1%), family-type group homes (2.7%), guardianship (11.8%), kinship care (3.7%) ; and adopted (2.1%). For 35 children (18.7%), no form of family-based alternative care was identified, they were transferred to other residential institutions.

- The network of alternative family-based care services, both state and private providers, is growing, although development is slow.. Statistical data show that currently, more children aged 0-6 years, including 0-2 years and 3-6 years, are in alternative family-based care services, especially guardianship, than in residential institutions.

Preventing the separation of children aged 0-6 years from their family

- In the Republic of Moldova, three intersectoral collaboration mechanisms have been established to involve specialists in preventing the separation of children from their families. These mechanisms include: (i) preventing and reducing maternal, infant, and child mortality at home for children aged 0-5; (ii) identifying, assessing, referring, assisting, and monitoring child victims and potential victims of abuse, neglect, exploitation, and trafficking; (iii) primary prevention of risks to child welfare.

- Nurses participating in the study reported that they have not received training on the application of the *Government Decision No. 143, regarding the approval of the Instruction on the mechanism of intersectoral cooperation for the primary prevention of risks regarding child welfare.* They are unfamiliar with and do not apply the Observation Sheet, the Evaluation Sheet, or the Risk Prevention Action Planning Sheet. However, when nurses observe cases of inadequate living conditions, neglect, violence, etc., they report them to family doctors and the heads of Health Centers, or the rayon specialist in mother and child medical assistance, who then notify the community social workers.

- Identifying and preventing cases of separation of children aged 0-6 is a complex process for local authorities. In interviews and focus group discussions, MDT members, community social workers, and CPCD members indicated that children in need of intervention aged 0-2 are more difficult to identify compared to those aged 3-6, who attend preschool institutions.

Assessing the needs of the child and family in providing social services

- Community social workers are responsible for assessing the needs of at-risk children and their family. Community social workers conduct assessments, develop the case plans, and subsequently *"collect signatures"* from other MDTs members. Community social workers identify the needs of each child according to case management procedures and wellbeing indicators, but they consider these to be bureaucratic.

- Some local public authorities (LPA) provide support for families with children aged 0-6 at risk of separation, depending on the needs of the child and family. Often, they support families by enrolling children in early childhood education institutions, exempting early childhood education fees, and occasionally providing clothing, footwear, food products. In rare situations, LPAs provide financial support for purchasing food for children aged 0-2, as well as psychological counseling services for the mother/parents.

- Based on the assessment of the child's and family's situation, the community social worker, together with MDTs, decides whether to forward the child's file to the CPCD for additional services which may include cash assistance, access to day centers, visits by mobile teams, mother-child placement in Maternal Centers, etc.

- Families with children at risk, identified at the community level, including children aged 0-6, are monitored at the community level. Monitoring has been signaled by community stakeholders as an effective way to reduce separation risks.

- Currently, the primary component of the family support service is not fully utilized for various reasons: (i) community social workers have a multitude of tasks and do not have sufficient time to provide primary support to families; (ii) other stakeholders must be involved in activities related to providing primary family support; (iii) there is a lack of child rights protection specialists at the community level.

Involvement of civil society organizations in the protection of children aged 0-6

- Civil Society Organizations (CSOs) that aim to protect children are active and participate in both policy-making and the development and implementation of new social services.

- Among the most important practical actions carried out by CSOs are: (i) providing parental education services, including promoting parental education programs (such as Mellow Parenting, Panda, etc.) and attempting to expand their implementation nationally; (ii) introducing new models of foster care: specialized foster care for children with disabilities, including severe disabilities, and emergency foster care; (iii) opening maternal centers and providing support for mothers with children at risk of abandonment or separation, by developing child care skills and independent living skills; (iv) developing services to prevent disability in children: child development offices at the community level and early intervention centers; (v) developing day care services for children aged 0-3: activity centers for children from 4 months to 3 years, day care services organized by the employer at the workplace; and (vi) creating support groups at the community level.

- Some CSOs, together with local public authorities, provide financial support and social and psychological counseling services to families where there is a risk of separation, with the aim of reintegrating into the biological or extended family, or into family-type alternative care services.

Causes of institutionalization of children aged 0-6

- There are several causes of institutionalization of children aged 0-6: (i) causes determined by certain characteristics of the mother/family; (ii) causes determined by the inaction of specialists and their limited professional competencies; (iii) causes determined by the capacity of medical and social services to meet the needs of children with disabilities; and (iv) causes related to the limited functionality of existing intersectoral mechanisms.

- Some local child protection authorities do not seek alternative care solutions for children under 2 years old.

- Emergency placement of children aged 0-6 is carried out by the order of the mayor and follows one of two pathways: (i) notification of the territorial guardianship authority with a recommendation for placement in a residential institution; (ii) immediate placement directly into a residential institution. In the case of the first method, sometimes opportunities for family-based alternative care or residential care can be identified at the local level.

- Representatives of some STAS avoid placing children aged 0-6 in residential institutions, opting for: (i) alternative family-based services (emergency foster care or specialized foster care); (ii) strengthening separation prevention services, especially the family support service, which offers parental programs that aim to educate and hold parents accountable; (iii) developing day centers for children from 4 months to 3 years; (iv) training decision-makers at the local level (mayors and other MDTs members) about the importance of caring for children in the biological or extended family, or another form of family-type alternative care; (v) collaborating with CSOs, which aim to develop social services for the protection and welfare of the child. These efforts are predicated on the early identification of risk situations and interventions that prevent institutionalization.

The role of the intersectoral group

- By Order No. 807/A of the Ministry of Health, Ministry of Labor, and Social Protection, dated 04.09.2020, an Intersectoral Working Group (ISWG) was established to examine applications for admission to temporary placement centers for children in the Center for the placement and rehabilitation of young children in Chisinau, and the Temporary Placement and Rehabilitation Center for Children in Balti, as well as requests for deinstitutionalization and/or transfer.

- ISWG plays a critical role in preventing the institutionalization of children by: (i) holding the local guardianship authority accountable to develop services and seek solutions at the local level for the placement of at-risk children; (ii) involving and collaborating with specialists from various institutions: mayors, maternity doctors, specialists from STAS at the place of permanent or temporary residence, etc.; (iii) raising awareness of violations of the residential institution's regulations by its representatives, such as the placement of children without documents, children repatriated from other countries, etc.; (iv) prompting authorities to work to identify alternative permanent forms of care such as national adoption and international adoption for children with disabilities, etc.

Placement of children in family-based alternative care

- Family-based care offers a significant positive impact on the development of children aged 0-6 years. Professional parental assistants (foster care), as well as other specialists, have reported many positive changes in the development of children's physical and emotional health.

- Some representatives of the Commission for the Protection of the Child in Difficulty (CPCD) and community social workers have highlighted that they encounter difficulties in identifying individuals who wish to become professional parental assistants or parent-educators, due to low salaries and multiple responsibilities, especially in the case of children aged 0-2 years, sibling groups (3 or more), or those with disabilities.

- In the case of children with disabilities, the state does not provide free and continuous medical treatment, rehabilitation, and recovery services. Caregivers may not have private transportation and public transport may not be accessible or practical depending on the child's disability. In interviews conducted for this study, the procedure for re-evaluation and reconfirmation of the degree of disability was described as "*defective*".

Perspectives towards the introduction of a moratorium

- There is no unified vision regarding the introduction of a moratorium, although there is a legal basis for its implementation.

- Some specialists are in favor of introducing a moratorium on the placement of children aged 0-6 years in residential institutions, highlighting actions taken in some policy documents – action 62 of the National Child Protection Program, and also emphasizing the openness of the central authorities for this purpose. Some heads of the STAS mentioned that the introduction of the moratorium from January 1, 2024 would not essentially change the actions that need to be undertaken at the raion level, because they have developed alternative family-based care services and services to prevent the separation of the child from the family.

- Some research participants mentioned that the residential system should not be closed suddenly. In their opinion, the closure of residential institutions for children aged 0-6 years should be done gradually, in parallel with the development of alternative family-based care services.

- Some research participants believe that emergency placement for the Republic of Moldova is necessary for "exceptional/ extreme" cases as this allows the territorial and local guardianship authorities a span of 45 days to find alternative family-based care services.

Recommendations

The analysis of statistical data from CER 103 and CER 103A reports for the period 2018-2022, as well as data collected during in-depth individual interviews and focus group discussions, inform the following **recommendations** for central and local public authorities (LPA), Civil Society Organizations (CSO), including the media:

Regarding the establishment of a moratorium on the placement of children in residential institutions for the age group 0-6 years:

1. Develop a detailed Action Plan for the establishment of the moratorium, which should include stages, deadlines, and well-defined responsibilities for all stakeholders with responsibilities in the field of child protection for children aged 0-6 years.

2. Establish an emergency intervention mechanism for the protection and reintegration of children affected by the decision to establish the moratorium.

3. Conduct continuous monitoring and evaluation of the impact of the moratorium on children and families who are in situations of risk/vulnerability.

I. Strengthening actions to prevent child separation at the community level:

1. Strengthening the activity of Community-based Multidisciplinary Teams (MDTs) by: (i) understanding the responsibilities established by the legal framework regarding the early identification of risk factors and the prompt intervention of MDT members, to contribute to improving wellbeing indicators and ensuring the care of children aged 0-6 years in the biological, extended family, or in an alternative form of family-based care; (ii) early identification and knowledge of vulnerable families at risk of separation, strict monitoring and recording of these.

2. Training mayors on their responsibilities as Local Guardianship Authority, emphasizing the advantages of family-based care over residential care.

3. Developing guidance for the medical sector regarding the implementation of the joint order of the Ministry of Labor and Social Protection (MLSP), Ministry of Health (MoH), and Ministry of Education and Research from November 25, 2022 regarding the approval of the Child Wellbeing Observation Sheet, Child Wellbeing Evaluation Sheet, and the Action Planning Sheet for the primary prevention of child wellbeing risks.

4. Training nurses on Government Decision No.143/2018 and the application of the wellbeing observation tools, wellbeing evaluation, and primary risk prevention action planning.

5. Establishing the role of a child rights protection specialist at the community level, including the development of a job description with clear responsibilities, distinct from those of the community social worker.

6. Training community social workers and child rights protection specialists on the family support service, especially primary family support, by developing professional skills.

7. Organizing parenting education activities in the community.

8. Strengthening the monitoring and evaluation of the activities of specialists working at the community level.

9. Promoting and strengthening community ties for providing support and mutual aid (resource persons, support groups, at the community level, etc.).

II. Strengthening prevention and family-based alternative care services:

1. Strengthening the family support service for families with children, especially primary family support.

2. Developing services at the community, raion, and national level, aimed at preventing the separation of children aged 0-6 years from their families, starting with family life education programs from adolescence, continuing with parental education programs during pregnancy and after birth, as well as maternal centers, day centers for children from 4 months to 3 years, personal assistance, mobile teams, etc.

3. Developing services that allow early identification of health problems and prevention of disability risks: early intervention services, rehabilitation centers, etc., as well as ensuring access to free medical services for examinations, treatment.

4. Strengthening and developing alternative family-based services: guardianship, professional parental assistance (foster care)/ family-type children's group homes (foster care), adoption.

5. Developing emergency professional parental assistance and specialized professional parental assistance for certain categories of children: children aged 0-2 years, children with disabilities, siblings, etc.

6. Developing services for parents caring for children with disabilities: personal assistance, respite care, mobile team, day centers for children with disabilities, rehabilitation centers, assistive technologies, etc.

7. Improving educational inclusion services in early education institutions, by establishing a financing mechanism, quality standards, and training of teaching staff.

8. Improving the salaries for specialists in family-based care services, especially those supporting children aged 0-2 years and children with disabilities.

9. Expanding the activity of youth-friendly health centers in rural areas through mobile clinics and providing medical services and psychosocial assistance to adolescents and young people.

III. Strengthening human resources and improving the quality of social services:

1. Continuous capacity strengthening for caregivers in guardianship, professional parental assistance / family-type children's homes, etc.

2. Providing psychological assistance and supervision for specialists providing family-based care.

3. Promoting collaboration in the provision of social services for families at risk of child separation, as well as in alternative forms of family-based care.

IV. Awareness campaigns for family-based alternative care services

1. Development of a national awareness campaign on the importance of family care and the negative consequences of institutionalization on all areas of development of the child in the age group 0-6 years.

2. Promotion of emergency professional parental assistance services, specialized professional parental assistance for children with disabilities, etc. through positive examples and successful practices in family-based alternative care, as well as in the development of social services.

3. Development of a recruitment strategy to attract and retain professional parental assistants for children aged 0-6 years.

V. Strengthening data collection:

1. Establishing a centralized system for recording and monitoring children at risk and children in the residential system, which includes information from all child protection units and ensures the accuracy and coherence of data (CER reports no.103 and CER no. 103 A).

2. Training for community social workers and specialists at the raion level on the correct recording, monitoring, and reporting of the number of children at risk and children in the residential system (CER reports no.103 and CER no. 103 A).

Photo credit: Schimbator Studio

VI. Other actions:

1. Sanctioning specialists who do not fulfill their responsibilities provided by the regulatory framework and those whose inactions lead to morbidity and mortality of children aged 0-6 years.

2. Developing more accessible alcohol detoxification services and more efficient ways to assist people who abuse alcohol.


Photo credit: CCF Moldova

INTRODUCTION

Child protection in the Republic of Moldova is largely aligned with the international framework on children's rights defined by the UN Convention on the Rights of the Child and the United Nations-endorsed Guidelines on the Alternative Care of Children. The basis of the child protection system is the Constitution of the Republic of Moldova, which proclaims the right of the family and the child to protection, including by guaranteeing the right to life, physical and mental integrity, ensuring social assistance and protection, guaranteeing the right to medical assistance and the right to live in a safe environment. *Law no. 338/1994 on the rights of the child* [1] establishes the fundamental rights of the child, including the rights of the child living separately from parents, as well as ways to protect the child in unfavorable and extreme conditions, and *Law no. 140/2013 on the special protection of children at risk and children separated from parents* [2] regulates the child protection framework and establishes the responsibilities of guardianship authorities at the local and raion level, child protection measures, as well as ways of intersectoral cooperation on child protection.

The Child Protection Strategy for the years 2014-2020 [3] *and the Action Plan for the years 2016-2020 for its implementation* [4] have oriented state interventions on three general objectives: 1) ensure harmonious growth and development of children within a family environment; 2) prevent and combat violence, neglect and exploitation of children; 3) support reconciliation of the family and professional life to ensure the harmonious growth and development of the child. According to the interim evaluation of the implementation of these documents, carried out by UNICEF Moldova in 2019, significant progress has been made in several key areas, including a significant decrease in the number of children placed in residential institutions, including from the age group 0-3 years. Also, in the interim evaluation, it is mentioned that the implementation of the *Child Protection Strategy* and *the Action Plan* was strongly influenced by the political context that led to changes at the level of restructuring public institutions, but also public policies, which did not allow international stakeholders, including UNICEF to adapt their interventions. Thus, the Action Plan was implemented partially, due to limited possibilities of financing reforms in the social sector, which had a direct impact on children and vulnerable families.

The National Child Protection Program for the years 2022-2026 and the Action Plan for its implementation [5] were developed following a broad consultation process to identify priority intervention areas in the child protection sector. In this way, the following three general objectives were identified and established: 1) strengthening the child protection system, to respond promptly and efficiently to the needs of each child; 2) ensuring zero tolerance from adults and children towards any form of violence; 3) ensuring that children grow up in a safe and protective family environment, which guarantees their well-being. We highlight that general objective no. 3 of the *National Child Protection Program for the years 2022-2026* includes the following five specific objectives: 1) strengthening

[1] "Parliament of the Republic of Moldova, Law 338 of 12.15.1994 *on children's rights*, Official Monitor No. 13 of 1995, art. 127. Available at": https://www.legis.md/cautare/getResults?doc_id=136949&lang=ro#; [Accessed 15.09.2023]

[2] Parliament of the Republic of Moldova, Law 140 of 06.14.2013 *on the special protection of children at risk and children separated from parents*, Official Monitor No. 167-172 of 2013, art. 53 and Official Monitor No. 102-104 of 2015 art. 53. Available at: https://www.legis.md/cautare/getResults?doc_id=83908&lang=ro; [Accessed 15.09.2023]

[3] Government of the Republic of Moldova, Decision 434 of 06.10.2014 *on the approval of the Child Protection Strategy for the years 2014-2020*, Official Monitor No. 160-166 of 2014, art. 481. Available at: https://www.legis.md/cautare/getResults?doc_id=18628&lang=ro; [Accessed 09.15.2023]

[4] Government of the Republic of Moldova, *Decision 835 of 07.04.2016 regarding the approval of the Action Plan for the years 2016-2020 for the implementation of the Child Protection Strategy for the years 2014-2020*, Official Monitor No. 204-205 of 2016, art. 905. Available at: https://www.legis.md/cautare/getResults?doc_id=93739&lang=ro; [Accessed 09.15.2023]

[5] Government of the Republic of Moldova, *Decision 347 of 06.01.2022 regarding the approval of the National Program for Child Protection for the years 2022-2026 and the Action Plan for its implementation*, Official Monitor No. 194-200 of 2022, art. 492. Available at: https://www.legis.md/cautare/getResults?doc_id=131899&lang=ro; [Accessed 09.15.2023]

the capacities of families for raising and caring for the child through accredited parental education services and programs; 2) providing the necessary support to prevent the separation of children from parents, families with children at risk, by increasing access to the family support social service and reducing cases of separation; 3) strengthening alternative family-based care services and ensuring their availability and accessibility for each child who needs them; 4) liquidation/reorganization of residential child care institutions, with the reintegration of children into the family or transfer to family-type social services; 5) supporting communities and children to benefit from the partnership between public authorities and civil society. At the same time, action 62 of the Action Plan provides for the establishment of a moratorium on the placement of children of any age, especially children up to 3 years old, in residential institutions that are in the process of reorganization/liquidation.

In this context, CCF Moldova, as part of the Changing the Way We Care (CTWWC) Moldova efforts, initiated the qualitative study *Understanding the potential for a moratorium on placing children aged 0-6 in institutional care*, to assist the authorities in the Republic of Moldova, especially the Ministry of Labor and Social Protection (MLSP), the Ministry of Health (MoH), and the Ministry of Education and Research (MoER) achieve the national policy objectives and international commitments made by Moldova. The company Socio-opolis Consultancy was selected to carry out this qualitative study.

Photo credit: CCF Moldova

I. RESEARCH FRAMEWORK

1.1. Objectives and purpose of the qualitative research

The purpose of the study is to identify the challenges that have prevented the introduction of a moratorium on the placement of children aged 0-6 years in residential institutions and the avenues to remove existing barriers.

The following **objectives** were considered to carry out this study:

- Analyze statistical data on the institutionalization of children aged 0-6 years and their placement in family-based alternative care;
- Understand current practices of identification, assistance, referral, and placement of children aged 0-6 years in residential institutions;
- Evaluate of the knowledge and attitudes of professionals, decision-makers in the care of children aged 0-6 years regarding institutional care versus family-based alternative care;
- Develop recommendations for the design of advocacy efforts which address current barriers to the implementation of a moratorium for the placement of children aged 0-6 years, including key audiences and concrete actions.

1.2. Research methodology

To achieve the research purpose and objectives, a qualitative approach was proposed, which allows for data triangulation [6]. The research was based on primary and secondary data sources.

The study's research program encompassed the following:

– Analysis of statistical data on children aged 0-6 years at risk of separation and the placement of children of this age in residential care and family-based alternative care (CER 103 and CER 103A) for the years 2018-2022 [7];

– Conducting 21 in-depth individual interviews with representatives of various categories of social stakeholders and experts: mayors, community social workers, social workers within maternity wards, nurses, doctors, heads of STAS, raion specialists in mother and child medical assistance, representatives of residential institutions for children aged 0-6 years, managers of maternal centers and day centers, representatives of the Ministry of Labor and Social Protection (MLSP), Ministry of Health (MoH), and professional parental assistants who care for children aged 0-6 years (Annex 1). Organizing 7 focus group discussions with members of the Community-based Multidisciplinary Teams (MDTs), the Commission for the Protection of the Child in Difficulty (CPCD), the Intersectoral Working Group (ISWG), the National Social Assistance Agency (NSAA), Civil Society Organizations (CSO) involved in the development of child protection services, as well as community social workers and nurses (Annex 2).

[6] Validation technique in which multiple data collection techniques are combined to reduce the distortions inherent in each of them. Triangulation allows for the verification of the accuracy and stability of the results.

[7] Available in the Reports section of the web page of the Ministry of Labor and Social Protection of the Republic of Moldova (https://social.gov.md/informatie-de-interes-public/rapoarte/)"

In conducting the research, the sampling was oriented towards the intended purpose (*purposeful sampling*). Participants in the in-depth individual interviews and focus group discussions were selected, together with the CCF Moldova team, based on two criteria: relevant experience and possession of knowledge and skills for the studied topic. The in-depth individual interviews and focus group discussions took place based on interview guides and semi-structured moderation guides, specific to the groups of people and experts involved. Data collection in the field took place during the period from August 21, 2023 to September 20, 2023.

In conducting the research, the principles and ethical norms promoted by the United Nations Evaluation Group were taken into account [8]. Participants were informed about both the context and purpose of the study, as well as the adherence to principles of anonymity and confidentiality. For information collection, verbal consent was obtained from the selected specialists participating in the research.

The limitations of this study are related to the peculiarities of qualitative research, which aimed to understand the possibility of introducing a moratorium, based on the professional experience of the research participants.

1.3. Conceptual considerations of residential and alternative family-based care

In the context of this research, the following key definitions, found in international and/or national documents, were used:

- *Child protection (Protecția copilului)*, in the sense of Article 19 of the UN Convention on the Rights of the Child, represents the protection of the child against violence, exploitation, abuse, and neglect of any kind and in all environments. UNICEF uses the term "child protection" to outline actions to prevent and respond to violence, exploitation, and abuse against children. This term pertains to both children who are victims of abuse and neglect as well as children at risk of abuse and neglect.

- *The child protection system (Sistemul de protecție a copilului)* is defined by UNICEF (UN Economic and Social Council (2008), UNICEF Child Protection Strategy, E/ICEF/2008/5/Rev.1, par. 12-13) as the set of laws, policies, regulations, and services needed across all social sectors (especially social welfare, education, health, security and justice) to support prevention and response to protection-related risks. The child protection system is part of social protection and even extends beyond it. At the prevention level, the objective of the child protection system includes supporting and strengthening families to reduce social exclusion and the risk of separation, violence, and exploitation. Responsibilities are often divided between government agencies, services provided by local authorities, private providers, and community groups, making coordination between sectors and levels, including routine referral systems, etc., a necessary component of an efficient child protection system.

- *Alternative care services for children (Serviciile alternative de îngrijire a copiilor)* are complementary and discretionary; they do not replace the early childhood education institutions and/or early childhood education provided in the Education Code of the Republic of Moldova [9] (Code 152/2014) and do not represent one of the forms of social assistance provided in the normative acts in the field [10]. In Article 5 of the

[8] UNEG Ethical Guidelines: https://www.uneval.org/document/detail/102
[9] Parliament of the Republic of Moldova, Code 152 of 07.17.2014, *Education Code of the Republic of Moldova,* Official Monitor No. 319-324 of 2014, art. 634. Available at: https://www.legis.md/cautare/getResults?doc_id=110112&lang=ro; [Accessed 09.15.2023]
[10] Parliament of the Republic of Moldova, Law 367 of 12.29.2022 *on alternative child care services,* Official Monitor No. 45-48 of 2023, art.85. Available at: https://www.legis.md/cautare/getResults?doc_id=135587&lang=ro; [Accessed 09.15.2023]]

Law no. 367/2022, it is indicated that one of the types of alternative care services for children is "family-based alternative care services for children" [11].

- *Family-based alternative care* (Îngrijire alternativă de tip familial). Family-based alternative care for children refers to various arrangements when children cannot live with their biological parents. These can be divided into: (i) informal care that involves private care in a family environment, without formal implications; (ii) formal care mandated by competent authorities, in a family environment. Family-based alternative care can take place (i) within the extended family or with close friends, (ii) placement in another family, supervised by authorities. It can be temporary or long-term, depending on circumstances and needs [12].

- *Professional parental assistance* (*Asistență parentală profesionistă – APP*) is a specialized social service, which offers children substitute family care in the family of a professional parental assistant [13].

- *Family-type children's home* (*Casă de copii de tip familial – CCTF*) is a specialized social service and type of foster care in Moldova, which offers children substitute family care in the family of a parent-educator [14]. The parent-educator cares for three to seven children aged up to 14 years.

- *Guardianship (Custodie)* – a form of temporary protection of a child separated from parents for a period longer than two months due to the temporary relocation of the child's legal representative(s) to another locality in the country or abroad or the parent(s)' inability to fulfill obligations regarding the raising, care and education of the child for health reasons. Gaurdianshop offers temporary protection to children with the status of a child temporarily left without parental care or a child left without parental care, by placing them in the family of the guardian or curator. A guardian is an individual or a married couple (husband and wife) who ensure the care, education and legal representation of the child up to 14 years old, providing care within their home. A curator is an individual or a married couple (husband and wife) who ensure the care, education and legal representation of the child aged between 14 and 18 years [15].

- *Adoption (Adopție)* – a special form of protection, applied in the best interest of the child, through which filiation is established between the adopted child and the adopter, as well as kinship ties between the adopted child and the adopter's relatives [16].

- *Child separation* (*Luarea copilului de la părinți*) – a procedure by which the child is separated from parents or from the people caring for the child [17].

[11] Ibidem
[12] Guidelines for the Alternative Care of Children: resolution / adopted by the UN General Assembly.
[13] Government of the Republic of Moldova, *Decision 760 of 17.09.2014 for the approval of the Framework Regulation on the organization and functioning of the Professional Parental Assistance Service and the Minimum Quality Standards*, Official Monitor No. 282-289 of 2014, art. 815. Available at: https://www.legis.md/cautare/getResults?doc_id=110307&lang=ro; [Accessed 15.09.2023]]
[14] Government of the Republic of Moldova, Decision 51 of 17.01.2018 for the approval of the Framework Regulation on the organization and functioning of the social service "Family-type children's home" and the Minimum Quality Standards, Official Monitor No. 18-26 of 2018, art. 57. Available at: https://www.legis.md/cautare/getResults?doc_id=109605&lang=ro_; [Accessed 15.09.2023]
[15] Government of the Republic of Moldova, Decision 81 of 22.02.2023 *for the approval of the Framework Regulation on the establishment of custody and ensuring the organization and functioning of the guardianship/curatorship service*, Official Monitor No. 119-121 of 2023, art. 259. Available at: https://www.legis.md/cautare/getResults?doc_id=136348&lang=ro [Accessed 15.09.2023] and Section 3, Parliament of the Republic of Moldova, Code 1107 of 06.06.2002, Civil Code of the Republic of Moldova, Official Monitor No. 66-75 of 2019, art. 132. Available at: https://www.legis.md/cautare/getResults?doc_id=112573&lang=ro; [Accessed 15.09.2023]
[16] Parliament of the Republic of Moldova, Law 99 of 28.05.2010 *on the legal regime of adoption*, Official Monitor No. 131-134 of 2010, art. 441. Available at: https://www.legis.md/cautare/getResults?doc_id=106567&lang=ro; [Accessed 15.09.2023]:
[17] Parliament of the Republic of Moldova, Law 140 of 14.06.2013 on the special protection of children at risk and children separated from parents, Official Monitor No. 167-172 of 2013, art. 53 and Official Monitor No. 102-104 of 2015 art. 53. Available at: https://www.legis.md/cautare/getResults?doc_id=83908&lang=ro; [Accessed 15.09.2023] Art. 71; Parliament of the Republic of Moldova, Code 1316 of 26.10.2001, Family Code, Official Monitor No. 47-48 of 2001 art. 210. Available at: https://www.legis.md/cautare/getResults?doc_id=122974&lang=ro [Accessed 15.09.2023]

- *Foster care (Plasament)* – a protection measure for a child separated from parents that ensures conditions for his/her growth and care through social placement services [18].

- *Emergency placement* (*Plasament de urgență*) – the placement of a child whose life or health is in imminent danger, regardless of the child's current environment , for a period of up to 72 hours [19].

- *Planned placement (Plasament planificat)* – the placement of the child in a social service, for a determined period of time, according to the provisions of the individual case plan. [20]

- *Residential care* (Îngrijire de tip rezidențial) – residential-type alternative care for children refers to various arrangements when children cannot live with their biological parents and takes the form of formal care mandated by competent authorities, in a residential environment. Residential-type alternative care takes place in a non-family group environment. This type of care can be temporary or long-term, depending on circumstances and needs [21].

We highlight that *alternative care services for children*, as defined in Law no. 367/2022 [22], does not distinguish between the various types of alternative care services, such as family-based alternative care services. This fact may create, in the future, certain challenges in measuring the results of the *National Child Protection Program for the years 2022-2026 and the Action Plan for its implementation.*

Photo credit: Schimbator Studio

[18] Parliament of the Republic of Moldova, *Law 140 of 14.06.2013 on the special protection of children at risk and children separated from parents*, Official Monitor No. 167-172 of 2013, art. 53 and Official Monitor No. 102-104 of 2015 art. 53. Available at: https://www.legis.md/cautare/getResults?doc_id=83908&lang=ro; [Accessed 15.09.2023]
[19] Ibidem.
[20] Ibidem.
[21] Guidelines for the Alternative Care of Children: resolution / adopted by the UN General Assembly
[22] Parliament of the Republic of Moldova, *Law 367 of 29.12.2022 on alternative child care services, Official Monitor No. 45-48 of 2023*, art.85. Available at: https://www.legis.md/cautare/getResults?doc_id=135587&lang=ro; [Accessed 15.09.2023]

II. TRENDS IN CARE FOR CHILDREN (0-6 YEARS) IN RESIDENTIAL INSTITUTIONS AND ALTERNATIVE FAMILY-BASED CARE (2018-2022)

The overall evolution of the population structure by age demonstrates an aging of the population in the Republic of Moldova, due to a declining birth rate and an increasing rate of emigration. As of January 1, 2023, the number of children under 18 years old constituted approximately 538,500 or 21.4% of the total population with residence in the Republic of Moldova. Out of the total number of children, approximately 199,300 (37.0%) were aged 0-6 years. [23] The birth rate continues to decrease from 12.8 live births per 1,000 inhabitants in 2018, to 10.6 children in 2022. [24]

At the same time, **the number of children at risk increased from 7,996 cases in 2018 to 8,862 cases in 2022. The number of at-risk children aged 0-2 years increased from 398 (5%) in 2018 to 798 (9%) in 2022, and of at-risk children aged 3-6 years from 1,654 (20.7%) to 2,142 (24.2%). This situation attests that approximately 1 in 10 children aged 0-2 years and 1 in 4 children aged 3-6 years were at risk in 2022** (Table 1).

Table 1. Number of children aged 0-6 years in a situation of risk, for the years 2018-2022 [25]

	2018	2019	2020	2021	2022
Total children at risk	7996	10318	10819	9236	8862
aged 0-2 years	*398*	*904*	*946*	*717*	*798*
aged 3-6 years	*1654*	*2346*	*2514*	*1905*	*2142*

Risk situations vary in number and proportion, having certain characteristics depending on age. The fundamental cause is neglect, both for children aged 0-2 years (87.6%), and for those aged 3-6 years (82.4%) (Table 2).

Table 2. Causes of risk situations for children aged 0-6, year 2022, number and percentage

	Number of children aged 0-2 years	Percentage of children aged 0-2 years	Number of children aged 3-6 years	Percentage of children aged 3-6 years
Total number of children at-risk	*798*	100	*2142*	100
Children who have been subjected to acts of violence	*44*	5,5	*166*	7,7
Children experiencing neglect	*699*	87,6	*1764*	82,4

[23] Data from the National Bureau of Statistics: https://statistica.gov.md/ro/numarul-populatiei-cu-resedinta-obisnuita-pe-sexe-si-grupe-de-varsta-in-profil-t-9578_60448.html
[24] Data from the National Bureau of Statistics: https://statistica.gov.md/ro/situatia-demografica-in-anul-2022-9696_60460.html
[25] Data from the Reports on children at risk and children separated from parents for the years 2018-2022: CER no. 103 and CER no. 103 A. Available in the Reports section of the web page of the Ministry of Labor and Social Protection of the Republic of Moldova (https://social.gov.md/informatie-de-interes-public/rapoarte/)

	Number of children aged 0-2 years	Percentage of children aged 0-2 years	Number of children aged 3-6 years	Percentage of children aged 3-6 years
Children engaged in vagrancy, panhandling, or prostitution	*1*	0,1	*1*	0,05
Children lacking parental care and supervision due to the unexplained absence of their parents	*16*	2,0	*19*	0,9
Children orphaned by the demise of both parents	*18*	2,3	*97*	4,5
Children living on the streets, either having fled or been expelled from their homes	*0*	0	*0*	0
Children with parents (or a single parent) refusing to fulfill their parental responsibilities concerning the child's upbringing and care	*16*	2,0	*89*	4,2
Children who have been abandoned by their parents	*2*	0,3	*0*	0
Children with parents (or a single parent) under a court-ordered child protection measure	*2*	0,3	*6*	0,3

The analysis of **risk factors for the period 2018-2022, for children aged 0-2 and 3-6 years, does not present clear trends in risk reduction, with the exception of abandonment, which does show a clear reduction** (Table 3).

Table 3. Number of children aged 0-6 years abandoned by their parents out of the total number of children identified as at-risk, for the years 2018-2022. [26]

	2018	2019	2020	2021	2022
Total number of children at-risk	7996	10318	10819	9236	8862
aged 0-2 years	*398*	*904*	*946*	*717*	*798*
aged 3-6 years	*1654*	*2346*	*2514*	*1905*	*2142*
Total number of children abandoned by their parents	74	54	64	56	5
aged 0-2 years	*7*	*5*	*9*	*5*	
aged 3-6 years	*29*	*20*	*15*	*13*	*0*

Regarding the number of children separated from their parents, the data indicates an increase for the years 2018-2019, followed by a decrease in their numbers. In 2022, 1,599 (5.0%) of children aged 0-2 years and 6,465 (20.1%) aged 3-6 years were separated from their parents, out of a total of 32,242 children aged 0-17 years. The primary cause of separation was the departure of one or both parents abroad. However, **we underscore that 365 children (1.1%) were separated due to imminent danger to their life and health. Of the total number of children separated due to imminent danger to their life and health, children aged 0-2 years constitute 15%, and those aged 3-6 years – 26%** (Table 4).

[26] Datele Rapoartelor cu privire la copiii aflați în situație de risc și copiii separați de părinți pentru anii 2018-2022.

Table 4. Number of children aged 0-6 years separated from parents, years 2018-2022.

	2018	2019	2020	2021	2022
Total children separated from parents	38318	42515	41330	32982	32242
aged 0-2 years	*1582*	*1997*	*2187*	*1682*	*1599*
aged 3-6 years	*7617*	*8392*	*9413*	*7345*	*6465*
among which					
Children taken from parents due to the existence of imminent danger to their life and health	396	440	375	342	365
aged 0-2 years	*53*	*62*	*59*	*53*	*55*
aged 3-6 years	*71*	*90*	*85*	*79*	*95*

The report on children in the residential system in 2022 (CER No. 103 A), [27] includes only the number of children aged 0-6 years in residential care institutions, without providing data on the number of children aged 0-2 years and 3-6 years in residential institutions for young children or maternal centers. Most of these children are in institutions for young children, followed by those in maternal centers who are placed together with their mother rather than being separated from her (Table 5). Interviews conducted with the staff of the two residential institutions for young children, subordinated to the MoH [28], for the year 2023, indicate that there were 80 children aged 0-6 years in residential protection, including 29 with disabilities, 27 of whom were severely disabled. [29] Additionally, we highlight that in the process of data collection, we learned of additional placements of children aged 3-6 years in the Tarnova, Donduseni Children's Phthisiopneumological Rehabilitation Center, which are not found in the CER Report No. 103 A. Phthisiopneumological Rehabilitation Centers treat patients with tuberculosis and/or pneumonia.

Table 5. Number of children aged 0-6 years in residential protection across different types of institutions, years 2018-2022

	2018	2019	2020	2021	2022
Residential school	3	2	3	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*3*	*2*	*3*	*0*	*0*
Residential school for children with mental disabilities [30]	0	2	0	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*0*	*2*	*0*	*0*	*0*
Special education schools for children with physical and sensory disabilities	6	0	1	1	1
aged 0-2 years	*3*	*0*	*0*	*0*	*0*
aged 3-6 years	*3*	*0*	*1*	*1*	*1*

[27] Ministry of Labor and Social Protection of the Republic of Moldova. Report on *children in the residential system in 2022*, Chisinau, 2023. Available at: https://social.gov.md/wp-content/uploads/2023/04/Raport-statistic-anual-nr.-103-A-Copii-din-sistemul-rezidential-in-anul-2022.pdf; [Accessed 15.09.2023]
[28] Note that since the development of this report, institutions subordinated to the MoH were transferred to the MoLSP
[29] In the Placement and Rehabilitation Center for young children in Chisinau, there were 65 children, including 27 with disabilities, 25 being with severe disabilities, and in the Temporary Placement and Rehabilitation Center for children in Balti – 15 children, including 2 with severe disabilities.
[30] From 2021 Temporary Placement Center for children with disabilities.

	2018	2019	2020	2021	2022
Auxiliary residential school	12	0	0	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*12*	*0*	*0*	*0*	*0*
Maternal centers	78	80	55	44	63
aged 0-2 years	*59*	*52*	*44*	*31*	*X* [31]
aged 3-6 years	*19*	*28*	*11*	*13*	*X*
Temporary Placement and Rehabilitation Center for Young Children	193	167	171	119	109
aged 0-2 years	*83*	*85*	*88*	*59*	*X*
aged 3-6 years	*110*	*82*	*83*	*60*	*X*
Temporary Placement and Rehabilitation Center for Children between 7-17 years	32	56	43	37	42
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*32*	*56*	*43*	*37*	*X*
Community-based group homes for at-risk children	0	1	0	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*0*	*1*	*0*	*0*	*0*

There is a clear trend of decreasing numbers of children aged 0-2 and 3-6 years in residential care. This trend is also characteristic of children with disabilities of this age (Table 6).

Table 6. Number of children in residential care, years 2018-2022

	2018	2019	2020	2021	2022
Total children placed in residential care (0-17 years),	**1585**	**1301**	**1084**	**914**	**798**
aged 0-2 years	***145***	***137***	***132***	***90***	***X*** [32]
aged 3-6 years	***179***	***171***	***141***	***111***	***X***
of which Children with disabilities (0-17 years),	389	365	308	244	185
aged 0-2 years	*6*	*2*	*9*	*5*	*4*
mild degree	*1*	*0*	*0*	*0*	*0*
moderate degree	*4*	*0*	*0*	*1*	*1*
severe degree	*1*	*2*	*9*	*4*	*3*
aged 3-6 years	*26*	*19*	*10*	*13*	*11*

[31] The CER no.103 A report for the year 2022 only indicates the total number of children aged 0-6 years in residential protection, without providing data on the number of children aged 0-2 years and 3-6 years. Thus, the symbol "X" indicates that some children are in residential placement, but the number is not known, and the symbol "0" indicates that these children are not in the analyzed form of placement.

[32] The report on children in the residential system in 2022 (CER no.103 A) does not indicate the number of children aged 0-2 years and 3-6 years placed in the form of residential protection.

	2018	2019	2020	2021	2022
mild degree	3	*1*	*2*	*1*	*0*
moderate degree	4	*1*	*0*	*0*	*3*
severe degree	19	*17*	*8*	*12*	*8*

The placement of children in residential institutions, either through emergency placement or planned placement, does not show clear reduction trends (Table 7). **In 2022, 215 children aged 0-6 years were placed in residential care through emergency placement, and 146 were placed in residential care through planned placement.** The data shows that some children aged 0-6 years are placed in residential care by the territorial guardianship authority order from the ATU where the institution is located, some are placed by the territorial guardianship authority from the ATUs of the institution and some are placed without the territorial guardianship authority order.

Table 7. Number of children in residential care, years 2018-2022.

	2018	2019	2020	2021	2022
Total children placed in residential care	**1125**	**891**	**615**	**788**	**827**
aged 0-2 years	***233***	***243***	***138***	***195***	***X*** [33]
aged 3-6 years	***261***	***192***	***113***	***173***	***X***
In emergency placement	396	377	297	436	402
aged 0-2 years	*66*	*76*	*78*	*129*	*104*
aged 3-6 years	*112*	*91*	*63*	*102*	*111*
In planned placement	498	471	318	365	349
aged 0-2 years	*153*	*135*	*60*	*52*	*71*
aged 3-6 years	*108*	*93*	*50*	*71*	*75*
Children placed by order of the Territorial Guardianship Authority in the ATU where the institution is located	522	533	436	478	488
aged 0-2 years	*71*	*98*	*75*	*58*	*67*
aged 3-6 years	*121*	*121*	*79*	*97*	*128*
Children placed by order of the Territorial Guardianship Authority in the ATU where the institution is located	234	167	76	149	220
aged 0-2 years	*120*	*90*	*40*	*76*	*100*
aged 3-6 years	*67*	*35*	*12*	*33*	*47*
Children placed without the order of the Territorial Guardianship Authority	369	191	103	161	119
aged 0-2 years	*42*	*55*	*23*	*61*	*29*
aged 3-6 years	*73*	*36*	*22*	*43*	*33*
Children with disabilities, total	25	39	34	26	42

[33] The report on children in the residential system in 2022 (CER no.103 A) does not indicate the number of children aged 0-2 years and 3-6 years placed in the form of residential protection.

	2018	2019	2020	2021	2022
aged 0-2 years	*1*	*8*	*6*	*1*	*13*
moderate degree	*0*	*0*	*0*	*0*	*1*
accentuated degree	*0*	*0*	*2*	*1*	*3*
severe degree	*1*	*8*	*4*	*0*	*9*
aged 3-6 years	*4*	*1*	*5*	*1*	*8*
moderate degree	*2*	*1*	*1*	*0*	*0*
accentuated degree	*0*	*0*	*0*	*0*	*1*
severe degree	*2*	*0*	*4*	*1*	*7*

The comparative analysis of children aged 0-6 years placed in and exited from residential protection shows a larger number of those who exited, including those with disabilities (Table 8).

Table 8. Number of children aged 0-6 years, placed in residential protection, years 2018-2022

	2018	2019	2020	2021	2022
Total children placed in residential care (0-17 years)	**1226**	**1092**	**803**	**874**	**948**
aged 0-2 years	***221***	***236***	***171***	***195***	***X*** [34]
aged 3-6 years	***209***	***228***	***144***	***180***	***X***
Children in emergency placement, total	343	366	339	382	432
aged 0-2 years	*74*	*42*	*97*	*108*	*116*
aged 3-6 years	*69*	*84*	*65*	*105*	*120*
Children in planned placement, total	611	664	464	489	427
aged 0-2 years	*140*	*166*	*74*	*67*	*52*
aged 3-6 years	*86*	*129*	*79*	*81*	*70*
Children placed by order of the Territorial Guardianship Authority in the ATU where the institution is located, total	518	618	487	517	570
aged 0-2 years	*70*	*87*	*67*	*66*	*68*
aged 3-6 years	*89*	*120*	*102*	*95*	*125*
Children placed by order of the Territorial Guardianship Authority in the ATU where the institution is located, total	250	235	142	179	214
aged 0-2 years	*109*	*100*	*75*	*67*	*85*
aged 3-6 years	*57*	*71*	*20*	*47*	*51*
Children placed without the order of the Territorial Guardianship Authority, total	458	239	174	178	164
aged 0-2 years	*42*	*49*	*29*	*62*	*36*

[34] The report on children in the residential system in 2022 (CER no.103 A) does not indicate the number of children aged 0-2 years and 3-6 years placed in the form of residential protection.

	2018	2019	2020	2021	2022
aged 3-6 years	*63*	*37*	*22*	*38*	*44*
Children with disabilities, total	76	107	97	75	84
aged 0-2 years	*2*	*1*	*10*	*3*	*5*
of which					
moderate degree	*1*	*0*	*0*	*0*	*0*
accentuated degree	*0*	*0*	*1*	*1*	*4*
severe degree	*1*	*1*	*9*	*2*	*1*
aged 3-6 years	*8*	*9*	*5*	*5*	*2*
of which					
moderate degree	*4*	*0*	*3*	*1*	*0*
accentuated degree	*0*	*1*	*0*	*0*	*0*
severe degree	*4*	*8*	*2*	*4*	*2*

The analyzed statistical data attests to the utility of Maternal Centers in preventing the abandonment and separation of children aged 0-6 years. In 2022, out of 217 children of this age who exited these residential institutions, 180 (83%) remained in their biological family (Table 9).

At the same time, **children who left residential institutions for young children in 2022 were reintegrated into the biological family (29.9%), in professional parental assistance (17.1%), under guardianship (11.8%), in the extended family (3.7%), in family-type children's homes (2.7%), in adoption (2.1%). For 35 children (18.7%), no form of family-type protection was identified, and these children were transferred to other residential-type institutions.**

Table 9. Number of children aged 0-6 years who exited from residential care facilities, 2018-2022

	2018	2019	2020	2021	2022
Maternity Centers					
Total exits	198	238	139	209	217
Reasons:					
- aged out	*37*	*0*	*0*	*0*	*2*
- reintegration into biological family	*99*	*171*	*86*	*175*	*180*
- reintegration into extended family	*6*	*3*	*3*	*2*	*0*
- adoption	*0*	*0*	*0*	*0*	*1*
- placed under guardianship/curatorship	*1*	*12*	*0*	*1*	*4*
- placed in professional parental assistance	*0*	*0*	*0*	*0*	*1*
- placed in family-type children's homes	*2*	*9*	*2*	*0*	*0*
- placed in other residential institutions	*11*	*3*	*2*	*11*	*8*
- other reasons	*42*	*40*	*46*	*20*	*21*

	2018	2019	2020	2021	2022
Temporary placement centers for young children					
Total exits	213	248	158	167	187
Reasons:					
- legal age	*0*	*0*	*0*	*0*	*0*
- reintegration into biological family	*77*	*71*	*33*	*38*	*56*
- reintegration into extended family	*4*	*1*	*20*	*4*	*7*
- adoption	*11*	*5*	*1*	*14*	*4*
- placed under guardianship/curatorship	*45*	*33*	*30*	*43*	*22*
- placed in professional parental assistance	*41*	*37*	*25*	*40*	*32*
- placed in family-type children's homes	*3*	*12*	*10*	*6*	*5*
- placed in other residential institutions	*21*	*41*	*39*	*20*	*35*
- other reasons	*11*	*48*	*0*	*2*	*3*

The number of children placed in alternative family-based care is increasing (Table 10). Most children aged 0-2 years and 3-6 years are placed under guardianship, followed by those placed in professional parental assistance and family-type children's homes.

Table 10. Number of children aged 0-6 years placed in family-based care services, years 2018-2022.

	2018	2019	2020	2021	2022
Total number of children in family-based alternative care	**4278**	**4143**	**3908**	**3732**	**3736**
aged 0-2 years	*121*	*149*	*171*	*172*	168
aged 3-6 years	*602*	*638*	*614*	*619*	623
Total number of children in guardianship service *aged 0-2 years* *aged 3-6 years*	3259 *84* *431*	3132 *91* *453*	2878 *112* *417*	2651 *116* *400*	2682 *122* *393*
Total number of children in professional parental assistance services	761	758	782	816	759
aged 0-2 years	*36*	*57*	*58*	*52*	*42*
aged 3-6 years	*147*	*150*	*159*	*179*	*183*
Total number of children in family-type children's homes	258	253	248	265	295
aged 0-2 years	*1*	*1*	*1*	*4*	*4*
aged 3-6 years	*24*	*35*	*38*	*40*	*47*

The network of alternative family-based care services is developing both on account of state providers and private ones, but it is a slow process (Table 11).

Table 11. Number of professionals providing family-based alternative care services, years 2018-2022.

	2018	2019	2020	2021	2022
Number of foster parents	399	397	417	405	382
Number of family-type children's homes	62	58	53	59	64

The priority of government authorities is for all children to be cared for in a family environment, especially children aged 0-6 years. The analyzed statistical data allows us to differentiate the following areas of intervention where the protection of children of this age needs to be strengthened:

(i) Expansion of the network of alternative family-based care services: professional parental assistance, family-type children's home, guardianship, adoption, etc.

(ii) Development of Maternal Centers, which provide residential care service for the mother-child couple.

(iii) Improvement of the statistical data reporting process regarding the situation of children at risk (CER No. 103) and the situation of children in the residential system (CER No. 103 A), by disaggregating data on children aged 0-2 years and 3-6 years.

(iv) Training of STAS specialists on statistical reporting "*the quality of the documents we receive with statistical data leaves much to be desired. We lose a lot of time with the raions to reach a common denominator*" (IIE_2), but also some key terms: transfer, placement, etc.

(v) The need for an automated system that allows daily recording of data on children placed in and transitioned from residential care, as well as children in alternative family-based care.

Photo credit: Schimbator Studio

III. PREVENTING THE SEPARATION OF CHILDREN AGED 0–6 YEARS FROM THEIR FAMILIES

There are no unique characteristics or traits that can help identify families with a potential risk of child abandonment or separation. However, there are several signs that community stakeholders need to be aware of in order to quickly initiate actions that prevent abandonment or separation. The mentioned risks are more common among vulnerable families, care leavers, minor mothers, single mothers, victims of violence, etc. Actions to prevent the abandonment and separation of children aged 0-6 years can be direct and indirect and must be undertaken multisectorally and intersectorally at different stages: (i) adolescence; (ii) pregnancy and (iii) after birth. It is essential to recognize that actions to prevent the abandonment and separation of children aged 0-6 years must actively involve men by addressing gender stereotypes, education on gender equality, and promoting awareness of the essential role they have in raising and caring for children, including preventing abandonment and separation.

3.1. Preventing the risks of abandonment and separation during adolescence and pregnancy

In recent years, the Republic of Moldova has undertaken several changes in the legal framework and sectoral and intersectoral policies. These changes have contributed to the development of social services, improved MDT intervention and have had positive consequences in preventing child abandonment and separation.

Adolescence is one of the most challenging stages of intervention, but it can yield extremely good long-term results. At this stage, education and counseling are provided on a range of topics including future family life and the formation of life skills. In the Republic of Moldova, efforts are being made by state institutions, as well as CSOs, to provide counseling services for adolescents.

In some educational institutions, the Ministry of Education and Culture has introduced various optional subjects into the curriculum, with the aim of educating and forming skills for family life. Thus, for the academic year 2022-2023, among the 40 optional subjects proposed for grades X and XI, there are also subjects aimed at strengthening the institution of the family and life skills: *Harmonious Relationships in the Family, Ethics of Family Life, Health Education, etc.* [35]

At the age of adolescence, doctors and social workers should refer adolescents and young people to youth-friendly health centers Family doctors also play an important role in the identification and assistance of women during pregnancy. Psycho-emotional preparation for birth, as well as routine prenatal care, are essential for the health of newborns and the prevention of situations of child abandonment and separation.

Currently, there is a network of 41 youth-friendly health centers that offer integrated medical services and psychosocial assistance to adolescents and young people, especially those from vulnerable groups. The youth-friendly health centers have seven priority areas of health and development for adolescents and young people, one of which is

[35] Framework plan for primary, gymnasium and high school education, academic year 2022-2023: https://mecc.gov.md/sites/default/files/ordin_mec_nr_123_din_28.02.2022_plan-cadru_2022-2023.pdf

medical and psychosocial assistance. Two mobile clinics are being piloted in the municipality of Chisinau and in the Cimislia raion to reach adolescents and young people in rural areas who cannot travel to the regional centers – *"85 percent of pregnancies in adolescents are in rural areas"* (IIE_19). These mobile clinics offer gynecological medical services and psychological services. The youth-friendly health centers are also piloting a three-year program for developing parental skills in adolescents.

Representatives of the youth-friendly health centers have developed partnerships with various public and private institutions that offer training and consultations: (i) for professional parental assistants and parent-educators regarding mental health and other topics and (ii) for mothers from Maternal Centers. When necessary, they refer adolescents and young people to other existing services. Specialists from the "Neovita" Center have recently developed a *Standard for integrated conduct of pregnancy, childbirth, and the postnatal period in adolescents*, where they argue the need for psychosocial assistance during pregnancy in adolescents, and the need for a support person in the first weeks of pregnancy, along with the services that exist at the community level.

3.2. Support provided in maternity wards to prevent newborn abandonment

Doctors and nurses in maternity wards, as well as other interviewed professionals, have reported a reduction in cases of child abandonment in maternity wards. *"In medical institutions, from the year 2000, when there were over 100 abandonments, now there are [very few]" (IIE_1), "previously there were about 30 cases [of abandonment] per year, [and now] they don't even inform me [because] the number has drastically reduced in our institution..."* (IIE_4). These changes are the result of the development of psychological counseling and social assistance services that are now provided within maternity wards.

When medical staff in maternity wards identify the risk of abandonment before and/or after the birth of the child, they request the intervention of the psychologist and social worker in the maternity ward, who establishes and maintains the connection with the community social worker. Doctors and nurses identify the risk based on suspicious signs such as the lack of necessary things for the newborn and for his care, lack of mother's identity documents, lack of preparation for birth, etc., but also based on discussions with the mother, for example if the mother did not participate in prenatal care, hid the pregnancy, etc. The social worker and psychologist work with at-risk pregnant women to prevent abandonment. *"I am glad that in recent years we have not had any child abandonment in maternity"* (IIE_3).

Following discussions with the at-risk pregnant woman, the social worker in the maternity ward informs her of her rights and offers the pregnant woman the opportunity to personally inform her family about the pregnancy and the birth of the child. If the at-risk pregnant woman does not inform the family, then the social worker assumes this responsibility, establishing connections with the authorities from the mother's place of residence, which may include a doctor/nurse, community social worker, specialist in mother and child medical assistance, etc. In addition, the social worker informs the local guardianship authority (initially, from the current place of residence, then from the mother's permanent residence) and requests support to help the family through various partners (CCF Moldova, Diaconia Social Mission, etc.). The assistance provided is individualized, planned, and based on identified needs.

Specialists from maternity wards mentioned that the reduction of cases of abandonment and separation of newborns was also possible thanks to the development of Maternal Centers. Thus, mother-child couples at risk of abandonment are referred to existing services and work in partnership to prevent abandonment and separation.

3.3. Identifying and assessing the needs of at-risk children and families at the community level

Law no.140 on the special protection of children at risk and children separated from parents [36] was adopted on June 14, 2013. Although 10 years have passed since its adoption, some mayors, who participated in this research, have admitted that they are not aware of the legal framework or their responsibilities: "*I do not know the law and policy towards children, but we strive and do what is in our power*" (IIE_10). This situation was frequently signaled by other specialists, who participated in this research: "*some mayors do not even want to get into the essence of social assistance and do not understand their responsibilities*" (IIE_14).

The attitude of mayors towards children at risk varies. While some opt for separating the child from the parent, others make efforts to keep the child in the family- "*I am categorically against taking the child out of the family... I have had situations when I was on the red line to separate the child, but I gave another chance and intensely monitored the family, 3 times a day, with the help of villagers. And I did not fail...*" (IIE_11).

In situations when mayors do not want to take measures to separate the child from the family on the grounds that "they do not want to make enemies in the locality," although separation is necessary for the best interest of the child, the community social worker, together with STAS representatives, submits an appeal to the prosecutor's office.

In the Republic of Moldova, several intersectoral collaboration mechanisms have been approved and need to be implemented at the level of local public administration authorities, medical-sanitary institutions, social protection, education (mayors, nurses and doctors, community social workers, educators, sector police, etc.): (i) prevention and reduction of maternal, infant, and child mortality up to 5 years old at home [37]; (ii) identification, evaluation, referral, assistance, and monitoring of child victims and potential victims of abuse, neglect, exploitation, and trafficking [38]; (iii) primary prevention of risks to child welfare [39]. Intersectoral mechanisms stipulate the need for specialist involvement, including for the purpose of preventing child separation from the family.

In some communities, MDTs members know their responsibilities in early identification and risk prevention and meet regularly to discuss cases – "*most of the time, we meet in committees when we make an intervention plan with the family, where certain steps are taken to prevent the child from being separated from the family*" (FGD_2). In other cases, however, things are more complicated, because some representatives do not know their responsibilities, nor do they want to get involved in the process of identifying and preventing risk cases, including with the risk of child separation – "*some specialists, they don't even want to come to the MDTs*" (FGD_1).

The degree of involvement of community-level specialists in identifying and preventing the separation of children from the family is different, depending on several factors. Thus, in some communities, specialists have understood the importance of intersectoral

[36] Parliament of the Republic of Moldova, Law 140 of 14.06.2013 *on the special protection of children at risk and children separated from parents*, Official Monitor No. 167-172 of 2013, art. 53 and Official Monitor No. 102-104 of 2015 art. 53. Available at: https://www.legis.md/cautare/getResults?doc_id=83908&lang=ro

[37] Government of the Republic of Moldova, *Decision 1182 of 22.10.2010 for the approval of the Regulation on the mechanism of intersectoral collaboration in the medical-social field, in order to prevent and reduce the rate of maternal, infant and children mortality up to 5 years old at home,* Official Monitor No. 259-263 of 2010, art. 1317. Available at: https://www.legis.md/cautare/getResults?doc_id=103311&lang=ro; [Accessed 19.09.2023]

[38] Government of the Republic of Moldova, *Decision 270 of 08.04.2014 for the approval of the Instructions on the intersectoral cooperation mechanism for the identification, evaluation, referral, assistance and monitoring of child victims and potential victims of violence, neglect, exploitation and trafficking*, Official Monitor No. 92-98 of 2014, art. 297. Available at: https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro; [Accessed 19.09.2023]

[39] Government of the Republic of Moldova, *Decision 143 of 08.04.2014 for the approval of the Instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks,* Official Monitor No. 48-57 of 2018, art. 168. Available at: https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro; [Accessed 19.09.2023]

involvement – "one alone can't do anything, a multidisciplinary approach is necessary" *(IIE_19), "we work as a team and we strive for everyone to know their duties, so that information from all institutions reaches local public authorities, so we can make decisions and take all measures to prevent risk situations for children" (FGD_2),* but such practices are still rare.

Government decision 143 on the approval of the Instruction on the mechanism of intersectoral cooperation for the primary prevention of risks regarding child wellbeing [40] establishes the people designated for the primary prevention of risks regarding child wellbeing, depending on the age of the child. For preschool-age children, who are not enrolled in early education institutions, the designated person is the family doctor's assistant from the public medical-sanitary institution, where the child is on record. For preschool-age children, who are enrolled in early education institutions, and school-aged children, the designated person is the –educator or class teacher. *The joint order of MLSP/MoH/MoER regarding the approval of the Observation, Evaluation, and Planning Sheets/2022* [41] presents the working tools that must be applied by the persons responsible for the primary prevention of child wellbeing risks.

In focus group discussions, as part of this study, nurses mentioned that they have not received training on the implementation of Government Decision no.143/2018 [42]. Accordingly, they do not know and do not apply the Observation Sheet, the Evaluation Sheet, nor the Action Planning Sheet for the prevention of welfare risks. However, when nurses observe the lack of living conditions, neglect, violence, etc., they will bring this to the attention of family doctors and the heads of Health Centers or the regional specialist in mother and child medical assistance, who signal these situations to community social workers.

Government Decision no. 143 must become the "*cornerstone*" document for preventing situations of separation of children aged 0-6, for nurses and educators in early childhood education institutions, who "*first need to sound the alarm, depending on certain signs of concern.*" However, the research data attests that this is not implemented in practice. "*Unfortunately, these tools are put well on paper, but they are not implemented*" (FGD_7). In this sense, an impediment is the fact that *the joint order of MMPS/MH/MoER regarding the approval of the Observation, Evaluation, and Planning Sheets* in 2022 does not include instructions on the application of these tools, and specialists have not received training.

The identification and prevention of cases of separation of children aged 0-6 is a complex process for local public authorities. It has been signaled that some children aged 0-2 are harder to identify, compared to those aged 3-6, who attend preschool institutions and can be more easily identified and monitored. The data collected in the research attests that the key person in identifying children at risk, including those aged 0-2 and 3-6, remains the community social worker – "*without the social worker, no one goes into the family;*" "*all the burden is on the social worker*." Often, the mayor and/or the policeman can help them, especially when there are certain risks – "*we have a policeman for five villages and he can't really [help] now; he can't keep up with everything.*" In rare situations, social workers can receive assistance from the family doctor or nurse – "*nurses notice, sometimes,*" "*the medical sector just phones, they don't want to write complaints*" (FGD_1). There are also risk situations of children reported by community members, such as neighbors.

[40] Government of the Republic of Moldova, *Decision 143 of 08.04.2014 for the approval of the Instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks,* Official Monitor No. 48-57 of 2018, art. 168. Available at: https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro

[41] Joint Order of MLSP, MoH and MoER of 25.11.2022 for the *approval of the Child Welfare Observation Sheet, Child Welfare Evaluation Sheet and the Action Planning Sheet for the primary prevention of child welfare risks.* Available at: https://social.gov.md/wp-content/uploads/2022/12/Ordin-comun-MMPS_MS_MEC_privind-aprobarea-Fiselor-de-observare-evaluare-si-planificare_96_1006_1158-din-25.11.2022.pdf

[42] Government of the Republic of Moldova, Decision 143 of 08.04.2014 for the *approval of the Instruction on the intersectoral cooperation mechanism for the primary prevention of child welfare risks,* Official Monitor No. 48-57 of 2018, art. 168. Available at: https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro

CSOs try to help specialists from some ATUs in the process of observing and evaluating the wellbeing of children, including planning of actions for primary prevention of risks, but these are isolated cases, carried out on a voluntary basis. There is a need to ensure training so that Government Decision no.143/2018 and the Methodological Guidelines become basic tools. Once applied, these tools can also contribute to the prevention of health problems and the emergence of disability – "*in 70 percent of my cases and those of my colleagues, things could have been prevented, including in terms of diagnoses and disability, if the authorities intervened according to responsibilities, the doctor and the nurse at the age of 0-2, the educator, at 3-7 years, etc.*" (FGD_7).

In some communities, the record-keeping and monitoring of newborns are better organized, although they cannot always ensure the prevention of cases of infant mortality. "*Families with small children are monitored. Mothers are informed in more detail about danger signs, about how to breastfeed the child, how to feed him... However, there are also cases of sudden death at home*" (FGD_2).

At the same time, it was emphasized that the educational inclusion of children with disabilities in early childhood education is a challenge. In some kindergartens, the groups are large, there is no supportive teaching framework, and educators fail to carefully include all children. Families who have two-three children with disabilities face more difficulties and need more support to prevent the risks of separation (Case Study 1).

Case Study 1. Preventing separation of children with disabilities

"*We are working on preventing the separation of three children, two of whom have disabilities. One child is 7 years old, has severe autism and went to first grade this year, but he is calm. Another child, 3 years old, also with severe autism, we have now enrolled in kindergarten, but the child is aggressive, he hits himself... The preschool institution is not prepared to work with such children and they have requested that the mother be present with the child in kindergarten, minute by minute... It turns out that we are limiting this mother in everything. She can't go to work now. The medical commission has given both children a medium degree of disability. The mother needs financial resources to support the children. Now she is running from one institution to another, going to the doctor with these children, but she is not succeeding and we don't know how to help her*" (FGD_2).

At the community MDT meetings, where the situation of families with children at risk is discussed, local authorities also invite specialists from STAS. Parents are also invited and receive information about parental responsibilities, as well as the risks of child separation, in case the parents do not fulfill their responsibilities.

The needs of the child and the family are evaluated by the community social worker. The community social worker carries out the evaluation, develops a case plan, and subsequently "*collects signatures*" from the other members of the MDTs. Community social workers identify the needs of each child, according to the case management procedure and the wellbeing domains, but they often consider these procedures to be too bureaucratic – "*to apply a case management to a family, it takes too much time. And this is just paperwork and then we physically cannot cover the needs of all children*" (FGD_2); "*Although the case management documentation is well-written and includes forms, it falls short when it comes to practical application*" (FGD_4). The needs of children and families at risk of separation are multiple, especially when there are several children of different ages.

The actions included in the case plans for children at risk of separation provide for:

(i) Providing referrals to services, for example, enrolling the child in an early child-

hood education institution, providing cash/other economic support, family support service, etc.;

(ii) developing partnerships with CSOs that may offer material support to ensure suitable living conditions; social and psychological counseling; support in identifying a job as well as vocational counseling; referral to alcoholism services, etc.;

(iii) monitoring these families regularly, sometimes several times a day, with the involvement of various local specialists (community social worker, social worker, mayor, nurse or family doctor, etc.), more rarely, other representatives and community members.

In implementing the case plan, including its revision, often only the community social worker is involved. "*The part of involvement of MDT members is not achieved even in the implementation of the case plan*" (FGD_4). There are very few positive practices in this area, which demonstrates the need for MDT members to be aware of the role they have in providing support to solve cases. Currently, the involvement is more of a formal one – "*I came, I sat there for an hour and then I moved on. But MDT members must contribute to solving cases, not just show up and sign*" (FGD_4). Also, the capacities of MDT members in developing and implementing the case plan need to be strengthened – "*I have seen case plans drafted by social workers. Most are very poorly written because the tool is quite cumbersome, [especially] in the case of children with severe disabilities; and it is more complicated to identify the child's needs and they simply tick [the boxes]*" (FGD_4).

Another challenge in implementing the case plan refers to the involvement and participation of parents – "*the lack of parents' desire to cooperate with the authorities and to change something for the good of the child in the family. Even if we put some points (actions) for the parents, they find it hard to fulfill them*" (FGD_2). There are also situations when taking the children from the mother does not worry her, on the contrary, "*it makes her happy, she even told us that she can finally rest*" (FGD_1).

In preventing the risk of separation, in some communities, work is done with various CSOs, which come with additional support (services and material support), especially when the MDT no longer finds solutions – "*Currently, we are monitoring six families with children of this age [under six]. We usually work together with CCF Moldova. Since 2010, we have been collaborating specifically to support young children. If we face difficulties, we call and work together, and it becomes much easier in such situations*" (FGD_2).

Families with children at risk, identified at the community level, including those who have children aged 0-6, are monitored at the community level. Monitoring has been signaled by community stakeholders as an effective way to prevent separation risks.

In the opinion of CSOs, ISWG representatives, and other research participants, the involvement of specialists at the community level needs to be substantially improved during the prevention stage. "*From what we see, prevention is not being prioritized. Issues are only identified when they become severe. For instance, in the latest case, when the mother had to give birth... In our country, mothers as young as 15 years old arrive without having received knowledge of personal hygiene. We are talking about children who have become mothers and whom no one has ever asked: how was school today? What did you eat today?*" (FGD_7).

It has been found that the regulatory framework that regulates intersectoral cooperation is not respected, and people who do not fulfill their responsibilities are not sanctioned. "*For some, there are laws and they work, but for others, they don't*" (FGD_7).

3.4. Services offered to prevent child separation

Research data shows that for families with children at risk of separation, including those aged 0-6, attempts are made to offer services, depending on the needs of the child and the family. "*We refer to all the services that are [available]. The more, the better*" (FGD_1). It has been found that some local public authorities also get involved and try to offer support. Most often, they ensure the enrollment of children from these families in early education institutions, including waiving fees, providing clothing, footwear, food products, and, more rarely, support for the procurement of infant formula for children aged 0-2. "*The town hall allocates, annually, financial sums for the procurement of infant formula. We have been ensuring them with Nestogen, Nan food for many years*" (FGD_2). In addition, mothers/parents may be offered psychological counseling or referrals for alcohol addiction services. In addition to those mentioned, based on the evaluations carried out by the community social worker, MDTs can decide to forward the child's file to CPCD for some additional services such as secondary family support, day centers, mobile teams, mother-child placement in Maternal Centers, etc. There are community social workers who know and collaborate with CSOs to identify possibilities for involvement and support provision. "*CCF Moldova has been of great help to us in [working with] this category of children, because they really help us a lot and we have not had separation of children from their families in recent years, only thanks to them*" (FGD_2). Families with children, most often, can benefit from the **family support service,** [43 44] established at the national level, with the purpose of preventing or overcoming risk situations and ensuring that children are raised and educated in the family environment. Primary family support includes activities offered at the community level to families with children, for the prevention and removal of factors that can lead to risk situations. Secondary family support is focused on family and child protection activities, with the aim of preventing the separation of the child from the family or preparing the family for the reintegration of the child. Both community social workers and STAS heads mentioned that more secondary family support is provided. "*We work more on the financial component*" (FGD_1). In this context, CSO's representatives emphasized that "*it's easier to give money than to work on a support system*" (FGD_7), thus, the concept of family support is distorted, and dependence is created. It was highlighted that, in 2022, when UNICEF provided financial resources for the provision of secondary family support service, community social workers worked on preparing the documents for its provision, but not on prevention and monitoring. "*To our great misfortune, 160 families benefited... We gave family support to all those who [took the initiative] to come to the town hall*" (FGD_2); "*we did not have time then to prepare these files, we had two months, and then the families, who know how to knock and come to the town hall received [financial support]*" (FGD_1).

With the help of secondary family support, the social worker, together with MDTs, focuses on improving living conditions. "*We have changed doors and windows. We built stoves. We did repairs. We procured cribs, washing machines, etc.*" (FGD_1). In contrast, the primary component of the family support service is not valued for various reasons:

(i) community social workers have a multitude of tasks and fail to provide primary support to the family to prevent separation. "They are very busy";

(ii) in activities related to the provision of primary family support, other community stakeholders must also be involved. "*If every specialist at the local level would do their job, it would be very good. But the opinion has been created that vulnerable people are just clients of social assistance*," (FGD_1);

(iii) there is a lack of specialists in child rights protection at the community level.

[43] Government of the Republic of Moldova, *Decision 889 of 11.11.2013 for the approval of the framework regulation on the organization and functioning of the Social Support Service for families with children,* Official Monitor No. 262-267 of 2013, art.1005. Available at: https://www.legis.md/cautare/getResults?doc_id=103106&lang=ro; [Accessed 19.09.2023]

[44] Government of the Republic of Moldova, *Decision 780 of 25.09.2014 for the approval of the Minimum Quality Standards regarding the Social Support Service for families with children,* Official Monitor No. 293-296 of 2014, art.826. Available at: https://www.legis.md/cautare/getResults?doc_id=102909&lang=ro; [Accessed 19.09.2023]

The STAS heads, as well as CSO's representatives, emphasized the need for training and strengthening the abilities of community social workers in providing primary family support, which would help prevent separation. "*Work needs to be done so meticulously, clarified, demonstrated, and learned over a period of 3 months, if not the entire year*" (IIE_14). The areas of intervention for strengthening primary family support include sensitization, information, guidance for employment in the labor field, parental education programs (Mellow Parenting), etc.

The day care service for children from 4 months to 3 years (social nursery) [45] is developed only in a few ATUs, but it has been appreciated as being extremely useful for preventing the separation of children in this age category from their families. Based on the Framework Regulation, referral to this service is made by the territorial guardianship authority, upon the request of the mother who benefits from secondary family support. Enrolling children in the day care center gives mothers the opportunity to continue their studies, get a job and have an economically independent life, while providing for their children. The service also has minimum quality standards. [46]

Maternal centers provide services that prevent abandonment of newborns and children aged 3-6 months, especially in the case of young mothers or victims of violence and abuse, who are not accepted by the family, [47] Such services also exist only in some ATUs.

Maternal centers are effective in preventing abandonment and separation of the child from the mother (Table 9). Data for 2022 attests that out of 217 children of this age who left these residential institutions, 180 (83%) remained in the biological family. These data were also confirmed by the representatives of the Maternal Center "*In the mother's arms*" (Diaconia Social Mission). Over 12 years, the center supported 185 mother-child couples and recorded only nine cases of separation. The manager of the Maternal Center, which is part of the Placement and Rehabilitation Center for young children, has indicated an increase in the number of requests for child placements. However, the length of stay for mother-child couples has decreased (IIE_7). Participants explained that the positive impacts of the service include: (i) development of the mother-child attachment; (ii) improving the mother's attitude towards the child and dissuading her from the idea of abandonment or separation; (iii) forming basic life skills and parenting skills, organized by the Mothers' School; (iv) offering professional training and certifications – "*the 18-year-old mother left the Maternal Center also with a cook's diploma*" (FGD_3).

Early intervention plays an important role in preventing child separation [48]. Early intervention services aim to identify children who have or present risk factors for developmental disorders/deficiencies, and provide medical, social, and psychopedagogical support to these children and their families.

The social service of **personal assistance** [49] has been highlighted as an effective

[45] Government of the Republic of Moldova, *Decision 730 of 18.07.2018 for the approval of the framework regulation on the organization and functioning of the Social Service Day Center for the care of children aged 4 months to 3 years*, Official Monitor No. 309-320 of 2018, art.849. Available at: https://www.legis.md/cautare/getResults?doc_id=108874&lang=ro; [Accessed 19.09.2023]

[46] Government of the Republic of Moldova, *Decision 48 of 01.02.2023 for the approval of the Minimum Quality Standards for the Social Service Day Center for the care of children aged 4 months to 3 years*, Official Monitor No. 45-48 of 2023, art. 87. Available at: https://www.legis.md/cautare/getResults?doc_id=135594&lang=ro; [Accessed 19.09.2023]

[47] *Government of the Republic of Moldova, Decision 1019 of 02.09.2008 for the approval of the Minimum Quality Standards regarding social services provided in maternal centers*, Official Monitor No. 171-173 of 2008, art.1028. Available at: https://www.legis.md/cautare/getResults?doc_id=14238&lang=ro; [Accessed 19.09.2023]

[48] Government of the Republic of Moldova, *Decision 816 of 30.06.2016 for the approval of the Framework Regulation on the organization and functioning of early intervention services and the Minimum Quality Standards for early intervention services*, Official Monitor No. 193-1203 of 2016, art.880. Available at: https://www.legis.md/cautare/getResults?doc_id=93683&lang=ro; [Accessed 19.09.2023]

[49] Government of the Republic of Moldova, *Decision 314 of 23.05.2012 for the approval of the Framework Regulation on the organization and functioning of the "Personal Assistance" Social Service and the Minimum Quality Standards*, Official Monitor No. 104-108 of 2012, art.366. Available at: https://www.legis.md/cautare/getResults?doc_id=13457&lang=ro; [Accessed 19.09.2023]

service in preventing the separation of children with severe disabilities from their families. The financial support is not substantial, but the people who care for such children are employed, benefit from health insurance, and receive retirement contributions. "*It works very well and is a great help to the family*" (FGD_1).

The **mobile team service** [50] is primarily aimed at children with disabilities but also supports parents/caregivers who are raising and caring for them. The service has been implemented in the vast majority of ATUs, but its activity has been affected by a lack of financial resources. For this reason, the service is currently active only in a few ATUs.

Day centers for children with disabilities [51] provide assistance in psychomotor recovery and rehabilitation, support, and mediation in relations with the family and community. There are currently very few day centers in the Republic of Moldova.

Professional parental respite care service [52] provides parents of children with severe disabilities with temporary foster care support for up to 45 days per year. However, social workers have highlighted a strong attachment between mothers/parents and children in the vast majority of cases. Accordingly, parents "*have this fear of leaving the child with someone else, even if we propose this service, they do not really accept it*" (FGD_1).

Research participants have emphasized that some children aged 0-6 are extremely vulnerable, and the segment of children aged 0-2 is the most vulnerable. They stressed the need for parental education programs in order to strengthen the family institution and parents' abilities to care for children. Community social workers have reported the importance of: (i) The ***Mellow Parenting Program***, designed for parents of small children who are at the risk of abandonment. This program focuses on valuing parents' strengths, motivating them to identify their problems, and change their behavior. This program has been highlighted as one being used in some ATUs with very good results. (ii) The ***Portage Program*** is for parents of children with disabilities aged 0-6 who do not attend kindergarten. The program develops and strengthens parents' communication skills and relationship with the child, offering them support in raising and educating the child, thus preventing the separation of the child from the parents.

A new service, opened alongside Health Centers in a few ATUs, is the ***child development offices***. Currently, 14 offices have been opened in the Cahul and Ungheni raions. These offices are equipped with medical equipment, furniture, and toys for children aged 0-6. By observing how parents and children interact with the materials in the cabinets, family doctors and nurses can better understand the mother-child relationship and identify separation risks. "*When the mother comes with the child to the family doctor, she sends him to play a little and observes how the mother interacts with the child, whether or not the mother responds to the child's needs*" (FGD_7). In the opinion of some participants, this service can contribute to the early identification of health problems and care deficiencies by medical system representatives.

The importance of implementing **inclusive education at the early childhood stage** increases in the context of a moratorium on residential care for children aged 0-6. Research participants have highlighted that, currently, there is no funding for inclusive

[50] Government of the Republic of Moldova, *Decision 722 of 22.09.2011 for the approval of the Framework Regulation on the organization and functioning of the "Mobile Team" Social Service and the Minimum Quality Standards,* Official Monitor No. 160-163 of 2011, art.794. Available at: https://www.legis.md/cautare/getResults?doc_id=22714&lang=ro; [Accessed 19.09.2023]

[51] Government of the Republic of Moldova, *Decision 824 of 04.07.2008 for the approval of the Minimum Quality Standards for social services provided in day centers for children with disabilities*, Official Monitor No. 122-124 of 2008, art.831. Available at: https://www.legis.md/cautare/getResults?doc_id=69597&lang=ro; [Accessed 19.09.2023]

[52] Government of the Republic of Moldova, *Decision 760 of 17.09.2014 for the approval of the Framework Regulation on the organization and functioning of the Professional Parental Assistance Service and the Minimum Quality Standards*, Official Monitor No. 282-289 of 2014, art.815. Available at: https://www.legis.md/cautare/getResults?doc_id=18529&lang=ro; [Accessed 19.09.2023]

education for preschool education and for teacher training. As a result, children with special educational needs do not attend preschool institutions. "*It very rarely happens when the kindergarten accepts them*" *(FGD_1)*. These services must be inclusive and friendly. "*If in the case of the school, the Education Code expressly stipulates educational inclusion, in the case of kindergartens, unfortunately, we do not have specifications even on the part related to the financing mechanism*" (FGD_7).

Child care services can be: (i) child care services organized by the employer at the workplace, (ii) individualized care services and (iii) family-type child care services. [53] The purpose of these services is to provide care, growth, harmonious development, supervision, and education for children up to 3 years old; to help mothers/parents reconcile family life with professional life and increase the degree of supervision and safety of children up to 3 years old, etc. These services are still in the process of development; they are complementary and discretionary, they do not replace the institutions of preschool education and/or preschool education provided in the Education Code, and do not represent a foster care service. The given services will be paid for by the legal representatives of the child and/or their employer accordingly and do not fall under the incidence of normative acts regulating the functioning of preschool education and preschool education institutions or certain structural forms of social assistance (art.1, art.5). The development of these day care services, at the community level, would be a support for families with children up to 3 years old.

3.5. Involvement of civil society organizations in preventing child separation

Civil Society Organizations (CSOs) that aim to protect the child are active and participate in both policymaking and the development and implementation of new social services. Recently, CSOs have made important contributions at the policy level, including participation in the development and adoption of the *National Child Protection Program and the Action Plan*; development of guidance on wellbeing benchmarks (for children aged 0-6 years); and participation in the initiative to advocate for a moratorium on the placement of children aged 0-6 in residential institutions.

Practical actions are more diverse and depend on the profile of the organization. Among the most important practical actions on the analyzed topic, we note: (i) promoting parental education programs (Mellow Parenting, Panda, etc.) and trying to extend their implementation nationally; (ii) introducing new models of professional parental assistance: specialized professional parental assistance for children with disabilities, including severe disabilities and emergency professional parental assistance; (iii) opening Maternal Centers and providing support for mothers with children at risk of abandonment or separation, by developing parental skills and autonomous life skills; (iv) developing services to prevent disability in children: child development offices, at the community level, and early intervention centers; (v) developing day care services for children 0-3 years: day centers for children from 4 months to 3 years, child care services, organized by the employer at the workplace and individualized care services; (vi) creating support groups, at the community level. Last, but not least, some CSOs work together with local public authorities to provide support to families at risk of separation, support the reintegration of children into the biological or extended family, or support the provision of family-type alternative care services. "*When there are more serious situations, when I see that I can no longer cope, when I see that my resources have been exhausted, of course, I call for support from CSOs*" (FGD_1). To ensure a deinstitutionalization process, focused on the best forms of care, some CSOs, in partnership with local authorities: (i) collaborate with the biological

[53] Parliament of the Republic of Moldova, *Law no. 367 of 29.12.2022 on alternative child care services,* Official Monitor No. 45-48 of 2023, art.85. Available at: https://www.legis.md/cautare/getResults?doc_id=135587&lang=ro; [Accessed 20.09.2023]

or extended family, for the purpose of (re)integration; (ii) develop family-based alternative care services: professional parental assistance, family-type children's home; (iii) evaluate, train and prepare applicants for national adoption and offer support in the post-adoption period, etc.

Social workers have emphasized that "*collaboration with CSOs helps us a lot and brings results*" *(FGD_1).*

There are several successes of CSOs in preventing the institutionalization of children aged 0-6, including in the process of their (re)integration. There are multiple initiatives and multiple social services developed, but in-depth individual interviews and focus group discussions with various social stakeholders attest that **the vast majority of these are only in some ATUs.**

CSOs play an extremely important role in building human resource capacity, because "*qualified and well-prepared human resources, at the local level, influence the prevention of risks and favor the keeping of the child in the family*" (FGD_7). The results obtained are a team effort – "*we do not succeed alone, but together with the authorities.*" If the authorities are open and understand the irreversible negative consequences of institutionalizing children aged 0-6, then this translates into early prevention actions undertaken at the local level, the social services developed to prevent separation, and the alternative family-type care services. Where authorities do not have the necessary training and/or do not want to understand the negative effects of institutionalization, "*where we have to fight with the authorities, success is minimal or none*" (FGD_7).

Local public authorities do not always get involved in identifying and documenting cases of families with children at risk – "*there are also cases of children who are not documented*."

The reported findings suggest that, to have a moratorium, it is necessary to improve many aspects related to preventing child separation, and also improve the support offered to vulnerable families:

(i) Training mayors regarding both their responsibilities as local guardianship authority and the benefits of family-based care compared to residential care.

(ii) Developing instructions (guidance) for the medical sector based on methodological benchmarks, and training nurses on their application.

(iii) Collaboration of CSOs with authorities at the central and local level to improve the level of preparation of community stakeholders (nurses, educators, social workers, mayors, etc.) in early identification and prevention of separation risks. "*We do not have trained people in the field.*"

(iv) Communication and collaboration within the MDTs, including training its members, with an emphasis on the responsibilities established by the legal framework, regarding the early identification of risk factors and prompt intervention, which contributes to improving well-being factors and ensuring that children aged 0-6 years grow up in a family environment. *"We have intersectoral mechanisms, but there is no collaboration, everyone operates on its own dimension*" (FGD_7).

(v) Strengthening the family support service for families with children, especially primary family support.

(vi) Developing services at the community, regional, and national level, to prevent the separation of the child from the family aged 0-6 years, starting with educa-

tion programs for family life from adolescence, continuing with parental education programs during pregnancy and after birth, as well as maternal centers, day centers, personal assistance, mobile teams, etc.

(vii) Developing services that allow the early identification of health problems and prevention of disability risks – early intervention services, rehabilitation/recovery centers, etc.

(viii) Improving inclusive education services in early childhood education institutions by establishing a financing mechanism and minimum quality standards by ensuring support teaching staff.

(ix) Introducing sanctions for those who do not fulfill their professional responsibilities within the MDTs. "*We have very good laws, but sanctions are not applied, no one is held accountable. Why is a child, who could have been recovered, today with disabilities and in a wheelchair? Who should answer? Who is the person who did not intervene?*" (FGD_7). The consequences of inaction are serious (Case Study 2).

Photo credit: CCF Moldova

IV. PRACTICES OF PLACING CHILDREN (0–6 YEARS) IN RESIDENTIAL INSTITUTIONS

4.1. Causes of placement

During group discussions, it was observed that more children aged 0-2 years are placed in residential institutions than those aged 3-6 years, a fact confirmed by CER data no. 103 A [54] (Table 7). This situation was explained by the fact that the possibility of finding a relative to care for the child aged 0-2 years is minimal, and in the case of children aged 3-6 years, such possibilities are more frequent "*the degree is medium*" (FGD_3). The situation can also be explained by the increased care requirements, the inability to enroll children aged 0-2 years in early education institutions, and the presence of more risks to the child's life and health at this age – "*children require more meticulous and specialized care as they are not capable of taking care of themselves*" (IIE_14). Consequently, some local guardianship authorities and territorial guardianship authorities do not seek family-based alternative care solutions for children under 2 years old – "*if it is a child of 0-2 years, I do not seek solutions at the local level, I go directly to the placement center in Chisinau; if he is 4-6 years old, I seek family-based care forms*" (FGD_3). Moreover, placement in residential institutions is recommended by specialists of some STAS "*I recommend that social workers take children aged 0-2 years to the Placement and Rehabilitation Center for young children, because they are welcomed there, the children are well, and the documents that need to be prepared are minimal*" (FGD_3). At the same time, representatives of residential institutions emphasized that some children aged 0-2 years leave placement more quickly "*they can enter and leave placement in 45 days, maximum 6 months*" (IIE_6), compared to children aged 3-6 years, children with disabilities, or sibling groups.

There is not a single cause for the placement of children aged 0-6 years in residential institutions. There are multiple causes which, if not resolved in time, lead to multiple consequences. At the local level, mothers/parents are often given "*more chances*" to eliminate the risk factors and avoid separation; this can negatively affect the child's well-being and sometimes ends tragically (Case Study 2).

Case Study 2. The death of a child in the family due to local guardianship authority inaction

"A mayor called us and asked: do you have places? We might bring a 2-week-old child into emergency placement. We give the mother a respite period of 7 days. This respite period was the mayor's biggest mistake, because shortly after this call, in 3-4 days, the child died. The mayor hesitated because he wanted to give the mother another chance. But the mother had previously had 3 chances and failed in child care. The fourth child simply died. I am sorry because that little girl could have enjoyed life and be among us today. It is better for the child to stay 2 – 3 months in emergency placement in a residential institution, than to die" (IIE_6).

The data collected in the qualitative study allowed us to differentiate several causes and their interdependence that lead to the institutionalization of children aged 0-6 years.

[54] Available in the Reports section of the web page of the Ministry of Labor and Social Protection of the Republic of Moldova (https://social.gov.md/informatie-de-interes-public/rapoarte/)

I. Causes determined by certain characteristics of the mother/family:

- **Lack of access to resources and information** that impact the development of parenting skills, including the lack of basic skills of mothers to care for newborns because these were not formed in the family of origin – "*the mother, sometimes, out of ignorance ends up in such a situation. She doesn't know how to take care of a child*" (IIE_7); "*the mother does not have the skills to clean, cook and needs to be taught these things*", "*there are cases when there was no one to teach young mothers*" (FGD_3). This situation is caused by the lack of family life preparation programs in school and the lack of parental education programs at the community level. These mothers have often lived in residential institutions as children or come from vulnerable families where they did not receive proper care and education.

- **Lack of support for minor mothers** from the biological or extended family, as well as trusted people at the local level who can offer informational and emotional support, increases the risk of abandonment and separation of the child aged 0-6 years from the mother/parent.

- **Neglect, including leaving children** without care and supervision, also the absence of a caregiver at home – hungry, dirty, undressed children, depending on weather conditions etc.

- **Excessive alcohol consumption** is a consequence of psychosocial problems accumulated over time and negative models taken from the family environment and becomes a cause that leads to situations of extreme gravity – "*the mother was in an advanced state of intoxication. We called the ambulance and when it arrived, they also told us: if you leave the child until morning, we are not sure he will survive... he had pneumonia, oxygenation was very low*" (IIE_10).

- **Health problems of mothers** (serious oncological diseases, autoimmune diseases, infectious diseases, severe degree of disability, including mental health problems) determine their functional inability to personally care for children, including the lack of extended family members to help them.

- **The lack of conditions for raising the child** is determined by the lack of employment opportunities or the desire to engage in the labor field. There are also situations when people become dependent on the help provided by the state and recommend this to other people "*have children because the state gives money.*"

- **Health problems of children** and the mother's refusal to accept this fact can contribute to the worsening of the child's situation – "*the child has scabies, but the mother says it is an allergy and things have gotten complicated*" (FGD_5).

There is a lower frequency of cases of sexual abuse, family violence, and situations where the child is abandoned at the insistence of the mother's cohabitant.

II. Causes determined by the inaction of specialists and limited professional competencies (Case Study 3)**:**

- **The inaction of authorities to integrate the child at risk into the extended family** "*we know situations when it does not reach up to the fourth degree of kinship, because it is easy to place in an institution*" **(FGD_4).**

- **The lack of alternative family-based care services at the raion level, or their insufficiency** "*people, residents of the raion [are not willing] to be employed as professional parental assistants*" **(FGD_3).**

- **Difficulties in placement of children aged 0-2 years in alternative family-based care.** There is a small number of professional parental assistants who accept to care for children of this age. For example, in a ATU where 12 professional parental assistants are active and another 4 in reserve, only 3 have children aged 0-2 years.

- **Difficulties in placement of children with disabilities aged 0-6 years in alternative family-based care.** Specialized professional parental assistance is underdeveloped.

Case Study 3. Existing social services in an ATU for the alternative care of children at risk, including children aged 0-6 years

"We have the following social services: (i) 20 tutors who care for children older than 7 years; (ii) three professional parental assistants who care for five children, including two under 7 years; (iii) a placement center in partnership with Concordia with nine places, where four children under the age of 6 years are also placed; (iv) a small community home, also with Concordia with nine places, where four children under the age of 6 years are placed, including two with disabilities. And now we have seven more children, including three with disabilities placed in the Placement and Rehabilitation Center for young children" (FGD_3).

III. Causes determined by the reduced capacity of medical and social services to meet the needs of children with disabilities:

- **Lack of possibilities to ensure complex medical investigations** and free medical treatment for the child – "*not all raions can offer an extensive treatment and the caregivers might lack the financial means for conducting investigations and providing treatment, which isn't funded by the government*" (IIE_5).

- **Lack of social services to support caregivers** of children with disabilities: day centers, mobile teams, etc.

IV. Causes determined by the limited functionality of existing sectoral and intersectoral mechanisms:

- **Ignorance of the regulatory framework by some mayors, including the possibility of placing children in residential institutions.** Some mayors resort to emergency placement [in residential care] for the following reasons : (i) "to get rid of certain responsibilities and to be able to sleep peacefully at night" (IIE_11), because the representatives of the placement institution become responsible; (ii) the procedure of emergency placement in the residential institution "is easy."

- **Ignorance by some nurses of the responsibilities established by Government Decision no.143/2018.**

- **Few actions undertaken by MDTs members to prevent separation.** Intersectoral cooperation was appreciated as being "*dysfunctional*" and "*late.*" Challenges of cooperation with the medical sector were mentioned "*here is the serious problem*", but also with the educational sector. Children from vulnerable families and children with disabilities aged 3-6 years are not always admitted to preschool institutions.

We underline that some children aged 0-6 years are hospitalized not only in national or local residential institutions, but also in the Phthisiopneumological Rehabilitation Center for Children in Tarnova, Donduseni, which treats people recovering from tuberculosis and/or pneumonia. "*We placed six children in Tarnova, Donduseni (two children under 6 years old) because there were no places in the placement centers, and one child had pneumonia... The children have been there for two years already. They come home in the summer, then they leave again*" (FGD_1).

However, there are ATUs with good practices, including in the area of intersectoral cooperation: Fălești and Ungheni both contribute to the prevention of institutionalization. There are also localities that report that they have not placed children in residential institutions in the last 5-10 years – "*we have not worked with residential institutions since 2010, we do not place [children there]*" (IIE_14). The territorial guardianship authorities have achieved these results by developing alternative family-based care services (professional parental assistance/ family-type children's home), using residential placement for the mother-child couple (maternal centers) or through actions undertaken by the local guardianship authorities, including regular monitoring.

Representatives of residential institutions have signaled that there are ATUs from which they have not received children, either because the ATUs are not sending children or the children are identified in Chisinau, and then sent to the residential institutions. Representatives of these ATUs get involved quickly and, as a result, children's cases are resolved before the end of the emergency placement period, and they do not need to move to planned placement "*they worked very quickly, responsibly, by the book, everything in order, according to the law, with all the documents in order. It's a pleasure to collaborate*" (IIE_6). Representatives of the Placement and Rehabilitation Center for young children in Chisinau have highlighted that there are situations when children were (re)integrated into the biological family after 45 days, while their mothers underwent alcohol detoxification and received support from the LPA.

On the other hand, the Temporary Placement Center for Children in Balti stated that they did not have cases when the emergency placement was not extended "*such a situation has not occurred yet*" *(IIE_8).* The process of deinstitutionalization from this residential institution is slow. The center manager mentioned "*this year only three out of 15 children have left and immediately another three were brought in*" (IIE_9).

4.2. Placement pathway

Currently, placement in residential institutions for children aged 0-6 years takes place by requesting the child's placement in an emergency regime for 45 days. "*There are real emergency cases, where obviously there is a risk. Sometimes, it can be a matter of life and death*" (IIE_6). The emergency placement orders typically come from the territorial guardianship authority in the ATU where the residential institution is located but can also come from the territorial guardianship authority in another ATU than where the institution is located or without the territorial guardianship authority order. Some children have been identified on the street, having been left there by their mothers, but there are also cases when "*the mother asked a woman passing by if she wants the child because she wants to throw him away. The woman took the child and called an ambulance*" (IIE_16).

The emergency placement of a child aged 0-6 years is carried out by the order of the mayor, and follows one of two pathways:: (i) notification of the territorial guardianship authority with a recommendation for placement in a residential institution or (ii) immediate placement directly into a residential institution. In the case of the first method, sometimes opportunities for alternative family-based or residential care can be identified at the local level. Some heads of STAS have recently introduced a directive at the ATU level and have informed all mayors that any child placement action in a certain service must be coordinated with STAS because "*we can offer a relevant service to the child about which community-level specialists do not know*" (IIE_15).

There are also frequent situations when the child's emergency placement path is shorter (mayor – residential institution) because placement opportunities in alternative family-based care or other services existing at the local level are not considered, the CPCD being bypassed.

The data collected in this study attest that some mayors do not notify STAS and other district structures (prosecutor's office) before placing the child in the residential institution: "*mayors, community social workers are the ones who send children to residential institutions and the national institution admits placement. The given situations are very common for children who have been identified in the territory of one locality/ raion but are from another locality*" (FGD_4). This way is considered optimal by mayors because these children, especially those aged 0-2 years, cannot be placed in medical institutions without a caregiver – "*we could place children under 3 years old in the hospital for 3 days, but they need a companion*" (FGD_3). Thus, some interviewees emphasized that "*work is not done at the community level to find alternatives, because the law allows the placement of children in national centers*" (FGD_4), and the local guardianship authorities prefer to place the child in the residential institution because in this cases, the local guardianship authorities do not pay for their care.

However, there are also situations when the mayor contacts the administration of the residential institution and announces that they want to bring a child, and the next day "*they do not call anymore*," because they identify solutions together with the territorial guardianship authority.

During the period of emergency placement, work is sometimes done with the biological family for the purpose of (re)integration; other times, alternative forms of family-based care are sought. However, few children are (re)integrated into the biological or extended family during the period of emergency placement. Often, the placement transforms from an emergency one into a planned one (i.e. long-term) – "*the local guardianship authorities have gotten used to only bringing and bringing, but they do not come to take their children back*" (IIE_8). The reasons invoked for extending the planned placement: (i) lack of changes in family's living conditions; (ii) lack of court decision regarding the deprivation of parental rights, (iii) lack of desire of extended family members to take the child into care; (iv) lack of alternative family-based care services.

The STAS have the authority to determine/authorize planned placement of children separated from family. There are no specific provisions regarding the planned placement of children aged 0-6 years. However, most specialists realize that early intervention, namely the identification, assistance, and protection of the child in family-based care, determine positive results in the medium and long term. These children will have the chance to acquire knowledge and skills and will have a physical and emotional health status that will allow them to realize their potential as productive members of society. Most research participants highlighted that the residential system leaves a negative imprint on the development and education of each child. Therefore, STAS representatives mentioned that, in recent years, they avoid placing children aged 0-6 years in residential institutions, opting for:

(i) Family-based alternative care services and their diversification (emergency and respite, along with long-term placement);

(ii) Strengthening services to prevent separation, especially the family support service and parental programs that educate and make parents more responsible – "*there are mothers who do not have basic knowledge about childcare and nutrition; the parental programs Mellow Parenting and Panda have a positive impact on the family*" (IIE_15);

(iii) Developing services to prevent separation – day centers for children from 4 months to 3 years – "*very useful, recently, I referred a pair of twins to this service. They were abandoned by their mother and are in the custody of the grandparents who wanted to take them to a placement center because they could not take care of them.*

The grandparents go to work, the children attend the day center and are satisfied" (IIE_15);

(iv) Training decision-makers at the local level: mayors, but also other members of the MDTs, should be trained regarding the importance of caring for children in the biological or extended family, or another form of alternative family-based care – "when there is a risk and a child's wellbeing is impacted, they should call the community social worker and make an intervention plan to improve the affected wellbeing domain" (IIE_15);

(v) Collaboration with CSOs, which aim to protect the child and develop social services.

The efforts made are key to achieving results and preventing unnecessary institutionalization. Where services and intersectoral collaboration are lacking, the prevention of institutionalization is not achieved.

4.3. Role of the intersectoral working group

Through the Order of the Ministry of Health, Labor and Social Protection 807/A of 04.09.2020, **the intersectoral working group (ISWG)** was created to examine the requests for admission to temporary placement centers for children in the Placement and Rehabilitation Centers for Young Children in Chisinau and Balti, and requests for deinstitutionalization and/or transfer.

In the process of examining the requests, the ISWG found "*the incorrect, unprofessional attitude or indifference towards those cases. A superficial activity, including towards the child's file submitted, which [often] lack mandatory documents*" (FGD_4).

ISWG operated efficiently during the period of September 2020 – September 2021, during which MoH and MLSP were working under a single ministry. After the separation of the two ministries into the Ministry of Health and the Ministry of Labor and Social Protection, there are some challenges in the ISWG's activity.

Discussing cases in ISWG meetings led to clashes, sometimes even threats against its members, in situations where the local guardianship authorities and the territorial guardianship authorities were not open to the development of services or identification of alternatives to residential care.

ISWG plays an important role in preventing the institutionalization of children by:

(i) Making the local guardianship authorities responsible for developing services and looking for solutions at the local level – "*I understood that they are very meticulous in examining the case*" (FGD_1); "*rather than getting to ISWG, I better look for solutions at the local level*" (FGD_1); "*they had to present in detail everything they had undertaken for 45 days and what they were going to undertake. This planned placement was not immediately accepted by the center's administration, but by this committee in which there were specialists from the ministry and from CSOs*" (IIE_6).

(ii) Facilitating the involvement and collaboration of specialists from various institutions: mayors, doctors from maternity hospitals, specialists from STAS from the permanent or temporary residence of the child, etc. "*All stakeholders must make reports and take actions, not to have situations when the child was taken and placed in the residential institution and was forgotten.*"

(iii) Raising awareness about the violations of the residential institutions' regulations. For example, authorities placed children without documents "*No one looked for who is responsible for these children*" and no one looked for alternative family-based care either.

(iv) Compelling the authorities to identify alternative forms of care such as national adoption and international adoption for children with disabilities because these children "*once placed in the institution, stayed here until the age of 7*," because the institution's regulation allowed for this.

(v) Understanding the legal framework in the field of child protection, who has what legal responsibilities, required documents in the child's file, the maximum period of stay of the child in the residential institution, and review of the case plans.

(vi) Knowledge of some existing services at the ATU level.

(vii) Developing partnerships with STAS and CSOs – "*we knew the needs and could direct financial resources towards the development of social services*" (FGD_4).

ISWG does not allow the transfer of children aged 0-6 years from national placement centers to local placement centers, nor does it encourage the transfer of children from one professional parental assistant to another.

ISWG members have signaled the following problem situations they have faced in the process of their gatekeeping activity:

- Incomplete files of children and the presentation of documents at the last moment. The lack of case plans, which allowed ISWG members to clearly see the actions taken at the local level to provide an alternative form of care to residential care.

- Not knowing the child's situation "*do you remember the situation when a STAS manager came and presented the child's case as a boy, but in fact, it was a girl*" (FGD_4).

- The opening of placement centers by some CSOs or religious missions that do not collaborate with STAS – "*it's a private placement center, where there are children and* STAS *was not interested in knowing what's happening there*" (FGD_4).

- During the child's placement in the residential institution, little or no work is done for reintegration – "*community-level specialists relax for a period.*" Sometimes, they complain that they were not informed that the placement period expired:

    - "*from the files that are presented in the ISWG examination, at most 20% of actions are undertaken by the local guardianship authorities and the territorial guardianship authorities to remove the child from the residential institution after the expiration of 45 days of emergency placement, I think even less than 20%*" (IIE_1);

    - "*some local guardianship authorities and territorial guardianship authorities do not work and do not fulfill basic responsibilities and ask for the continuation of the emergency placement into planned placement*" (FGD_4);

    - "*the child is placed in an emergency regime and then the local guardianship authority forgets that the child must be removed and placed in [family-based] alternative forms of care*" (IIE_9).

The presented situations attest to the need for strict evidence of identified at-risk children, evaluation of their needs, and improvement of case plans. In some emergency situations, it is necessary for the CPCD to analyze the case plan at the community level and decide if the correct protection measures have been taken – "*sometimes, it happens that we have seen a risk case, we have removed the child from the family and took them to the placement center. However, we must first opt for the existing alternative family-based care services at the raion level*" (IIE_15).

CPDCs are functional and hold regular meetings on a monthly basis, and often meet more frequently in exceptional situations. Intersectoral collaboration at the raion level, through CPDC, is efficient. However, there are also possibilities for improving the activity of the CPCD. In the study, it was mentioned that the CPCD determines reintegration of children into the biological or extended family, and the fact that they sometimes meet "*once every 2 months*" hampers this process.

4.4. Benefits and risks of placing children (0-6 years) in residential institutions

The placement of children aged 0-6 in residential institutions begins with a medical examination. The placement orders and other additional documents presented are also analyzed. The doctor recommends routine examinations, and if necessary, additional ones. Initially, children are placed in isolation. [55]

Based on the results of medical investigations, the doctor establishes the probable medical diagnosis and plan for additional medical investigation and monitoring in order to establish the definitive diagnosis and the necessary treatment plan. After a period of 10-15 days, children are transferred from isolation to a group, depending on their health status and age. Groups for young children are supervised by a nurse and an assistant; older groups are supervised by a teacher.

A variety of medical professionals work in residential institutions, such as pediatricians, pediatric neurologists, physiotherapists, massage therapists, and nurses. There are children with multiple health problems, rather than a single diagnosis, that need daily medical monitoring to observe the evolution of their health status and monitor how the treatment is tolerated.

Some children come without medical records or prior medical investigations but present with various nutritional disorders and/or with delays in physical and psycho-emotional development. Based on the doctor's diagnosis, following the intake evaluation and investigations, the treatment is established and carried out.

When asked which problems predominate (medical or social) in children who are admitted to residential institutions, specialists have signaled that social problems are more common – "*more often there are social problems*" (IIE_8).

Residential care has a negative impact on the development of children aged 0-6. In residential institutions, love, attachment, and emotional security cannot be ensured – "*when you grow up in a family, you have someone to hug you and wait for you at home*" (FGD_1). This fact also confirmed by representatives of these institutions – "*we can give them food, clothes, clothing, heating, all conditions. We fail to give them attention and love*" (IIE_8).

It was emphasized that the benefits of placing children of this age group in residential

[55] The isolator is a room or space intended for the temporary stay of a child, isolated from the rest of the group of children or the common environment. This measure is applied when a child is newly admitted and is considered dangerous for other children and adults in that center. Isolation is applied for a short period of time, in accordance with the institution's regulations.

institutions are only temporary and refer to meeting basic needs (shelter and food), and in the case of children with disabilities, investigations and provision of necessary medical assistance, treatment or surgical interventions – "*when I leave the gates of the Placement Center in Chisinau, I breathe a sigh of relief because I know for sure that that child will eat on time, will have care, hygiene. The children, whom I placed there, underwent surgical interventions, which a professional parental assistant wouldn't be able to afford, their degree of disability was established*" (FGD_3).

The vast majority of interviewees, including specialists from placement centers, have emphasized the importance of raising the child within the family "*no matter how hard we try to create [good] conditions here, children are better off at home*" (IIE_8).

Specialists have signaled that the benefits of placement in the residential institution are for a short period, a maximum of 6 months, "*it's better with us, during this limited period*," while local authorities work with the family or look for family-based alternatives. Among the most important benefits of placing children aged 0-6 in residential institutions is the prevention of child mortality (Case Study 4). See also Case Study 2 "*could have lived today*" (IIE_6).

Case Study 4. The benefits of residential care

"*We had a child admitted to us weighing 2200 grams, but he was born weighing 1300 grams. The mother was abusing alcohol and when she gave birth to the child, she was drunk. When she woke up from her drunkenness, the child was already born. With AviaSan, the child was transferred to the Mother and Child Center. The maternity specialists worked. The mother wrote a refusal (abandoning the child). The child was placed with us by the territorial guardianship authority in an emergency regime and recently went under surgery. In these six months, the child's status as a child left without parental care was established and the other stages follow…*" (IIE_6).

"*A one-year-old child was brought to us by the police. The mother begged with him on the street all winter. He came to us frozen, hungry, dirty… The police found the mother in the last days of winter and she was drunk. The mother did not want to be placed in the Maternal Center, arguing that she has a live-in partner*" (IIE_9).

Photo credit: Schimbator Studio

"I was [working with] a family with five children. It was winter, it was cold and I entered the house where there was a child of 11 months and the second was a year and a bit. I entered the house and it was cold. The mother had left them locked in the house. The child of a year and something was sitting on a small table in the kitchen. There, in a pot, were some small potatoes and he was sitting with a knife in his hand, absolutely naked, and was peeling with the knife. He had cuts on his fingers..." (IIE_13).

The negative impact of residential care was explained by the lack of attachment, but also various emotional states of the child – "*when the child starts to cry and you don't approach, once, twice, then he doesn't cry anymore, he withdraws into his shell and remains there. Why should he cry when no one pays attention to him anyway*" (IIE_7). The negative consequences of residential placement deepen when children are placed repeatedly. Often these situations are characteristic of sibling groups and children with disabilities.

There are situations when children aged 0-6 return to the residential institution from biological families or extended families, but also from alternative family-based services (guardianship, professional parental assistance), for various reasons, including the lack of complex support and regular long-term monitoring:

- "*We have two brothers who returned from their biological parents. The biological parents took them home but they couldn't cope. The parents separated and the children ended up in the care of their grandparents. The grandparents being old, asked the authorities, to return them [to the residential institution].*" (IIE_9);

- "*We have three siblings, two girls and a boy. While there are more children in their original family, we are responsible for these three. One of the girls has serious health problems with her legs. She hasn't walked for three years... These children were placed in alternative-family based care. They returned the children [to the residential institution] after a year. The cause of the repeat placement was that the caregivers from the guardianship found it very hard [to care for] the girl, and because she needed investigations and treatments that are only done in Chisinau. Briceni is far from Chisinau and they needed support to procure a car, maybe that would have made it easier for them and they wouldn't have had to give the children back again...*" (IIE_9);

- "*We had a case that shocked all the specialists, from psychologists to doctors and social workers. Two girls who came from their biological family and, shortly, after two months, the authorities decided to give the mother another chance. The girls came in a very serious condition the first time. And the second time the same. When the mother came to visit to see them, the girls cried, they didn't want to [go to their mother]. They said: just don't give us to mom, we don't want to go home. Something happened when they went home. When they heard the word home, they automatically started to cry. When a family was found to take them in guardianship, It was very hard to convince and work with the girls. The foster family, likewise, needed a lot of patience to approach these girls, because we don't know what happened in their family*" (IIE_6).

These examples underscore the need for:

(i) a detailed evaluation prior to the (re)integration of the child into the biological family, extended family, or placement in alternative family-based care. There are situations when evaluations are performed superficially;

(ii) better training of specialists;

(iii) additional support for those who take such children into care: free medical consultations for children, social and psychological assistance, support with transportation for investigations or medical treatment, etc.

The points presented above reveal the following areas of intervention for a moratorium:

- Eliminating/reducing the causes that determine the residential placement of children aged 0-6 years, both at the family level and at the level of community institutions' activity.
- Raising awareness of community stakeholders about the negative impact of the residential institution on all areas of the child's development.
- Streamlining the activity of ISWG for examining requests for continued residential placement after the expiration of the emergency placement.
- Comprehensive support for care givers, providing integrated services, free medical services for children, social and psychological assistance, transportation support for investigations or medical treatment trips, etc.
- Reorganizing residential institutions for children aged 0-6 years into social service providers: expanding day services, Maternal Centers, rehabilitation services, mobile teams, etc.

Photo credit: CCF Moldova

V. ATTITUDES REGARDING FAMILY-BASED CARE FOR CHILDREN AGED 0-6 YEARS

5.1. Benefits of family-based care and potential risks

The early identification of children aged 0-6 at risk and their prompt placement in family-based care ensures their harmonious development "*the child is like a flower if you don't water it and give it what it needs, he (the child) will never unfold again*" (IIA_17), "*they need love*" (IIA_18) and prevents other risk situations throughout life "*if we will offer help on time to these children, then about 80 percent will develop in the right direction*" (IIE_11). The data of this research attest that some children aged 0-6 are not placed in family-based care for various reasons: (i) these alternatives are not sought at the local level, because there is the possibility of placement in a residential institution; (ii) family-based care services are not properly developed in all ATUs; (iii) children aged 0-2, children with disabilities, sibling groups, children with complex emotional needs require specialized professional parental assistance, emergency professional parental assistance, etc.; (iv) little work is done at the community level, with the extended family and with other people in the community to establish guardianship, etc. Family-based care offers a significant positive impact on the development of the child aged 0-6. Professional parental assistants, as well as other specialists, have signaled many positive changes in their development and health status (Case Study 5).

Case Study 5. The impact of family-based care on children aged 0-6

"*When I took him out of the residential institution, he had about 4 diagnoses. He was 5 months old, but he looked only 2 months old, he did not correspond to his age. When I went to specialists, doctors did not confirm any diagnosis written on paper. And I see a different child in front of me now... If he stayed there, maybe he would lose his sight, or this strabismus would develop. And the muscles were atrophying, his little legs seemed to be hanging. Now, when we did a course of massages, the muscles formed. But he was frail, quiet as a little cornmeal*" (IIA_17).

"*In the village, we have two ladies who take care of such children and they have very good living conditions. Children also receive a good education. These women do not consume alcohol, do not smoke, do not [spend nights away from home]... Children see a different lifestyle, a different model. Children are happy, they are satisfied. They are monitored, in any case, they tell us that they are fine*" (IIE_20).

"*We had cases when, after a year, they returned and showed us the child they took from us or the children... They looked totally different and this was totally based on love and attention*" (IIE_14).

Representatives of CSOs have drawn attention to the need for training of foster care providers (tutors, professional parental assistants, parent-educators), as well as their supervision. There are children for whom placement in family-based care did not bring great benefits "*we have many young people who grew up in the extended family, but the extended family is no better than the biological family from which the child was removed. We arrange guardianship for the sake of guardianship, because there are no other services and we do not want to place the child in the residential institution*" (FGD_7).

5.1. Challenges in developing family-based alternative care services

Some representatives of the CPCD and community social workers have highlighted that they encounter difficulties in identifying people who want to become professional parental assistants or parent educators, due to low salaries and multiple responsibilities, especially in the case of children aged 0-2, sibling groups (three or more) or children with disabilities. The allowances and allocations for caregivers are very small, they do not cover the bare necessities – "*the [additional] 30% offered in the case of caring for children with disabilities is far from sufficient*" (IIE_2). Also, caregivers do not have the necessary training and are "*afraid*" to take children with fetal alcohol syndrome or HIV/AIDS into placement.

The placement of children aged 0-2 does not offer caregivers the opportunity to seek additional employment, and children of this age get sick frequently. In addition, children of this age also have some more specific needs: diapers, artificial feeding, etc. "*I have to change his diaper 3-4 times a day*" (IIA_17). Also, **professional parental assistants have highlighted the presence of bureaucratic procedures** – "*for four packages of Biolact (probiotic) I had to go to the raion center, to get a prescription, because those in the village do not have permission. In the raion center, I had to go to the director, to stamp the documents and all this with a 6-month-old child in my arms*" (IIA_18).

In the case of children with disabilities, the Government does not provide free, continuous rehabilitation and medical treatment. Some children have serious health problems and caregivers are forced to frequently hospitalize them. Last but not least, **caregivers do not have transportation and it is extremely complicated to travel in public transport with children with disabilities.**

The procedure for re-evaluation and reconfirmation of the degree of disability is extremely "*defective*" – "*there are children without a kidney and the caregiver-parent has to go every year with the child, there are children without a hand or leg, but these limbs do not grow again*" (FGD_1).

The training of professional parental assistants is beneficial "*the trainings helped me a lot, even in our raion when they give us these lessons, it helps*" (IIA_18), but they are not enough. For these families, currently, both material and psychological support is significant – "*those from CCF Moldova never came empty-handed. They helped us a lot with diapers, cereals, they brought a crib*" (IIA_18).

Areas for improvement:

- Promoting professional parental assistance – "*many are afraid*";
- Evaluating the situation and establishing a larger allowance for caregivers of children aged 0-2, children with disabilities, and eliminating bureaucratic procedures;
- Developing emergency professional parental assistance and specialized professional parental assistance;
- Counseling/supervising professional parental assistants, because some are facing professional burnout – "*we are few, but some give up, they can't anymore...*" *(IIA_17),* "*since I started working, I've only seen parental assistants leaving, not coming*" (IIA_18).

VI. ATTITUDES REGARDING THE INTRODUCTION OF A MORATORIUM ON THE PLACEMENT OF CHILDREN (0-6 YEARS) IN RESIDENTIAL INSTITUTIONS

The research data shows different views on the moratorium, even if there is a legal basis for its implementation. Some specialists support setting a moratorium "*it was necessary yesterday*", highlighting the commitments included in some policy documents such as the *National Child Protection Program*, art. 62, also underlining the openness from the central authorities.

Some heads of STAS have emphasized that **the introduction of the moratorium from January 1, 2024, would not change anything in the situation of children at risk, who will be identified at the raion level, because they have developed family-type care services and services to prevent the separation of the child from the family** – "*I recommend to all raions to develop emergency professional parental assistance and then we will solve all cases. Because, after all, the category of children targeted is not large and there should not be a specific residential institution for targeted children, generally for all children, except those with [complex emotional needs]*" (IIE_15). Also, the cost-effectiveness of family-based care services was highlighted "*we analyzed the maintenance of a child in a [residential] center. The monthly maintenance is 10 thousand lei, but* in professional parental assistance *it is around 2-3 thousand lei. We can maintain 3 children*" (IIE_15).

Some mayors mentioned that the introduction of the moratorium will force them to develop family-based care services. Although they have insufficient financial resources to develop these services, they understand that problems need to be solved at the community level, by implementing and developing services according to needs.

The RESTART reform provides for the establishment of a basic social services package [56]**.** If this package of social services will exist, **specialists hope that the package will include professional parental assistance/ family-type children's home, mobile team, and personal assistance**. If the basic social services package will cover these needs and will be unified throughout the country, then the closure of residential institutions for children aged 0-6 will be achieved at a rapid pace.

Arguments for a moratorium "*if there will be a moratorium, institutions will find solutions*":

- Government authorities are open to transferring residential institutions for children aged 0-6 from the MoH to the MLSP, and there is also an indicator established in the *National Child Protection Plan* that by 2027, in the Republic of Moldova, we will have zero children of this age in residential institutions;

- In some ATUs, social services have been created and, currently, they do not have children in residential institutions and have not made placements in such institutions in recent years. At the same time, other ATUs have not used all resources available at the community level and are not looking for solutions "*as long as the child can be placed in Chisinau or Balti*";

[56] Parliament of the Republic of Moldova, *Law 256 of 17.08.2023 for the amendment of some normative acts (reform of the social assistance system "Restart")*, Official Monitor No. 341-372 of 2023, art. 603

– Territorial guardianship authorities would feel the need to develop family-based care services. Let's make sure that "*as soon as one door closes, another opens*" (FGD_7); "*we can discuss the development of services, only when the authorities do not have the alternative of institutionalization*" (FGD_7), other LPA do not seek solutions;

– There are possibilities for placing the mother-child couple in Maternal Centers, children in Day Centers, professional parental assistance, family-type children's home, guardianship;

– Preventing risk situations that these children see in families "*when they grow up, children will form families after the model of those in which they grew up*" (FGD_1).

Introducing the moratorium will ensure that specialists focus on ensuring wellbeing in a family-based environment; residential institutions can be transformed to provide more places for the mother-child couples in Maternal Centers, more places for day services for children aged 4 months to 3 years, more places for rehabilitation services, etc. Thus, stopping the entry of children into residential-type institutions will have positive consequences on the development of children aged 0-6.

However, some participants argue that the residential system should not be abruptly closed "*we should not rush*," "*we will close the door to those who remain outside*." In their opinion, the closure of residential institutions for children aged 0-6 should be done gradually, in parallel with the development of alternative family-based care services. In this context, it was mentioned that the *National Child Protection Program* provides a deadline – the year 2027. Also, some have proposed establishing a very clear plan for closing residential institutions for children aged 0-6: initially, the Temporary Placement and Rehabilitation Center for Children from Balti, then the Placement and Rehabilitation Center for Young Children from Chisinau, so that those ATU, which have not developed alternative family-based services, develop them as a matter of priority.

Some research participants believe that emergency placement for the Republic of Moldova is necessary – "*Moldova has not yet exceeded those levels, to completely give up emergency placement. Planned placement yes, I think it should be monitored more rigorously and indeed be a filter through which only the most complex cases pass*" (FGD_4). In this context, it was highlighted that emergency placement must exist for "*exceptional, extreme*" cases, and within 45 days, the territorial guardianship authorities and the local guardianship authorities must find solutions. Emergency placement must be like a bridge for placement in alternative family services because those children come with serious health problems.

The arguments **against** emphasize:

– The lack of alternatives, in emergency cases, when the child's life and health are threatened. Thus, the lack of residential placement places will increase the cases of children "*thrown into life, thrown into the street, through dumpsters*." Accordingly, placement in the residential institution can prevent certain cases of child death "*we cannot speak of a strict moratorium as long as we do not have enough alternative family-based services*", "*where will we place the children?*"

– The existence of situations when children with disabilities, couples of many siblings cannot be placed in alternative family-based care. This could pressure some authorities to develop residential care services, at the local level, but of lower quality.

– The situation in the Autonomous Territorial Unit of Gagauzia "*they do not have a local authority for social assistance like in the rest of the country and it is very diffi-*

cult to collaborate with them. They consider that the regulatory framework in the Republic of Moldova does not concern them and there are no levers to hold them accountable, but they resort to residential services in Moldova" (FGD_4).

If MDT members do not fulfill their responsibilities in preventing risks and ensure that children have access to family-based care, if sanctions for inaction are not established, this could cause some negative consequences. The negative consequences were explained by the fact that children will remain in families at risk, which can contribute to the increase in morbidity of children aged 0-6, but also to infant mortality and mortality of children up to 5 years old "*would die at home*." In the opinion of some research participants, the moratorium could negatively affect more children aged 0-2 and children with disabilities. For children aged 3-6, it is easier to identify a form of alternative family-based care "*they are more often accepted in a form of family protection than the little ones*" (FGD_3).

Photo credit: Schimbator Studio

RECOMMENDATIONS / REQUIRED ACTIONS FOR IMPLEMENTING THE MORATORIUM

Concrete recommendations and actions	Key audiences	Explanations
General recommendations for establishing a moratorium on placing children in residential institutions for the age group 0-6 years		
1. Development of a comprehensive action plan for the implementation of the moratorium, including defined phases, set timelines, and clearly defined responsibilities for all stakeholders involved in the protection of children aged 0-6.	Government authorities, CSOs	
2. Creating an emergency intervention system to protect and reintegrate children affected by the decision to impose a moratorium.	Government authorities, CSOs	
3. Ongoing monitoring and evaluation of the moratorium's effects on children and their families.	Government authorities, CSOs	
I. Strengthening actions to prevent the separation of children at the community level		
1. Consolidate the MDT community activities by: – Increasing knowledge of the responsibilities established by the legal framework regarding the early identification of risk factors and the prompt intervention of MDT members, in order to contribute to the improvement of well-being indicators and ensuring the care of children aged 0-6 years in the biological, extended family or in an alternative form of family-based care; – early identification of families at risk of separation, registration of their cases in the relevant database(s)and strict monitoring by MDT members.	MDTs	*"MDTs don't really work"*
2. Train mayors on their responsibilities as local guardianship authorities and the benefits of family-based care compared to residential care	mayors	*"It doesn't have to be the frog, the crayfish and the pike, and we got together when the mayor called us because something needs to be done urgently. There is this problem and let's get rid of his headache"*
3. Develop sectoral guidance (for the medical sector) regarding the implementation of the Joint Order of the MLSP, the MoH and the MoER of 25.11.2022 regarding the approval of the Child Well-Being Observation Sheet, the Child Well-Being Assessment Sheet and the Action Planning Sheet for primary prevention of risks to the child's well-being	nurses, educators	*"The order includes three annexes and it is not clear who and what should be done with them"*

Concrete recommendations and actions	Key audiences	Explanations
4. Train nurses on the Government Decision no. 143/2018 and the application of tools for observing well-being, assessing well-being and planning primary risk prevention actions	nurses, educators	
5. Define the role of a child rights protection specialist at the community level, including the development of a job description with clear responsibilities, distinct from those of the community social worker.	Government authorities	*"A community social worker physically cannot manage all aspects related to child protection, as well as the protection of the entire community. "*
6. Train community social workers and child rights protection specialists on family support services, specifically, primary family support through the development of professional skills.	STAS, CSOs	*"You also need to have an army of people who can train, monitor, and assist in strengthening capacities."*
7. Organize parenting education activities at the community level	family doctors and nurses, Social workers, teaching staff	*"We need to talk about child development, nutrition, care, and not least, about games and communication with children, because they learn through play and communication."*
8. Strengthen the monitoring and evaluation of the activities carried out by community social workers.	STAS, CSOs	
9. Promote and strengthen community engagement to provide mutual support (e.g. support groups at the community level)	CSOs, MDTs	
II. Development of prevention and family-based care services		
1. Strengthen family support services for families with children, especially primary family support.	Government authorities, CSOs	
2. Develop services at the community, raion and national level to prevent the separation of the child aged 0-6 years from the family, including family life education programs for teenagers, parental education programs during pregnancy and after birth, maternal centers, day care centers for children from 4 months to 3 years, personal assistance, mobile teams, etc.	Government authorities, STAS, CSOs	
3. Develop services that allow early identification of health problems and prevention of disability risks – early intervention services, rehabilitation centers, etc., as well as ensuring access to free medical care for investigations and treatment.	Government authorities, CSOs	

Concrete recommendations and actions	Key audiences	Explanations
4. Strengthen and develop family-based alternative care services: guardianship, professional parental assistance/ Family-Type Children's Home, adoption.	Government authorities, STAS, CSOs	
5. Develop emergency professional parental assistance and specialized professional parental assistance for certain categories of children: children aged 0-2 years, children with disabilities, sibling couples, children with complex emotional needs.	Government authorities, STAS, CSOs	
6. Develop services for parents who care for children with disabilities: personal assistance, respite services, mobile team, day centers for children with disabilities, rehabilitation centers, assistive technologies, etc.	Government authorities, STAS, CSOs	
7. Improve educational inclusion services in early childhood education institutions by establishing a financing mechanism, quality standards, and teacher training.	MoER, LEAs,	
8. Improve the salary for specialists in family-based care services, especially those who care for children aged 0-2 years old, children with disabilities.	Ministry of Labor and Social Protection,	
9. Expand the activity of youth-friendly health centers in rural areas through mobile clinics by providing medical services and psychosocial assistance to teenagers and young people.		
III. Strengthen human resources and improvement of the quality of social services.		
1. Conduct continuous capacity strengthening of family-based care providers (guardians, professional parental assistants, parental educators).	Government authorities, STAS, CSOs	*"You have to have the people who are prepared, know the particularities of the child's age, etc."* *"The field of guardianship is forgotten by the authorities, it is left behind, we have people who are totally unprepared"*
2. Provide psychological support and supervision for family-based care providers.	Government authorities, STAS, CSOs	*„Acești îngrijitori rămân singuri în fața dragostei"*
3. Promote the provision of complementary services for families at risk of separation.	Government authorities, STAS, CSOs	*"If the mother accesses the personal assistance service, she should be able to access the mobile team with the same success and also the day centers, if needed."*

Concrete recommendations and actions	Key audiences	Explanations
IV. Organization of public awareness campaigns and promotion of the importance of family-based care		
1. Develop a national campaign to raise awareness of the importance of family care and the negative consequences of institutionalization on all areas of development of the child aged 0-6 years.	Government authorities, STAS, MDTs, CSOs, mass media	
2. Use positive examples of impact and promote the importance of social services and alternative family-based care services for children who need them, including emergency and specialized foster care.	Government authorities, STAS, CSOs, Media	*"Professional parental assistants are not really accepted. Some believe that they want to make money off the children. Not long ago, I had a meeting in a locality, where I tried to clarify what professional parental assistance means and what is the support from the state, so that people understand that people do not receive millions. There are many negative attitudes on the part of the population and educational institutions"*
3. Develop a strategy for recruiting professional parental assistants for children aged 0-6.	Government authorities, STAS, CSOs, Media	*"Let's find those people who want to provide these services"*
V. Improve the system for recording and monitoring children at risk and children in the residential system		
1. The establishment of a centralized system for recording and monitoring children at risk and children in the residential system, which includes information from all child protection institutions and organizations, but also ensures the accuracy and consistency of the data from CER reports no. 103 and CER no. 103 A.	Government authorities, MLSP, National Bureau of Statistics, STAS,	
2. Train of community social workers and raion level specialists regarding the recording, monitoring and correct reporting of the number of children at risk and children in the residential care system (CER reports no. 103 and CER no. 103 A).	Government authorities	
VI. Other actions		
1. Sanction specialists who fail to meet their obligations as outlined in the legal framework, leading to instances of illness and death among children aged 0-6 years.	Government authorities	
2. Developing more accessible detoxification services and more effective ways to assist people who abuse alcohol.	Government authorities	

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13. *Government Decision 347 from 01.06.2022 regarding the approval of the National Child Protection Program for the years 2022-2026 and the Action Plan for its implementation, Official Monitor no. 194-200 from 2022 art. 492.*
14. *Government Decision 434 from 10.06.2014 regarding the approval of the Strategy for Child Protection for the years 2014-2020, Official Monitor No. 160-166 from 2014, art. 481.*
15. *Government Decision 51 from 17.01.2018 on the approval of the Framework Regulation regarding the organization and functioning of the social service "family type children's home" and the Minimum Quality Standards, Official Monitor No. 18-26 from 2018, art. 57.*
16. *Government Decision 722 from 22.09.2011 on the approval of the Framework Regulation regarding the organization and functioning of the social service "Mobile Team" and the minimum quality standards, Official Monitor no. 160-163 from 2011, art.794.*

17. *Government Decision 730 from 18.07.2018 on the approval of the framework regulation regarding the organization and functioning of the social service Day Center for the care of children aged 4 months to 3 years, Official Monitor no. 309-320 from 2018, art.849.*

18. *Government Decision 760 from 17.09.2014 on the approval of the Framework Regulation regarding the organization and functioning of the professional parental assistance service and the Minimum Quality Standards, Official Monitor No. 282-289 from 2014, art. 815.*

19. *Government Decision 780 from 25.09.2014 regarding the approval of the Minimum Quality Standards regarding the social service of support for families with children, Official Monitor no. 293-296 from 2014, art.826.*

20. *Government Decision 81 from 22.02.2023 on the approval of the Framework Regulation regarding the establishment of custody and ensuring the organization and functioning of the guardianship/curatorship service, Official Monitor No. 119-121 from 2023, art. 259.*

21. *Government Decision 816 from 30.06.2016 on the approval of the Framework Regulation regarding the organization and functioning of early intervention services and the minimum quality standards for early intervention services, Official Monitor no. 193-1203 from 2016, art.880.*

22. *Government Decision 824 from 04.07.2008 regarding the approval of minimum quality standards for social services provided in day centers for children with disabilities, Official Monitor no. 122-124 from 2008, art.831.*

23. *Government Decision 889 from 11.11.2013 on the approval of the Framework Regulation regarding the organization and functioning of the social support service for families with children, Official Monitor no. 262-267 from 2013, art.1005.*

24. *Government Decision 48 from 01.02.2023 regarding the approval of minimum quality standards for the social service Day Center for the care of children aged 4 months – 3 years, Official Monitor No. 45-48 from 2023, art. 87.*

25. *Law 140 from 14.06.2013 regarding the special protection of children at risk and children separated from parents, Official Monitor No. 167-172 from 2013, art. 53 and Official Monitor No. 102-104 from 2015 art. 53.*

26. *Law 256 from 17.08.2023 on the amendment of some normative acts (reform of the social assistance system "Restart"), Official Monitor No. 341-372 from 2023 art. 603.*

27. *Law 367 from 29.12.2022 regarding alternative child care services, Official Monitor no. 45-48 from 2023, art.85. Law 338 from 15.12.1994 regarding children's rights, Official Monitor No. 13 from 1995, art. 127.*

28. *Joint Order of MLSP, MoH and MoER from 25.11.2022 regarding the approval of the Child Wellbeing Observation Sheet, Child Wellbeing Evaluation Sheet and the Action Planning Sheet for the primary prevention of child wellbeing risks.*

29. *Reports of the Ministry of Labor and Social Protection regarding children at risk and children separated from parents for the years 2018-2022: CER no. 103 and CER no. 103 A*

30. *Reports of the Ministry of Labor and Social Protection regarding children at risk and children separated from parents for the years 2018-2022.*

31. *Framework plan for primary, gymnasium and high school education, academic year 2022-2023, Ministry of Education and Research.*

APPENDICES

APPENDIX 1. Profile of interview participants

Code	Category	Gender	Work experience in the given field	Region and residence
IIE_1	Principal Specialist, Ministry of Health	F	34	Center, urban
IIE_2	Principal Specialist, Ministry of Labor and Social Protection	F	21	Center, urban
IIE_3	Head of the Consultative Section, Public Medical-Sanitary Institution Municipal Hospital No.1 "Gheorghe Paladi"	B	32	Center, urban
IIE_4	Social Worker, Public Medical-Sanitary Institution Municipal Hospital No.1 "Gheorghe Paladi"	F	16	Center, urban
IIE_5	Pediatrician, Placement and Rehabilitation Center for Young Children	F	19	Center, urban
IIE_6	Social Worker, Placement and Rehabilitation Center for Young Children	F	10	Center, urban
IIE_7	Head of Services, Maternal Center and Daycare Center (social nursery)	F	18	Center, urban
IIE_8	Manager, Temporary Placement and Rehabilitation Center for Children	B	35	North, urban
IIE_9	Social Worker, Temporary Placement and Rehabilitation Center for Children	F	15	North, urban
IIE_10	Mayor	B	3	South, rural
IIE_11	Mayor	B	11	Center, rural
IIE_12	Principal Specialist in Mother and Child Medical Assistance	F	30	North, urban
IIE_13	Principal Specialist in Mother and Child Medical Assistance	F	12	North, urban
IIE_14	Head of the local authority for social assistance	F	5	North, urban
IIE_15	Head of the local authority for social assistance	F	12	Center, urban
IIE_16	Head of Service, Maternal Center	F	5	Center, urban
IIA_17	Professional parental assistant caring for children under 6 years old (2 children)	F	2	Center, rural
IIA_18	Professional parental assistant caring for children under 6 years old (3 children)	F	1	South, rural
IIE_19	Manager, Youth Friendly Health Center	F	34	Center, urban
IIE_20	Community Social Worker	F	5	South, rural
IIE_21	Nurse	F	40	North, urban

APPENDIX 2. Profile of focus group discussion participants

Number of group discussions	Category of Participants	Number of participants
FGD_1	Community Social Workers	8
FGD _2	Community-based Multidisciplinary Team	11
FGD _3	Commission for the Protection of the Child in Difficulty	7
FGD _4	Intersectoral Working Group (NSAA)	7
FGD _5	Nurses and Doctors	7
FGD_6	Nurses and Doctors	8
FGD_7	Representatives of CSOs active in the field of child protection	10
Total	**7 FGD**	**58**

APPENDIX 3. Data on children at risk, children separated from parents (CER No.103), and children in the residential system (CER No. 103 A)

Table 1. Number of children aged 0-6 years at risk, years 2018-2022

	2018	2019	2020	2021	2022
Total children at risk	7996	10318	10819	9236	8862
aged 0-2 years	*398*	*904*	*946*	*717*	*798*
aged 3-6 years	*1654*	*2346*	*2514*	*1905*	*2142*
Children subjected to violence	660	934	784	870	800
aged 0-2 years	*41*	*69*	*46*	*32*	*44*
aged 3-6 years	*113*	*151*	*105*	*150*	*166*
Neglected children	5413	7702	8449	7174	6951
aged 0-2 years	*288*	*781*	*834*	*642*	*699*
aged 3-6 years	*1071*	*1820*	*2042*	*1556*	*1764*
Children who practice vagrancy, begging, prostitution"	106	125	104	82	72
aged 0-2 years	*0*	*1*	*1*	*1*	*1*
aged 3-6 years	*2*	*0*	*2*	*1*	*1*
Children deprived of care and supervision from parents, due to their absence from home for unknown reasons	271	208	205	116	97
aged 0-2 years	*7*	*10*	*12*	*15*	*16*
aged 3-6 years	*57*	*62*	*71*	*21*	*19*
Both parents have died	853	748	729	533	547
aged 0-2 years	*24*	*16*	*20*	*11*	*18*
aged 3-6 years	*222*	*174*	*153*	*76*	*97*
Children who live on the street, have run away or have been driven out of home	94	105	87	76	36
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*2*	*2*	*2*	*0*	*0*
Both parents, or the sole parent, are declining to fulfill their responsibilities related to the child's care and upbringing	483	396	349	204	294
aged 0-2 years	*31*	*22*	*27*	*9*	*16*
aged 3-6 years	*146*	*107*	*108*	*69*	*89*
Children abandoned by parents	74	54	64	56	5
aged 0-2 years	*7*	*5*	*9*	*5*	*2*
aged 3-6 years	*29*	*20*	*15*	*13*	*0*
The parents (the only parent) of the child with a judicial protection measure	42	32	48	101	43
aged 0-2 years	*0*	*0*	*0*	*2*	*2*
aged 3-6 years	*12*	*9*	*16*	*17*	*6*

Table 2. Number of children aged 0-6 years separated from parents, years 2018-2022

	2018	2019	2020	2021	2022
Total children separated from parents	38318	42515	41330	32982	32242
aged 0-2 years	*1582*	*1997*	*2187*	*1682*	*1599*
aged 3-6 years	*7617*	*8392*	*9413*	*7345*	*6465*
of which					
Children taken from parents due to the imminent danger to their life and health	396	440	375	342	365
aged 0-2 years	*53*	*62*	*59*	*53*	*55*
aged 3-6 years	*71*	*90*	*85*	*79*	*95*

Table 3. Number of children aged 0-6 years with residential type care, years 2018-2022

	2018	2019	2020	2021	2022
Total children placed in residential care	**1585**	**1301**	**1084**	**914**	**798**
aged 0-2 years	***145***	***137***	***132***	***90***	
aged 3-6 years	***179***	***171***	***141***	***111***	
In emergency placement	189	214	222	185	169
aged 0-2 years	*48*	*27*	*63*	*35*	*49*
aged 3-6 years	*23*	*55*	*62*	*53*	*30*
In planned placement	1137	1071	862	687	575
aged 0-2 years	*95*	*105*	*69*	*51*	*41*
aged 3-6 years	*96*	*111*	*79*	*57*	*52*
Children placed by order of the Territorial Guardianship Authority in the ATU where the institution is located	713	801	719	618	566
aged 0-2 years	*44*	*49*	*45*	44	*36*
aged 3-6 years	*61*	*84*	*92*	61	*59*
Children placed by order of the Territorial Guardianship Authority in another ATU where the institution is located	313	223	165	171	147
aged 0-2 years	*80*	*75*	*69*	*31*	*45*
aged 3-6 years	*78*	*72*	*38*	*38*	*21*
Children placed without the order of the Territorial Guardianship Authority	559	277	200	125	85
aged 0-2 years	*21*	*13*	*18*	*15*	*13*
aged 3-6 years	*40*	*15*	*11*	*12*	*17*
Children with disabilities	389	365	308	244	185
aged 0-2 years	*6*	*2*	*9*	*5*	*4*
of which					
moderate degree	*1*	*0*	*0*	*0*	*0*
accentuated degree	*4*	*0*	*0*	*1*	*1*
severe degree	*1*	*2*	*9*	*4*	*3*
aged 3-6 years	*26*	*19*	*10*	*13*	*11*
of which					
moderate degree	3	*1*	*2*	*1*	*0*
accentuated degree	4	*1*	*0*	*0*	*3*
severe degree	19	*17*	*8*	*12*	*8*

Table 4. Number of children aged 0-6 years, placed in residential type care, years 2018-2022

	2018	2019	2020	2021	2022
Total children placed in residential care	**1125**	**891**	**615**	**788**	**827**
aged 0-2 years	***233***	***243***	***138***	***195***	***X***
aged 3-6 years	***261***	***192***	***113***	***173***	***X***
In emergency placement	396	377	297	436	402
aged 0-2 years	*66*	*76*	*78*	*129*	*104*
aged 3-6 years	*112*	*91*	*63*	*102*	*111*
In planned placement	498	471	318	365	349
aged 0-2 years	*153*	*135*	*60*	*52*	*71*
aged 3-6 years	*108*	*93*	*50*	*71*	*75*
Children placed by order of the Territorial Guardianship Authority in the ATU where the institution is located	522	533	436	478	488
aged 0-2 years	*71*	*98*	*75*	*58*	*67*
aged 3-6 years	*121*	*121*	*79*	*97*	*128*
Children placed by order of the Territorial Guardianship Authority in another ATU where the institution is located	234	167	76	149	220
aged 0-2 years	*120*	*90*	*40*	*76*	*100*
aged 3-6 years	*67*	*35*	*12*	*33*	*47*
Children placed without the order of the Territorial Guardianship Authority	369	191	103	161	119
aged 0-2 years	*42*	*55*	*23*	*61*	*29*
aged 3-6 years	*73*	*36*	*22*	*43*	*33*
Children with disabilities	25	39	34	26	42
aged 0-2 years	*1*	*8*	*6*	*1*	*13*
of which					
moderate degree	*0*	*0*	*0*	*0*	*1*
accentuated degree	*0*	*0*	*2*	*1*	*3*
severe degree	*1*	*8*	*4*	*0*	*9*
aged 3-6 years	*4*	*1*	*5*	*1*	*8*
of which					
moderate degree	*2*	*1*	*1*	*0*	*0*
accentuated degree	*0*	*0*	*0*	*0*	*1*
severe degree	*2*	*0*	*4*	*1*	*7*

Table 5. Number of children aged 0-6 years, placed into residential type care, years 2018-2022

	2018	2019	2020	2021	2022
Total children placed in residential care	**1226**	**1092**	**803**	**874**	**948**
aged 0-2 years	***221***	***236***	***171***	***195***	***X***
aged 3-6 years	***209***	***228***	***144***	***180***	***X***
Children in emergency placement	343	366	339	382	432
aged 0-2 years	*74*	*42*	*97*	*108*	*116*
aged 3-6 years	*69*	*84*	*65*	*105*	*120*
Children in planned placement	611	664	464	489	427
aged 0-2 years	*140*	*166*	*74*	*67*	*52*
aged 3-6 years	*86*	*129*	*79*	*81*	*70*
Children placed by order of the Territorial Guardianship Authority in the ATU where the institution is located	518	618	487	517	570
aged 0-2 years	*70*	*87*	*67*	*66*	*68*
aged 3-6 years	*89*	*120*	*102*	*95*	*125*

	2018	2019	2020	2021	2022
Children placed by order of the Territorial Guardianship Authority in another ATU where the institution is located	250	235	142	179	214
aged 0-2 years	*109*	*100*	*75*	*67*	*85*
aged 3-6 years	*57*	*71*	*20*	*47*	*51*
Children placed without the order of the Territorial Guardianship Authority	458	239	174	178	164
aged 0-2 years	*42*	*49*	*29*	*62*	*36*
aged 3-6 years	*63*	*37*	*22*	*38*	*44*
Children with disabilities	76	107	97	75	84
aged 0-2 years	*2*	*1*	*10*	*3*	*5*
of which					
moderate degree	*1*	*0*	*0*	*0*	*0*
accentuated degree	*0*	*0*	*1*	*1*	*4*
severe degree	*1*	*1*	*9*	*2*	*1*
aged 3-6 years	*8*	*9*	*5*	*5*	*2*
of which					
moderate degree	*4*	*0*	*3*	*1*	*0*
accentuated degree	*0*	*1*	*0*	*0*	*0*
severe degree	*4*	*8*	*2*	*4*	*2*

Table 6. Number of children aged 0-6 years placed in residential type care, across different types of institutions, years 2018-2022

	2018	2019	2020	2021	2022
Boarding schools	3	2	3	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*3*	*2*	*3*	*0*	*0*
Residential institution for children with mental disabilities [57]	0	2	0	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*0*	*2*	*0*	*0*	*0*
Special institutions for children with physical and sensory disabilities	6	0	1	1	1
aged 0-2 years	*3*	*0*	*0*	*0*	*0*
aged 3-6 years	*3*	*0*	*1*	*1*	*1*
Auxiliary boarding schools	12	0	0	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*12*	*0*	*0*	*0*	*0*
Maternity Centers	78	80	55	44	63
aged 0-2 years	*59*	*52*	*44*	*31*	
aged 3-6 years	*19*	*28*	*11*	*13*	
Temporary placement center for young children	193	167	171	119	109
aged 0-2 years	*83*	*85*	*88*	*59*	X
aged 3-6 years	*110*	*82*	*83*	*60*	X
Temporary placement centers for children aged 7-17 years	32	56	43	37	422
aged 0-2 years	*0*	*0*	*0*	*0*	0
aged 3-6 years	*32*	*56*	*43*	*37*	X
Community-based group homes for at-risk children	0	1	0	0	0
aged 0-2 years	*0*	*0*	*0*	*0*	*0*
aged 3-6 years	*0*	*1*	*0*	*0*	*0*

[57] From 2021 temporary placement centers for children with disabilities

Table 7. Number of children aged 0-6 years exiting residential type protection institutions, years 2018-2022

	2018	2019	2020	2021	2022
Maternity Centers					
Total exists,	198	238	139	209	217
Reasons:					
- legal age	*37*	*0*	*0*	*0*	*2*
- reintegration into biological family	*99*	*171*	*86*	*175*	*180*
- reintegration into extended family	*6*	*3*	*3*	*2*	*0*
- adoption	*0*	*0*	*0*	*0*	*1*
- Placed under guardianship/curatorship	*1*	*12*	*0*	*1*	*4*
- placed in professional parental assistance	*0*	*0*	*0*	*0*	*1*
- placed in family-type children's homes	*2*	*9*	*2*	*0*	*0*
- Placed in other residential institutions	*11*	*3*	*2*	*11*	*8*
- other reasons	*42*	*40*	*46*	*20*	*21*
Temporary placement centers for young children					
Total exits,	213	248	158	167	187
Reasons:					
- legal age	*0*	*0*	*0*	*0*	*0*
- reintegration into biological family	*77*	*71*	*33*	*38*	*56*
- reintegration into extended family	*4*	*1*	*20*	*4*	*7*
- adoption	*11*	*5*	*1*	*14*	*4*
- Placed under guardianship/curatorship	*45*	*33*	*30*	*43*	*22*
- placed in professional parental assistance	*41*	*37*	*25*	*40*	*32*
- placed in family-type children's homes	*3*	*12*	*10*	*6*	*5*
- Placed in other residential institutions	*21*	*41*	*39*	*20*	*35*
- other reasons	*11*	*48*	*0*	*2*	*3*

Table 8. Number of children aged 0-6 years placed in family-based services, years 2018-2022

	2018	2019	2020	2021	2022
Total number of children placed in alternative family-based care services	**4278**	**4143**	**3908**	**3732**	**3736**
aged 0-2 years	*121*	*149*	*171*	*172*	168
aged 3-6 years	*602*	*638*	*614*	*619*	623
Total number of children in guardianship service	3259	3132	2878	2651	2682
aged 0-2 years	*84*	*91*	*112*	*116*	*122*
aged 3-6 years	*431*	*453*	*417*	*400*	*393*
Total number of children in professional parental assistance services	761	758	782	816	759
aged 0-2 years	*36*	*57*	*58*	*52*	*42*
aged 3-6 years	*147*	*150*	*159*	*179*	*183*
Total number of children in family-type children's homes	258	253	248	265	295
aged 0-2 years	*1*	*1*	*1*	*4*	*4*
aged 3-6 years	*24*	*35*	*38*	*40*	*47*

Table 9. Number of professionals providing alternative family-based care services, years 2018-2022

	2018	2019	2020	2021	2022
Number of foster parents	399	397	417	405	382
Number of family-type children's homes	62	58	53	59	64

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