

REVIEWING EXISTING QUALITY MECHANISMS IN CHILD PROTECTION MOLDOVA NATIONAL REPORT



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2017. október



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IN CHILD PROTECTION
MOLDOVA

NATIONAL REPORT

CHISINAU 2017

THIS PUBLICATION WAS POSSIBLE THANKS
TO THE SUPPORT OF:



TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	5
2. GENERAL DESCRIPTION OF THE CHILDPROTECTION SYSTEM SETUP	6
3. DESCRIPTION OF THE MEASUREMENT SYSTEM	9
3.1. Regulatory framework	9
3.2. Institutional framework	11
3.3. International standards, conventions which are at the basis of the system	14
3.4. How are the following principles ensured in the CPS	14
3.5. Scope of the quality control	15
3.6. Special measures to monitor institutional care	15
3.7. Description of the standards/indicators	16
3.8. Mode of data collection	18
3.9. Working mechanism	19
3.10. Mechanisms to include the voice of service users (families and children)	20
3.11. Mechanisms to provide feedback to service users	21
3.12. Roles and responsibilities	21
3.13. Gaps in the regulatory framework	22
4. ASSESSMENT OF THE SYSTEM	23
4.1. Relevance	23
4.2. Effectiveness	25
4.3. Efficiency	26
4.4. Impact	26
4.5. Sustainability	27
4.6. Participation of children and families	28
5. PROMISING PRACTICES	29
5.1. Description of identified promising practice	29
5.2. What aspect of the quality mechanism it is about	29
5.3. Describe how it works	29
5.4. Describe the results of this practice so far	30
5.5. Describe why it is considered a promising practice	31
6. RECOMMENDATIONS FOR IMPROVEMENT	32
6.1. Summary of hindering factors for the implementation and gaps in the regulatory framework	32
6.2. Summary of recommendations of the interviewed experts and of the researcher, based on its own analysis	32
6.3. Recommendations regarding the participation of children and families	33
ANNEXES	34



1. EXECUTIVE SUMMARY

This national report is a part of the project supported by The Child Protection Hub for South East Europe (which is a regional initiative operating in eight countries of South East Europe to provide capacity development and networking opportunities for child protection professionals and related workforce to develop and improve the knowledge base available for these professionals / in their languages).

In 2017, Child Hub aims to produce papers describing existing standards, regulations, indicators and systems for monitoring the quality of child protection services in 8 countries (Albania, Bosnia-Herzegovina, Bulgaria, Croatia, Kosovo, Moldova, Romania and Serbia). The existence of standards has been in focus in many countries in the recent past, and the EU has also acknowledged the importance of such standards in its reflection paper, encouraging and asking Member States to follow the 10 outlined principles. In line with the European Union's 10 principles of integrated child protection services, the research should assess to what extent countries comply with the principle of: *"Standards, indicators and tools and systems of monitoring and evaluation are in place. Systems are effectively regulated and independently monitored and accountable ensuring accessible, quality, child-sensitive services and care for all children"*.

In the last decade, the Republic of Moldova has made substantial progress in reforming the child protection system, and in particular, in the deinstitutionalisation and development of prevention and alternative child care services. The operational regulations and minimum quality standards for most child protection services have been developed and approved by the Government. In addition, the regulatory and institutional framework for accreditation and inspection of social service providers has been developed.

However, the analysis shows that there is not yet a functional national mechanism for monitoring the quality of services provided to children within the child protection system. The main hindering factors are:

- lack of an automated information system for data collection, which would collect data on all the quantifiable quality standard indicators and data on the case management process for all children at risk and children in child care placement services;
- lack of resources and lack of a functional institutional framework to provide initial and in-service professional training to the personnel employed in child care services.

On the other hand, the good news is that the Moldovan government, with the support of international donors and local NGOs, started working on these two issues in 2016 and envisages to have functional data collection and training systems in place by 2019.

Also, the analysis finds a very relevant promising practice related to child participation in the monitoring of child care services and ensuring that children's voices are given due consideration.

2. GENERAL DESCRIPTION OF THE CHILD PROTECTION SYSTEM SETUP

The Republic of Moldova is located in the central part of Europe, to the North-East of the Balkans, over an area of 33843.5 km². The stable population in 2017 is comprised of 3,550,852 people. The main Economic and Social Indicators for 2015 can be found in Annex 1.

On August 27, 1991, the Republic of Moldova became an independent and sovereign state. Since 1992, the Republic of Moldova has been a member of the United Nations Organisation, and has been a member of the Council of Europe since 1995.

The transformation and development of the child protection system in the Republic of Moldova started in 2006, fostered by a number of non-governmental organisations and supported by UNICEF, international donors and the political will for change.

The legal and policy framework regulating the setup and operation of the child protection system in the Republic of Moldova consists of the following legislative acts:

- Law no. 140 of 14.06.2013 on the Special Protection of Children at Risk and Children Separated from their Parents¹;
- Law no. 98 of 04.05.2012 on the Central Specialised Public Administration²;
- Law no. 436 of 28.12.2006 on the Local Public Administration³;
- Law no. 435 of 28.12.2006 on the Administrative Decentralisation⁴;
- Law no. 397 of 16.10.2003 on the Local Public Finance⁵;
- Law no. 547 of 25.12.2003 on the Social Assistance⁶;
- Law no. 123 of 18.06.2010 on the Social Services⁷;
- Government Decision no. 434 of 10.06.2014 on approving the Child Protection Strategy for 2014-2020⁸;
- Government Decision no. 835 of 04.07.2016 on approving the Action Plan for 2016-2020 for the implementation of the Child Protection Strategy for 2014-2020⁹;
- Law no. 68 of 05.04.2012 on Approving the National Decentralisation Strategy and the Action Plan for implementation of the National Decentralisation Strategy 2012-2018¹⁰;
- The central public authority in charge of developing, fostering and monitoring the implementation of child protection policies is the Ministry of Health, Labour and Social Protection,¹¹ which comprises the following structures:
- The National Social Assistance Agency (established in 2016, in charge of providing methodological support to the district/municipal social assistance and family protection departments, managing the system of initial and ongoing training for the staff employed in the social assistance and family protection system and for managing the social services subordinated to the Ministry)¹²;

1 <http://lex.justice.md/md/348972/>

2 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=344256&lang=1>

3 http://lex.justice.md/document_rom.php?id=C8E304A4:037190E8

4 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=321387&lang=1>

5 <http://lex.justice.md/index.php?action=view&view=doc&id=312821>

6 <http://lex.justice.md/index.php?action=view&view=doc&id=312847>

7 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=335808&lang=1>

8 <http://lex.justice.md/md/353459/>

9 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=365755&lang=1>

10 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=344005&lang=1>

11 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=371189>

12 <http://lex.justice.md/md/367718/>

- The National Council for Accreditation of Social Service Providers (established in 2012, in charge of certifying the capacity of social service providers, regardless of their form of ownership, legal form of organisation and administrative subordination and for the provision of qualitative social services)¹³;
- Social Inspectorate (established in 2011, whose mission is to inspect the correct and unitary enforcement of the laws and other regulatory acts that regulate the operation of social services, the provision of social aid and heating allowance).¹⁴

The child protection system in the Republic of Moldova is decentralized, and the main child protection functions are delegated to the district public authorities (32 districts, 2 metropolitan areas and 2 autonomous regions) and community public authorities (949 administrative-territorial units).

At the district/municipal level, there are Social Assistance and Family Protection Departments (hereinafter referred to as SAFPD) within the public authorities whose responsibilities include the implementation of child protection policies.¹⁵

The child protection services, except for highly specialised residential institutions, are mainly delivered at the district or community level, although the management of these services is performed by SAFPD at the district level. Even though there are services delivered by non-governmental or religious organisations, their share in the system is relatively small and most of these services are funded by donors or co-funded by local public authorities.

The workforce structure in the child protection system is based on about 1100 community social workers, specialists and civil servants in the field of child rights who are employed by the SAFPD, as well as other employees of the specialised or highly specialised child protection services (psychologists, psycho-pedagogues, legal experts, child minders, doctors, etc.).

13 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=346218&lang=1>

14 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=340822>

15 In Chisinau metropolitan area, the functions of social assistance and child protection are fulfilled by two separate structures.

3. DESCRIPTION OF THE MEASUREMENT SYSTEM

3.1. Regulatory framework

In the field of monitoring the quality of child care services in the Republic of Moldova, the following policy documents are relevant:

- Government Decision no. 434 of 10.06.2014 on approving the Child Protection Strategy for 2014-2020¹⁶;
- Government Decision no. 835 of 04.07.2016 on approving the Action Plan for 2016-2020 for the implementation of the Child Protection Strategy for 2014-2020¹⁷;
- Law no. 68 of 05.04.2012 on Approving the National Decentralisation Strategy and the Action Plan for implementation of the National Decentralisation Strategy 2012-2018¹⁸.

The key elements of monitoring the quality of child care services in the Republic of Moldova can be found in:

- Law no. 140 of 14.06.2013 on the Special Protection of Children at Risk and Children Separated from their Parents¹⁹;
- Law no. 547 of 25.12.2003 on the Social Assistance²⁰;
- Law no. 123 of 18.06.2010 on the Social Services²¹;
- Law no. 98 of 04.05.2012 on the Central Specialised Public Administration²²;
- Law no. 435 of 28.12.2006 on the Administrative Decentralisation²³;
- Law no. 436 of 28.12.2006 on the Local Public Administration²⁴;
- Law no. 397 of 16.10.2003 on the Local Public Finance²⁵.

In 2011, the Catalogue of Social Services was approved through the Order of the Ministry of Health, Labour and Social Protection (former Ministry of Labour, Social Protection and Family).²⁶ The goal of this Catalogue was to organise the social services that existed at that time, including the protection of children at risk and children separated from their parents so as to make it possible to work efficiently on the development and promotion

16 <http://lex.justice.md/md/353459/>

17 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=365755&lang=1>

18 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=344005&lang=1>

19 <http://lex.justice.md/md/348972/>

20 <http://lex.justice.md/index.php?action=view&view=doc&id=312847>

21 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=335808&lang=1>

22 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=344256&lang=1>

23 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=321387&lang=1>

24 http://lex.justice.md/document_rom.php?id=C8E304A4:037190E8

25 <http://lex.justice.md/index.php?action=view&view=doc&id=312821>

26 http://msmps.gov.md/sites/default/files/document/attachments/nomenclatorul_serviciilor_sociale.pdf

of the social service standardisation system. The Catalogue of Social Services includes the following services for children at risk and children separated from their parents:

- Community social assistance²⁷;
- Family support ²⁸⁻²⁹;
- Day care centre for children at risk³⁰;
- Guardianship³¹;
- Foster care³²;
- Family-type home³³⁻³⁴;
- Community home for children at risk³⁵;
- Temporary placement centre for children at risk;
- Placement and rehabilitation centre for young children³⁶.

The Catalogue includes the following services for the assistance and protection of children with disabilities:

- Personal assistance³⁷;
- Mobile team³⁸;
- Day care centre for children with disabilities³⁹;
- Respite care for children with disabilities⁴⁰;
- Temporary placement centre for children with disabilities⁴¹;
- Placement institution for children with severe mental deficiencies.

27 http://msmps.gov.md/sites/default/files/document/attachments/regulament-cadru_de_activitate_al_servi_ciului_de_asitenta_sociala_comunitara.pdf

28 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350352>

29 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354884>

30 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=360014>

31 <http://lex.justice.md/md/286119/>

32 <http://lex.justice.md/md/354816/>

33 <http://lex.justice.md/md/296958/>

34 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=304878>

35 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=346425>

36 <http://cprcvf.ms.md/?menu=10&lang=ro>

37 <http://lex.justice.md/viewdoc.php?id=343395&lang=1>

38 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=340345&lang=1>

39 <http://lex.justice.md/md/328490/>

40 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=343701&lang=1>

41 <http://lex.justice.md/md/328489/>

In addition, there are a number of residential institutions in the Republic of Moldova that are subordinated to or methodologically coordinated by the Ministry of Education, Culture and Research, namely:

- boarding-schools for children separated from their parents;
- special schools (for school-age children with sensory deficiencies or severe learning difficulties).

All the above mentioned services and institutions have regulations on their organisation and operation, and most of the services for children included in the Catalogue of Social Services also have minimum quality standards on their organisation and operation.

3.2. Institutional framework

The Law no. 140/2013 assigns child protection competencies to mayors of villages or cities at the community level (local guardianship authorities), and to SAFPD at the level of districts and metropolitan areas (territorial guardianship authorities). The guardianship authorities must take all the required measures to provide assistance and support to children and their families to prevent child separation from the family or, where applicable, to (re)integrate the child in the family.

The guardianship authorities can only decide the child's placement in cases where the assessment shows that it is not possible to maintain the child with their parents or cases where doing so contravenes the child's best interest. To prevent the abusive separation of children and their placement in residential institutions, any placement can be ruled by the territorial guardianship authority only if there is a positive endorsement of the Commission for the protection of the child in difficulty (*Gate-keeping Commission*).

In case of child separation from the family, the territorial guardianship authority oversees the child's placement, prioritizing placement in kinship care in the extended family over other types of placement and, if this is impossible, prioritizing placement in family-type services over residential services.

The Law no. 123 of 18.06.2010 on the Social Services constitutes the overall framework

of the establishment and operation of the integrated social service system. It determines the tasks and responsibilities of the central and local public authorities, other legal entities and individuals in charge of ensuring and providing social services, as well as protects the rights of social service users. The social services are defined as a set of measures and activities conducted to meet the social needs of the individual/family to overcome difficulties, prevent marginalisation and social exclusion.

Entitlement to existing social services is determined individually, based on an assessment of the individual's/family's need for such services.

The social services are classified as follows:

- *primary social services* that are provided at the community level to all beneficiaries and that aim at preventing or limiting difficulties that may result in marginalisation or social exclusion;
- *specialised social services* that imply engaging specialists and that aim at maintaining, rehabilitating and building the individual capacities to overcome the difficulties of the user or their family;
- *highly specialised social services* that are provided in residential institutions or in specialised institutions of temporary placement and that imply a number of complex interventions that may include any combination of specialised social services delivered to beneficiaries with increased dependency and who require permanent monitoring (24/7).

Every year, the Ministry of Health, Labour and Social Protection collects from the SAFPD statistics on the number of children at risk and children without parental care according to a Statistic Report approved by the National Bureau of Statistics, the activity of district/municipal Gate-keeping Commissions, the number of notifications on cases of child violence, neglect, exploitation and trafficking, the number of children whose parents or only parent are abroad.

The National Council for Accreditation of Social Service Providers has the following functions: to evaluate the quality of social services; to decide whether to accredit or not accredit the social service providers, as well as to withdraw the accreditation certification; and to carry out the unannounced evaluation of the accredited social service provider based on a notification.

The duties of the Council are to: submit suggestions to the Ministry of Health, Labour and Social Protection concerning the development of regulatory acts on the accreditation of social service providers, of standards and national programmes; set out the criteria for the selection of evaluation experts; set out the duties of groups of experts in evaluation; establish and approve the membership of groups of experts in evaluation; develop the criteria for the evaluation of experts' work; approve the plans of the Council; decide whether to accredit or not accredit the social service providers on the basis of unique criteria that are made available to all social service providers, irrespective of their legal form of organisation; issue the accreditation certification; inform the social service provider about the decision on their accreditation or non-accreditation; conduct unannounced evaluations of the accredited social service providers as a result of notifications received from law enforcement authorities, the Social Inspectorate and other legal entities and individuals; suspend and/or withdraw the accreditation certificate; examine the complaints and undertake litigations related to the accreditation of social service providers; provide consultations in the field of accreditation of social service providers; organise and deliver trainings in the accreditation of social service providers; and develop international collaboration in the field of accreditation of social service providers.

The Social Inspectorate has the following duties: to inspect the enforcement of regulatory acts concerning the provision of social aid, heating allowance and social services delivered by the social service providers, irrespective of their type of ownership and legal form of organisation; to identify the violations of legislation in the inspected area and to inform the line authorities; and to draft written reports that present the findings of the inspection missions, the recommendations for improving the activity, suggestions to apply legal measures, as well as the period in which the identified deviations must be remedied.

3.3. International standards, conventions which are at the basis of the system

- Convention on the Rights of the Child⁴²;
- UN Guidelines for the Alternative Care of Children⁴³;
- Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption⁴⁴;
- Council of Europe legal standards (Children's rights and social services friendly to children and families)⁴⁵.

3.4 How are the following principles ensured in the CPS:

- a) best interest determination
- b) do no harm
- c) equal access to services – including for vulnerable children

In line with the Law no. 140/2013, children are entitled to protection without discrimination based on race, colour, sex, language, religion, political or other beliefs, citizenship, ethnic or social background, status at birth, financial status, degree and type of disability, specific growth aspects of children, of parents or legal representatives, or environment (family, educational institution, social service, healthcare institution, community, etc.).

According to this Law, *the best interest of the child* is to “provide adequate conditions for the smooth growth and development of the child taking into account the child’s individual features and their specific situation”.

All the regulations and minimum quality standards on the organisation and operation of social services for children stipulate the best interest of the child and the equal access to services, however “do no harm” is not directly stipulated as a principle.

42 <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

43 https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

44 <https://www.hcch.net/en/instruments/conventions/specialised-sections/intercountry-adoption>

45 <https://rm.coe.int/168046ccea>

For example, the Minimum Quality Standards for the Foster Care Service allocate a separate chapter to the best interests of the child and four standards refer to the child's identity, non-discrimination, fulfillment of the right to life and maintenance and development of bonds with family members and other individuals who are close to the child.

Children must have access to assistance and protection services through mechanisms of identification and assessment of children at risk and must be referred to the family support service at the community level (with the service manager's consent) or to protection services addressed to children separated from their parents (in line with the decree of the territorial guardianship authority with the positive endorsement of the Gate-keeping Commission).

3.5. Scope of the quality control (does it include justice, health, education? Other?)

In general, the scope of the quality control in the child protection system is to ensure the fulfillment of beneficiaries' rights and protection against their violation.

According to the regulations on the organisation and operation of social services, the service provider or manager holds the responsibility for ensuring the quality and monitoring of the enforcement of minimum quality standards.

Education and health is included in the minimum quality standards. The children in contact with the justice system benefit from friendly hearings/interviews, but the system of assistance and protection services for children in contact/conflict with the law is under development.

3.6. Special measures to monitor institutional care

There are no special measures for monitoring institutional care. One of the strategic objectives of developing the child protection system is the reform of the residential care system. There are no minimum quality standards for the organisation and operation of

residential institutions except for the temporary placement centres for children separated from their parents, placement centres for children with disabilities and community homes for children at risk. The large residential institutions are subordinated to and/or methodologically coordinated by the Ministry of Education, Culture and Research and the Ministry of Health, Labour and Social Protection. However, the regulations on the organisation and operation of these residential institutions contain provisions on ensuring the quality of the provided services and enforcement of the rights of children who are placed there.

There is no mechanism for monitoring the quality of child care in all the large residential institutions.

3.7. Description of the standards/indicators

The development/review of the minimum quality standards for the organisation and operation of social services for children in line with the UN Guidelines for the Alternative Care of Children has been promoted. However, this process did not cover the classic residential institutions, because the political objective is to close them down.

The basic structure of the minimum quality standards for the social services of child assistance/protection contains the following key clusters:

- Child-friendly service;
- Best interest of the child;
- Child development;
- Child protection;
- Service management.

Each cluster contains a number of minimum quality standards with the following structure:

- Objective of the standard;
- Expected outcome;
- Indicators of achievement.

Each social service of child assistance/protection has over 30 minimum quality standards. For example, the *Foster Care Service* has the following quality standards:

- Accessibility of the Service;
- Information and awareness raising;
- Individual approach;
- Multidisciplinary approach;
- User participation;
- Confidentiality of information;
- Child's identity;
- Non-discrimination;
- Respect for dignity and right to private life;
- Maintenance and development of bonds with family members and other individuals who are close to the child;
- Health;
- Hygiene;
- External aspect. Personal belongings. Pocket money;
- Nutrition and cooking;
- Education;
- Free time and activities;
- Protection from violence, neglect and exploitation;
- Safe living conditions;
- Submission and examination of complaints;
- Assessment of the applicant for the position of foster carer;
- Approval of the foster carer;
- Specific rights and obligations of the foster carer;
- Re-approval of the foster carer;
- Personal file of the foster carer;
- Assessment of the child's assistance and development needs;
- Individual care plan of the child;
- Matching of the foster carer with the child;
- Placement of the child;
- Monitoring of the child and review of the child's individual care plan;

- Preparation of the child to leave the Service and completion of the placement;
- The file of the child placed in the Service;
- Supervision of staff;
- Evaluation of the employees' performance;
- Evaluation and planning of the Service activity.

3.8. Mode of data collection

Data is collected manually at the beginning of each year for the previous year by the Directorate for Policies on the Protection of Rights of Children and Families with Children within the Ministry of Health, Labour and Social Protection using statistic forms concerning the number of children at risk and children without parental care, the activity of district/municipal Gate-keeping Commissions, the number of notifications on cases of child violence, neglect, exploitation and trafficking, and the number of children whose parents/only parent are abroad.

The statistic forms contain disaggregated data on:

- Children's age;
- Place of residence;
- Children's gender;
- Disability;
- Identified situations of risk for children;
- Placement services children are in;
- Adoption (domestic/intercountry);
- Cases of participation of guardianship authorities in the protection of children's rights in court.

The primary data on children at risk and children without parental care is supplied by the local guardianship authorities (through the community social workers) and the territorial guardianship authorities (SAFPD).

3.9. Working mechanism

Currently, there is no system for collecting data on the quality of care of children at risk and children without parental care.

The National Council for Accreditation of Social Service Providers has accredited some of the providers of social services for children (see annex 2).

According to the legislation, the social service providers are required to undergo the accreditation procedure once every 5 years. The accreditation criteria include:

- they must have personnel with professional training that corresponds to the type of social services for which they request the accreditation;
- they must apply the quality standards of the social services for which they request the accreditation.

The Social Inspectorate has inspected so far about 1/5 of:

- Temporary placement centres for children separated from their parents;
- Family-type homes;
- Day care centres for children at risk;
- Personal assistance service for persons with disabilities (including children).

The reports on the work of the National Council for Accreditation of Social Service Providers and of the Social Inspectorate are presented every year to the Ministry of Health, Labour and Social Protection.

According to the legislation, the service providers and managers are required to ensure the quality of the provided services and to monitor the delivery of social services. However, there is no data on the fulfillment of these duties by the providers at the moment, even though the supervision mechanism was approved by the Ministry of Health, Labour and Social Protection (former Ministry of Labour, Social Protection and Family) in 2015.

3.10. Mechanisms to include the voice of service users (families and children)

In line with the minimum quality standards, service providers must ensure the participation of the child and, where applicable, of the parents in the planning of activities and evaluation of service quality.

Thus, according to the achievement indicators of the user participation standard:

- the service provider has clear procedures for the child to express their opinion and participate in making decisions that affect them at all stages of service delivery. These procedures are in line with the child's age and communication skills;
- the service provider creates conditions for the child to express their opinion on the quality of care by different means (by telephone, individual discussions, in writing, etc.) and takes all the necessary measures to make sure that no child is punished for expressing their opinion. The social worker who manages the Service holds individual discussions with the child and their parents to improve the care provided to the child. These discussions are registered in the child's file;
- The social worker who manages the Service ensures that the child and their parents are informed about the actions taken as a result of consulting their opinion, as well as about the reasons for not taking into account their suggestions in case they contravene the best interest of the child or are not relevant for the goal and objectives of the Service.

In addition, according to the Law no. 52 of 03.04.2014 on the Ombudsman, the Child's Rights Ombudsman ensures that the child's rights and freedoms are fulfilled and that the central and local public authorities and decision-makers at all levels enforce the provisions of the UN Convention on the Rights of the Child. The Child's Rights Ombudsman receives and examines the complaints on the violation of the child's rights and freedoms and issues timely written replies to the complaints.

Moreover, the Child's Rights Ombudsman provides protection and assistance to children at their request without asking for the consent of their parents or legal representatives. The child is informed about the result of examination of the request in line with their intellectual and mental maturity and the Ombudsman has the right to act from the

office to assist the child in difficulty or at risk without asking for parents' or legal representatives' consent.

Another available service for making children's voice heard is the free Child's Helpline no. 116111 that (confidentially and, at people's request, anonymously) receives and refers notifications of child violence, neglect, exploitation and trafficking, provides consultation on the rights of the child, emotional support and psychological counselling to children and to their parents/carers, where necessary.

3.11. Mechanisms to provide feedback to service users

According to the minimum quality standards, the service provider offers to the child and family the possibility to submit complaints regarding the quality of the provided service, including the cases of violence, exploitation and neglect identified in the process of service delivery.

In addition, in line with the Law on Complaints,⁴⁶ any individual whose legitimate rights and interests are violated may send a complaint to the state authorities, companies, institutions and organisations for the protection of their legitimate rights and interests. The complaints are examined by the line authorities within 30 working days, while the complaints that do not require additional examination are examined without delay or within 15 working days from the date of registration.

3.12. Roles and responsibilities

As mentioned in the section 3.2. *Institutional framework*, the Ministry of Health, Labour and Social Protection is in charge of monitoring the implementation of policies, including monitoring the quality of assistance and protection services for children at risk and children separated from their parents. This function is mainly performed through the Social Inspectorate and the National Council for Accreditation of Social Service Providers.

46 <http://lex.justice.md/md/313313/>

On the other hand, the implementation of child protection policies at the territorial and local level (including the development and monitoring of the quality of delivered services) is the role of SAFPDs. In addition, according to the regulations on the organisation and operation of social services, it is the role of social service providers and managers to provide and monitor the quality of the delivered services.

3.13. Gaps in the regulatory framework

Although there are legal provisions on ensuring and monitoring the quality of services delivered to children at risk and children separated from their parents, the regulatory framework does not offer a clear and full picture of the system of ensuring the quality of child care. In other words, even though there are authorities, institutions and mechanisms in charge for ensuring and monitoring the quality and a monitoring system has started to take shape, the regulatory framework needs to be improved and adjusted so as to provide complete data on the results of monitoring of the quality of child care services that would enable the analysis of the situation both in particular and as a whole.

4. ASSESSMENT OF THE SYSTEM

4.1. Relevance

Is the system appropriate and in line with its objectives?

Is it done independently of service providers and government?

Is it transparent and is the system accountable to service users?

What mechanisms exist to feedback to service users?

Is the mechanism appropriate to assess how child-sensitive the services are?

Is the system results oriented-focusing on the impact on children?

From the institutional perspective, the system is appropriate and in line with its objectives: there is a central authority that runs the National Council for Accreditation of Social Service Providers and the Social Inspectorate. At the local/territorial level, the SAFPD/managers of social services have duties of monitoring the quality of assistance and protection services addressed to children at risk and children separated from their parents. The Ombudsman has adequate powers to monitor the quality of services delivered to children at risk and children separated from their parents, in the general context of the rights the Ombudsman is invested with.

From the perspective of the systemic organisation, the existing model is adequate (given the extremely scarce resources) and corresponds to the general objectives of ensuring the monitoring of the quality of care services. However, the functionality of this institutional framework is far from optimal.

The institutions of the central public authority that have duties of monitoring, ensuring and inspecting the quality of care services delivered to children at risk and children separated from their parents do not have sufficient human and financial resources to provide the annual monitoring of the quality of services delivered to children given that there are over 6200 children in placement services and over 2000 children at risk who are beneficiaries of the Family Support Service.

In addition, out of the total number of 14 types of social services addressed to children at risk and children separated from their parents, only 6 types of services have been accredited so far.

The National Council for Accreditation of Social Service Providers and the Social Inspectorate operate independently from the social service providers, but, as mentioned above, these structures are run by the Ministry of Health, Labour and Social Protection. In addition, we can say that there is no **system** independent from the Government that would monitor the quality of child care, while the work of the Ombudsman and of NGOs in this field is territorially and thematically limited or represents reactions to notifications of child rights violation.

As for the transparency of the system for monitoring the quality of care services addressed to children at risk and children separated from their parents, it is necessary to highlight that there are no restrictions on the access to reports of service inspection produced by the Social Inspectorate and there are no specific protocols for ensuring transparency. At the moment, the inspection reports are presented to the founders and providers of social services, as well as to the Ministry and can be accessed by any individual upon request, but are not available online, because the website of the Inspectorate is under development.

There are certain elements of indirect accountability to the service users, which refer, on the one hand, to the fulfillment of recommendations and removal of gaps in the delivery of services for children that are identified during the accreditation or inspection of services. On the other hand, these elements can be found in the monitoring of service quality by the service providers/managers. Regardless, we cannot say that the quality monitoring system is accountable to children in its current form and content.

At the moment (except for the complaint mechanism), there are no other mechanisms of feedback to service users and the answer to the questions: *“Is the mechanism appropriate to assess how child-sensitive the services are?”* and *“Is the system results oriented-focusing on the impact on children?”* is “No, it isn’t”.

4.2. Effectiveness

*Can the current system appropriately measure the quality of services?
What are the hindering factors and gaps?*

As mentioned above (p. 4.1.), the institutions of the central public authority that are in charge of monitoring, providing and checking the quality of services addressed to children at risk and children separated from their parents (namely the Social Inspectorate and the National Council for Accreditation of Social Services) do not have sufficient human and financial resources to annually monitor the quality of services provided to children. However, achieving the effectiveness of the monitoring system with the existing institutional framework and with the required amount of human and financial resources would make the system cost-inefficient.

The main factors that impede reaching the effectiveness of the quality monitoring system are:

- a. the lack of an automated information system that would provide the possibility of collecting data on the monitoring of the quality of services delivered to children (it should, however, be stated that complex efforts are currently made to develop such an information system);
- b. the lack of a sustainable system of initial and in-service training for the child protection personnel (however, we should not neglect the fact that initial and thematic trainings have been and are periodically delivered to the child protection personnel with support of international donors and non-governmental organisations at national and territorial level). Thus, the strategic vision for ensuring effectiveness is, first of all, based on strengthening the skills of child protection personnel in implementing, supervising and monitoring the enforcement (by the providers/managers) of the minimum quality standards of these services.

4.3. Efficiency

*How efficient is the current system and how could efficiency be improved?
Is efficiency a legitimate goal of the system?*

Because of the lack of effectiveness, the system is not efficient. However, the prospects are positive, namely:

- the implementation of the “Social Assistance” Automated Information System that will enable the collection and analysis of formal data on the enforcement of the minimum quality standards. However, the information system will not have the capacity to collect qualitative data on the enforcement of Standards (which implies interviewing beneficiaries), therefore the service providers/managers and the Social Inspectorate will have to provide this data (using self-evaluation and planned and unannounced monitoring visits);
- the establishment of the system of initial and in-service training for the social protection personnel (run by the National Social Assistance Agency) will essentially raise the quality of services.

4.4. Impact

What are the results of the system so far (i.e. reports, existing feedback mechanisms, improvements or changes made to the system based on the mechanism)?

No analysis of the impact of the system for monitoring the quality of child care services has been conducted so far. In addition, the establishment of the mechanism for accrediting and inspecting the social services will enable a formal analysis of the service quality in the near future. At the moment, there is no effective mechanism of increasing the liability of the services providers that are not accredited or do not meet the standards. As a result, some child care service providers have a superficial attitude towards the accreditation, monitoring and inspection institutions, which does not mean, however, that they do not try to follow the rules and the minimum quality standards.

4.5. Sustainability

Is the developed system doable related to the budget, institutional capacity, participation, etc.?

Is there training provided to professionals to do the assessments appropriately?

What changes need to be made to improve the sustainability?

Are subsequent policies and strategies build on the reports of the mechanism?

In fact, we cannot say that there is an advanced system for monitoring the quality of child care services therefore no analysis of the ability, budget, institutional capacity, participation, etc., can be made.

According to the Law no. 547 of 25.12.2003 on Social Assistance, “the territorial social assistance structures and the social service providers, irrespective of their legal form of organisation and type of ownership, ensure the in-service training of the personnel”. In fact, the national system of initial and in-service training is under development.

In addition, efforts have been made to develop and implement the “Social Assistance” Automated Information System that will impose specific tasks of monitoring and supplying data on the enforcement of the minimum quality standards in relation to every child who receives assistance or care in the child protection system.

As mentioned above, the classic residential institutions for children without parental care / children with disabilities do not have minimum quality standards developed and approved in the same way as the minimum quality standards for alternative assistance and protection services addressed to children at risk and children separated from their parents even though the regulations of these institutions contain provisions that refer to the quality of services and care.

Although the minimum quality standards for alternative assistance and protection services addressed to children at risk and children separated from their parents have a unique and clear format, the amount of funds allocated to services does not allow the full enforcement of the standards. Thus, the regulatory framework that does not refer so much to the funding method, but rather to the justification of the amount of funding that is required for each service is defective.

4.6. Participation of children and families

Is there any?

What is the mechanism?

How relevant and appropriate is it?

Are children and families informed of the results of the quality control?

As stated in item 3.10., the right to make complaints is the only mechanism for involving families and children in the process of quality monitoring and there are no other mechanisms in place to inform children and families of the results of service monitoring and evaluation.

5. PROMISING PRACTICES

5.1. Description of identified promising practice

The Advisory Board of Children (ABC) is an initiative piloted by the NGO “Partnerships for every child” in several districts of the country.

The goal is to improve the quality of alternative placement services for children by involving children in the monitoring of placement services that are provided in their district.

5.2. What aspect of the quality mechanism it is about

This promising practice is aimed at incorporating children’s voices in the monitoring of services that are provided to them.

5.3. Describe how it works

The ABC comprises 20 children at most and an adult coordinator who is selected through a contest and who expresses interest in participating in the guidance/cooperation with children. The children’s group is representative for the community/organisation/service in that it gathers children of different ages and different life and care experiences. The adult coordinator takes part in the establishment of the group. The management of the group follows democratic and child rights principles, i.e. the decisions are made with the direct consultation and participation of the ABC members.

On Saturdays and Sundays, the ABC members from the pilot districts conduct visits to monitor the child services. During these visits, they discuss with child beneficiaries and present the results at joint evaluation meetings under the guidance of the adult coordinator.

The ABC members who are involved in the monitoring have the parents’ consent. Children select the communities where they can go to visit the children placed in care; they divide the roles among themselves: who talks to the child in placement and who

takes notes. The ABC members do not make monitoring visits to children placed in services located in their community of origin.

The resources required for the ABC to operate are:

- Adult coordinator - person paid to run the ABC (usually, a teacher), who conducts this activity after the main job hours or in weekend;
- Coverage of ABC members' travel and nutrition expenses (monitoring visit, production and discussion of reports).

5.4. Describe the results of this practice so far

The monitoring report is the final product of the process. This implies a meeting where the ABC members and the adult coordinator compile the collected information, the aspects that they noticed and their views on the situation of children placed in services. Children are encouraged to collect complete information. They are supported in noticing the changes and problems and in maintaining a balance between positive aspects / progresses and the negative aspects / difficulties in the presentation of data.

The information / reports must include and respect children's views and maintain their style of wording.

The report is presented to the Social Assistance and Family Protection Department.

Children are provided with channels/means of communication to express their views on the results of monitoring that are appropriate for children's age and capacities and for the addressed subject. These channels/means of communication can be used to communicate with duty bearers at all levels.

5.5. Describe why it is considered a promising practice

As a result of the ABC monitoring, there have been cases when foster carers were dismissed (because of child violence and exploitation). At the same time, the existence and operation of the ABC is a real challenge to the service managers although the heads of SAFPDs from the pilot districts declared their support for this monitoring tool.

In the pilot districts, the ABCs cover and report on the quality of all child protection services throughout a year.

6. RECOMMENDATIONS FOR IMPROVEMENT

6.1. Summary of hindering factors for the implementation and gaps in the regulatory framework

The factors hindering the implementation of an effective and efficient system for monitoring the child care services are:

- lack of a data collection automated information system, which would collect data on all the quantifiable quality standard indicators and data on case management process for all children in risk situations and children in child care placement services;
- lack of resources and of a functional institutional framework to provide initial and in-service professional training to the personnel employed in child care services;
- low salaries and child care benefits;
- high staff turnover among key professionals (community social workers and child protection specialists at the district/municipal level);
- ineffective linkage between accreditation/inspection and its impact (positive or negative consequences);
- lack of specific minimum quality standards for residential care institutions (boarding schools, auxiliary schools, placement and rehabilitation centres for preschool vulnerable children, placement institution for severe mental/complex disabilities).

6.2. Summary of recommendations of the interviewed experts and of the researcher, based on its own analysis

Further development and implementation of the data collection automated information system (which will include quantitative data on the compliance with all the quantifiable performance indicators for every child placed in the protection services).

Completion of the development and implementation of the initial and in-service professional training system for the social assistance professionals by the National Social Assistance Agency.

In general, the interviewed representatives of stakeholders and NGO partners (see annex 3) agreed that there is no functional system for monitoring and evaluating the quality of child care services.

In addition, it was mentioned that some districts where technical assistance projects were implemented have staff supervision systems and systems for monitoring the quality of social services, but the results of the monitoring are not analysed or formally reported.

Another recommendation of the interviewed NGOs is to increase the functional authority of the system for accrediting and inspecting the quality of child care services.

General consensus was expressed in relation to the need to raise the salaries and child care benefits.

6.3. Recommendations regarding the participation of children and families

- *For the regulatory framework*
- *For implementation*

Additionally to the recommendations contained in item 6.2., the Government and the MHLSP are to institutionalise the ABCs in all the districts/metropolitan areas of the country on the basis of the piloted experience.

It is necessary to cost and allocate the necessary funds for the operation of ABCs.

ANNEX 1

Main Economic and Social Indicators (2015)

Indicator	Value
GDP per capita	5,036 USD (purchasing power parity)
Life expectancy at birth	71.5 years
Infant mortality (per 1,000 live births)	9.7
Under-five mortality rate (per 1,000 live births)	11.7
Maternal mortality (deaths per 100,000 live births)	20.9 (three years average)
Human Development Index	0.696; rank: 107 out of 188 countries
Inflation rate	9.1
Absolute poverty rate	9.6 (11.5% for children)
Expected years in education, 7–18 years	9.69
Enrolment rate in compulsory education (children ages 7–15 years)	88.2
Enrolment rate in pre-primary education (children ages 3–6 years)	85.1
Children left behind by labour migrant parents (both parents)	38,921 (5.6% of all children)
Employment rate	40.3
Unemployment rate	4.9

ANNEX 2

Data on child protection services, accredited till the June 2017

1. Foster Care	30 services in total
accredited	27 services
not accredited	2 services
initial accreditation	1 service

2. Mobile Team	22 services in total
accredited	18 services
initial accreditation	4 services

3. Day care centre for children at risk	20 services in total
accredited	10 services
initial accreditation	1 service
temporary accreditation	5 services
not accredited	4 services

4. Temporary placement centre for children at risk	29 services in total
accredited	22 services
initial accreditation	1 service
not accredited	6 services

5. Community home for children at risk	4 services in total
accredited	2 services
initial accreditation	2 services

6. Community home for persons with disabilities	11 services in total
accredited	10 services
initial accreditation	1 service

ANNEX 3

List of professionals interviewed

1. Gheorghe Trofin, Chief of the Section of family policy and social assistance for children, Ministry of Health, Labour and Social Protection;
2. 3 specialists in child rights protection from SAFPD (Ungheni, Causeni, Orhei districts);
3. 4 foster parents (Ungheni, Chisinau, Falesti, Causeni districts);
4. 3 community social workers (Falesti, Floresti, Ungheni districts);
5. 3 SAFPD Chiefs (Floresti, Falesti, Ialoveni districts);
6. 3 child protection services managers (Chisinau, Falesti, Cahul districts);
7. 4 representatives of child protection NGOs (Terre des Hommes; Partnership for every child; Child, Community, Family Moldova; Lumos).



