CASE MANAGEMENT

for children identified without legal representatives on the territory of other states

TABLE OF CONTENTS

ACRONYMS

MLSPF	Ministry of Labor, Social Protection and Family
SAFPD	Social Assistance and Family Protection Department
MDT	Multidisciplinary Team
CsMg	Case Management
ICP	Individual Care Plan

INFORMATIVE NOTE

regarding the Professional's Handbook

"Case Management for Children who are Identified without Legal Representatives on the Territories of other States"

The situation of children in the Republic of Moldova is more and more influenced by the socioeconomic conditions of the country. According to World Bank data, in 2012, the Republic of Moldova ranks 143 of 193 countries by GDP per capita[1] and continues to be the poorest country in Europe. In 2012, the share of the population below the absolute poverty line was 16.6%.[2] The phenomenon of labour migration continues to be worrisome. According to the statistics of the destination countries, around year 2012 between 615.171 and 390.280 Moldovans resided abroad. [3]

The poor economic conditions and the lack of future prospects determine many Moldovans to migrate, most of which are from rural areas. The main reasons for leaving the rural areas is the lack of attractive employment opportunities (new jobs are not created, salaries are low[4], the massive return to subsistence farming) and poor living conditions (lack of access to basic services and infrastructure).[5]

The flow of people migrating to different countries is permanently growing. The goals of migration are different and so are the countries of destination. A considerable number of people head for the Russian Federation. The official data confirms that a large number of children have gone abroad with the adult population. The illegal stay of adults from the Republic of Moldova in the countries of destination has considerably affected the status of minors who accompanied the adults.

The challenge that migrant families face are numerous and can have following effects on children: lack of conditions for education and upbringing in the family; limited access to educational and health services in the target country; school abandonment; vagrancy; abandonment by parents; violence; exploitation; involvement in delinquent activities, other social risks.

The efforts of Moldovan authorities to support the identification, protection, repatriation and (re)integration of Moldovan children in their country of origin and of destination have been counter-balanced by a number of challenges caused by the need to comply with the legislation of both countries on migration and on citizenship, as well as to observe the rights and best interest of the child.

---

[1] http://data.worldbank.org/indicator/NY.GDP.MKTP.CD

[2] *Eradicarea sărăciei şi foamei. Unde suntem?* http://www.undp.org/content/moldova/ro/home/mdgoverview/overview/mdg1/

[3] MPC – Migration Profile: Moldova, June, 2013 http://www.migrationpolicycentre.eu/docs/migration_profiles/Moldova.pdf

[4] *Migraţia Forţei de Muncă*, Biroul Naţional de Statistică a Republicii Moldova, http://www.statistica.md/public/files/publicatii_electronice/migratia/Migratia_FM.pdf

[5] „Republica Moldova 2007: Raport de Stare a Ţării", Expert-Grup, 2008. http://www.expert-grup.org/old/library_upld/d60.pdf

By 2008, the Republic of Moldova did not have a national by-law to regulate the procedure of repatriation of children identified at risk outside their country of origin and children used to be repatriated according to the Agreement on the collaboration of Ministries of Internal Affairs regarding the return of minors to their countries of origin (signed in Volgograd city in 1993) and the Agreement on the collaboration of CIS member states on issues of returning minors to countries with permanent residence (signed in Chișinău city in 2002).

On 07.08.2008 the Moldovan Government adopted the Government Decision no. 948 "On approving the Regulation regarding the procedure of repatriation of children and adults – victims of human trafficking, illegal trafficking in migrants, as well as unaccompanied children", that has laid the legal foundation for the procedure of repatriation of children identified outside the Republic of Moldova.

Before the entry into effect of the Government Decision no. 948, Moldovan children were repatriated without any preparation for themselves or their families for their return to the country of origin (assessment of the child's family situation), without any Individual Care Plan for intervention drafted based on the child's needs and best interest. Now, we can say that the procedure of repatriation of children has gradually improved, but it is still necessary to work on the (re)integration of children in their socio-family environment (family, educational and social environment).

At national level, some measures have already been taken to consolidate the legal framework and the institutionalized national multidisciplinary mechanisms with a view to coordinate the child protection activities.

To improve and build the skills of professionals in the field of child protection and to improve the situation of repatriated children – the MLSPF, in cooperation with Tdh, provides the Professional's Handbook "Case Management for Children who are Identified without Legal Representatives on the Territory of other States" (hereinafter the Handbook).

The Handbook is developed in line with the legislation of the Republic of Moldova and maintains the stages of the Case Management approved by Order of the MLSPF, Case Management (Social Assistant's Handbook), no.71 of 03.10.2008.
The usefulness of this Handbook is that the professionals in the field of children protection will consolidate:

I. <u>in terms of knowledge</u>

- particularities of the unaccompanied child identified on the territory of another state.
- notion of risk and its assessment (risk, vulnerability, protective factors).
- psychosocial approach in providing assistance to the unaccompanied child identified on the territory of another state (including his/her family).
- national child protection system.
- methods of working in team / partnership.
- role of the MDT in assisting the repatriated child.
- principles of working with the repatriated child and his/her family.

- the Case Management methods for repatriated children.

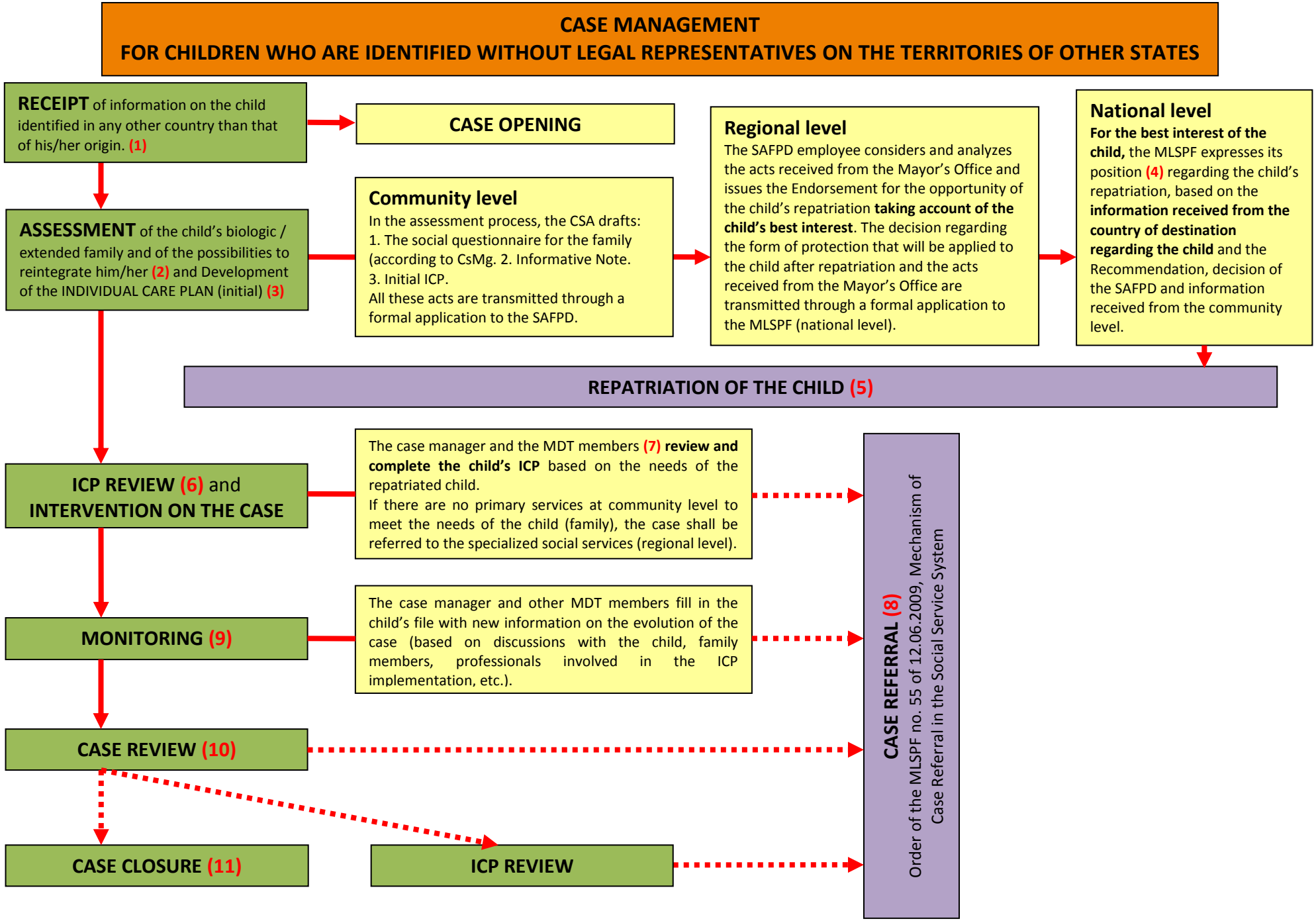
II. <u>in terms of skills</u>

- psychosocial assessment and assessment of the repatriated child's immediate and long-term needs.
- development of the Individual Care Plan for the unaccompanied child identified on the territory of another state in line with his/her needs.
- implementation of the Individual Care Plan.
- use of efficient techniques of work and communication with the repatriated child and his/her family.
- collaboration with partners at local/national level in providing assistance to the repatriated child.

III. <u>in terms of attitudes</u>

- promotion of best practices of rehabilitation and (re)integration of the repatriated child.
- responses to all the cases of all the identified Moldovan children at risk on the territory of another state.
- avoidance of prejudice and stigmatization.
- observance of the professional ethics.

CASE MANAGEMENT
FOR CHILDREN WHO ARE IDENTIFIED WITHOUT LEGAL REPRESENTATIVES ON THE TERRITORIES OF OTHER STATES



GENERAL RULES*

* These rules apply to all cases that involve children identified without legal representatives on the territory of other states.

(1) When information on the child is received from other sources than the MLSPF, the local/territorial guardianship authority informs the Ministry about the case and about the opening of the child's case file *(Government Decision no. 948 of 07.08.2008 on approving the Regulation concerning the procedure of repatriation of children and adults – victims of human trafficking, illegal trafficking in migrants, as well as unaccompanied children).*

(2) The guardianship authority that received the information on the child charges the assessment of the *(according to the Order of the MLSPF no.71 of 03.10.2008, Case Management (Social Assistant's Handbook)*:
1. biologic / extended family (relatives of the child up to the 4th degree of kinship inclusively).
2. social services available in the community depending on the child's needs.

Professionals from different fields with child protection duties can be attracted in the assessment.

The supervisor checks if the case manager conducts in urgent manner the assessment of the biologic/extended family and elaborates the initial individual care plan (item 37 *of Government Decision no. 948 of 07.08.2008 on approving the Regulation concerning the procedure of repatriation of children and adults – victims of human trafficking, illegal trafficking in migrants, as well as unaccompanied children).*

The supervisor makes sure that the case manager:
1. conducts the assessment of the child's biologic/extended family through:
a) home visits (announced and unannounced);
b) involvement of the multidisciplinary team, if needed;
c) involvement of the child's family/legal representative in the assessment process.
(Order of the MLSPF no. 99 of 31.12.2008, Mechanism of Professional Supervision in Social Assistance).

2. Communicates the available information regarding the child to the family.
It is important that **family members are given time** to make the decision on the (re)integration of the child in the family. *(Item 31 of Government Decision no. 948 of 07.08.2008).*

(3) It is important to take into consideration when elaborating the initial Individual Care Plan – in case the child was born on the territory of another country, he/she might not know his/her relatives from Moldova.
The case manager, in cooperation with the MDT, elaborates the (initial) Individual Care Plan of the child under the following requirements:

a) the Individual Care Plan is adjusted to the needs of the child and the biologic/extended family that have been identified by the assessment;
b) the biologic/extended family is actively involved in this process;
c) all the relevant and available (individual and community) resources have been taken into account when developing the Individual Care Plan.
(Order of the MLSPF no. 99 of 31.12.2008, Mechanism of Professional Supervision in Social Assistance and Order of the MLSPF no.71 of 03.10.2008, Case Management (Social Assistant's Handbook).

Depending on the age and maturity of the child, his/her opinion will be taken into consideration in all the decisions and actions that might affect him/her including: return to the country of origin, reunification with the biologic family, extended family or placement in other forms of care, etc.

The Individual Care Plan is communicated to the family members and is signed by the family member who expressed his/her consent to take the child in care.

(4) "***The decision to repatriate the child*** *is made only when safe reunification of the child with the family is possible or when an appropriate institution agrees and can provide adequate protection and care immediately after the child's return to Moldova. The involved line authorities recognize that repatriation may not take place. If, after the social-family questionnaire, assessment of the risk, security, integration of the child in the country of destination and duration of absence from the home country, desirability to continue the education of the child in the country of destination and ethnic, religious, cultural and language particularities of the child, there are indicators that repatriation is not in the best interest of the child, the line authorities can make the decision not to repatriate the child." (item 9 of Government Decision no. 948 of 07.08.2008 on approving the Regulation concerning the procedure of repatriation of children and adults – victims of human trafficking, illegal trafficking in migrants, as well as unaccompanied children).*

(5) Before repatriation, the family is prepared and further assisted in the (re)integration of the child.
Therefore, the family is informed about the:
1. terms of repatriation mission and the setting where the child will be placed after repatriation (where appropriate).
2. procedure of taking the child from the institution after repatriation.
3. specific problems / needs of the child (health, education).

(6) After the return of the child to the community, **it is mandatory to revise and complete the Individual Care Plan with the participation of the child, family and MDT.**
The following objectives are recommended for the Individual Care Plan:
a) In the first month after repatriation, the child goes through a complex assessment (psycho-emotional, physical, etc).
b) The territorial guardianship authority in charge for the child, in cooperation with the local guardianship authority, takes the necessary measures to (re)integrate the child in the family or to determine the child's status. These actions must not exceed, cumulatively, 6 months.

c) Immediately after repatriation, the child is (re)integrated in the social environment (in a preschool or school institution, professional training, etc.).

(7) The assistance on the case can only be successfully carried out if there is collaboration between the MDT professionals.
It should be mentioned that the case manager is the reference person for the family who consults and assists the family for the entire period of (re)integration of the repatriated child. The case manager will make sure that the family is the subject of social action not its object.

(8) The referral of the case in the social service system is a set of rules and standard procedures concerning the route that a child follows in the social service system. The goal of the mechanism of case referral in the social service system is to rapidly and effectively solve the issues of the child (family). The case may be referred from any level.
(Order of the MLSPF no. 55 din 12.06.2009, Mechanism of Case Referral in the Social Service System).

If there are no primary services at community level to meet the needs of the child (family), the case shall be referred to the specialized social services (regional level). If there are no specialized services to meet the needs of the child (family) at regional level, the case shall be referred to a highly specialized service (national level). *(art. 18, par. 1 of the Law no. 123 of 18.06.2010 on Social Services).*

(9) Monitoring is the permanent checking of progresses achieved under the individual care plan to track the evolution of the case. This is very important in order to change the intervention and the type of work on the case if there is no change to the better in the beneficiary's situation, as well as to improve the quality of services and their impact. The formal monitoring of the beneficiary's progress is conducted during the review meetings. *(according to the Order of the MLSPF no.71 of 03.10.2008, Case Management (Social Assistant's Handbook).*

(10) General terms for case reassessment:
2 months - 5-8 weeks *(according to the Order of the MLSPF no.71 of 03.10.2008, Case Management (Social Assistant's Handbook).*
4 months - 16 weeks *(according to the Order of the MLSPF no.71 of 03.10.2008, Case Management (Social Assistant's Handbook).*
6 months *(depending on the case).*
9 months *(depending on the case).*
12 months *(depending on the case)* – in this interval, the case should be closed or the child is included in a different category of beneficiaries.

The meetings can be held more frequently if necessary. The case manager will produce a progress report for every meeting.
Every review meeting can also be the case closure meeting. *(according to the Order of the MLSPF no.71 of 03.10.2008, Case Management (Social Assistant's Handbook).*

(11) The supervisor checks the accuracy of the decision to close or refer the case.

(Order of the MLSPF no. 99 din 31.12.2008, Mechanism of Case Referral in the Social Service System).
(Order of the MLSPF no.71 din 03.10.2008, Case Management (Social Assistant's Handbook).
The following notions are used in this handbook:

unaccompanied child – any individual who has not turned 18 and does not have full legal capacity and is identified without a legal representative on the territory of another state;

local guardianship authority – mayors of villages (communes) and cities;

territorial guardianship authority – Social Assistance and Family Protection Departments/Municipal Directorate for Child Protection of Chişinău. In Bălţi and Chişinău metropolitan areas, the territorial guardianship authorities also fulfill the duties of local guardianship authority, except for the autonomous administrative-territorial units within them where the duties of local guardianship authorities are fulfilled by the mayors of the administrative-territorial units;

case manager – the specialist in child rights protection within the Mayor's Office or the community social assistant if such a specialist is not employed;

supervisor – the community social assistant who also has supervision duties or the specialist in child rights protection and/or the specialist in issues of the family with children at risk;

individual care plan – document that contains the planning of services, benefits and child protection actions that is developed on the basis of the complex assessment of the child and his/her family;

child monitoring form – document that is used to keep the record of and monitor the activities conducted by the case manager in relation to the child and his/her family;

report on the child's progress – document that is used to identify the results of the child's assistance, considering the aspects related to his/her (re)integration in the family, social and educational environment.

CASE 1 – SPECIFICITY OF (RE)INTEGRATION OF THE SCHOOL AGE CHILD

RECEIPT of information on the child identified in any other country than that of his/her origin.	Case opening
ASSESSMENT of the child's biologic / extended family and of the possibilities to reintegrate him/her	**Regarding the family from the Republic of Moldova:** • Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova? • Has any member of the family expressed their willingness to reintegrate the child in his/her family? What is the age and health condition of the person who has assumed the responsibility for the child? • What is the socioeconomic situation and psychological climate in the family? • To what extent is the family informed about the child's educational situation? • Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family? • To what extent will the family be able to provide security to the child who has returned to the country? **(1)** **Regarding the child** (the information will be requested from the country of destination): • What relations did the child have before departure with the family/person willing to take him/her in care? • What were the relations between the child and the family members before the child's departure abroad (where applicable)? • What is the child's view regarding his/her reintegration in this family? • What is the child's view regarding his/her enrollment in the educational institution that he/she attended previously? • What is the child's educational/school situation? **Regarding the community:** • What are the possibilities of the child's educational inclusion in the community?
Development of the INDIVIDUAL CARE PLAN	**The following is recommended:** a) complex assessment of the child after repatriation (his/her development

(initial) before repatriation	needs, the capacity of his/her parents/caregivers to meet such needs and the influence of the extended family and of the environment they live in are examined); b) provision of the necessary support to the family (provision of cash benefits / referral to social services) for the child's (re)integration; c) placement of the child in a family-type service (where applicable); d) school enrollment of the child. **Pay attention to the variety of situations for the child non-enrolled in school. (2)**
REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation	The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family). Usually, after the child's return from the country of destination, his/her situation can be subjected to a complex assessment in which case the Individual Care Plan is reviewed. Key activities: • Holding the first meeting with the child and family so that they get to know each other and communicating the Individual Care Plan and the role of everyone in the process of reintegration. • **Conducting an assessment of the child's level of knowledge in cooperation with the school director and teachers.** • **Collaborating with the school director and teachers to draft a school inclusion plan. Depending on the results of the assessment of the child's knowledge, the case manager must monitor and make sure that the teacher(s) develops the individual plan for the child's knowledge recovery (the plan must comprise the individual classes of the teacher(s) with the child on the subjects that are challenging for the child). (3)** • Considering other possibilities of social reintegration of the child in the community (NGOs, clubs, day camps, etc.) and proposing an action plan. • Considering the possibility to exempt the child's family from the payment of textbook rental and nutrition fees at school (where applicable and necessary). **(4)**
MONITORING	Pay special attention to how the child (re)integrates in the school environment (relations with the peers, teachers, school performance). The monitoring is carried out in conjunction with the class lead teacher, psychologist and with the mandatory participation of the child. Setting the schedule of visits in the family and at school. Conducting the monitoring visits. Writing monitoring reports.

FINAL ASSESSMENT and case closure	If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form. The decision to *close the case* that is **centered on the family with children** must be based on progresses in the following areas: • The child and his/her family have entered into a period of relative stability; • The child's fundamental needs have been met; • The feeling of confidence and self-respect has been formed in the child within the family/community; • Parents are more aware of the child's needs; • The parental skills have been built; • Intra-family relations have improved; • Parents have realized their responsibilities toward the child. Even if the case is closed down, it is necessary to keep overseeing the case for some period in cooperation with the school administration (class lead teacher, psychologist, teacher).

(1) In order to provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the child's family or a family member who will reintegrate the child, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) Pay attention to the variety of situations for the child non-enrolled in school:

child who has never been to school:

enrolling the child in the primary cycle of education; providing individual classes (avoid too large differences of age that might embarrass the child).

child who had attended the school before leaving the Republic of Moldova then the educational processes was interrupted:

enrolling the child in the same educational institution or in a different institution for certain reasons (previous conflicts with the classmates and teachers, other situations).

child who attended the school in the target country:

transferring the child's school file. Equating the grades. Pay attention to the language of education in the target country. If possible, choose a school where teaching takes place in the child's language (the previous language of education).

e.g.

– Providing individual classes of Romanian language, if necessary.

child with mental retardation:

depending on the severity – the possibility of the child's school inclusion will be considered.

building the child's professional skills:

enrolling the child in professional courses if he/she refuses to continue the secondary education.

The school (director, teachers, psychologist) and the family have a special place.

(3) The schedule of individual classes will be set depending on the child's availability and will be sensitive to his/her agenda, because the child needs to have free time for play and leisure. A heavy agenda might overload the child, which can make him/her skip the classes or abandon the school (because the child will feel helpless in such a situation, which can make the educational process challenging).

(4) This action will provide the family with a "financial respite" for the first year of education, because families, in most cases, forget this. Therefore, the social assistant with the local authority and the school administration must find possibilities of exempting the family from these expenses. This will help the family review their budget/expenses for the following school year.

CASE 2 – SPECIFICITY OF (RE)INTEGRATION OF THE CHILD WITH DISABILITIES

RECEIPT
of information on the child identified in any other country than that of his/her origin.

Case opening.

ASSESSMENT
of the child's biologic / extended family and of the possibilities to reintegrate him/her

Regarding the family from the Republic of Moldova:

- Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova?
- Which family member has expressed their willingness to reintegrate the child in his/her family?
- To what extent is the family informed about the child's health condition?
- What is the age, physical and mental health condition of the person who has assumed the responsibility for the child?
- What is the socioeconomic situation and psychological climate in the family?
- Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family?
- To what extent will the family be able to provide security to the child who has returned to the country? **(1)**

Regarding the child (the information will be requested from the country of destination):

- What relations did the child have before departure with the family/person willing to take him/her in care?
- What were the relations between the child and the family members before the child's departure abroad (where applicable)?
- What is the child's view regarding his/her reintegration in this family?
- What is the child's view regarding his/her enrollment in the educational institution that he/she attended previously?
- What is the child's educational/school situation?

Regarding the community:

- What are the possibilities of the child's social and/or educational inclusion in the community?

The possibilities of educational enrollment of the child in the community will also be considered.

Development of the INDIVIDUAL CARE PLAN (initial) before repatriation	**Possibilities of recovery and reintegration:** • Are there primary social services in the community the child might benefit from? • If not, what specialized social services can the child be referred to?
REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation	The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family). Usually, after the child's return from the country of destination, his/her situation can be subjected to a complex assessment in which case the Individual Care Plan is reviewed. Intervention: • Evaluation of the school inclusion possibilities. • Depending on the results of the level of knowledge of the child, the case manager will help develop the teacher or the teacher support individual educational plan. **(2)** • Providing the necessary support to the family (awarding cash benefits / referring the case to social services) for the social inclusion of the child; • If it is impossible to place the child in the biologic/extended family, the guardianship authority shall order the placement of the child into a service; • The planned placement of the child is carried out in line with the ordinance of the territorial guardianship authority, the endorsement of the local guardianship authority and only with the positive endorsement of the Gate-keeping Commission. Children can be placed in: a) guardianship; b) family-type placement (family-type home, foster care); c) residential placement (community home, temporary placement center, other type of residential institution).
MONITORING	Pay special attention to how the child (re)integrates in the school environment (relations with the peers, teachers, school performance). The monitoring is carried out in conjunction with the class lead teacher, psychologist and with the mandatory participation of the child. Setting the schedule of visits in the family and at school. Conducting the monitoring visits. Writing monitoring reports.
FINAL ASSESSMENT and case closure	If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form. The decision to *close the case* that is **centered on the family with children** must be based on progresses in the following areas:

- The child and his/her family have entered into a period of relative stability;
- The child's fundamental needs have been met;
- The feeling of confidence and self-respect has been formed in the child within the family/community;
- Parents are more aware of the child's needs;
- The parental skills have been built;
- Intra-family relations have improved;
- Parents have realized their responsibilities toward the child.

Even if the case is closed down, it is necessary to keep overseeing the case for some period in cooperation with the school administration (class lead teacher, psychologist, teacher).

(1) In order to provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the child's family or a family member who will reintegrate the child, namely:

- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) For a better assessment of the needs that will enable the efficient reintegration, the line authorities (of Moldova or of the country of destination) will be asked, before or after the child's repatriation, to provide information on the child's health condition/diagnosis.

The development and implementation of the recovery and reintegration plan will be coordinated by the case manager as a result of cooperation with the multidisciplinary team.

CASE 3 – SPECIFICITY OF (RE)INTEGRATION OF THE CHILD WITHOUT PARENTAL CARE

RECEIPT of information on the child identified in any other country than that of his/her origin.	Case opening.
ASSESSMENT of the child's biologic / extended family and of the possibilities to reintegrate him/her	**Regarding the family from the Republic of Moldova:** • Does the extended family of the child have the domicile on the territory of the Republic of Moldova? • Who of the extended family members is ready to take the child in care and provide the necessary conditions of growth and upbringing? • What are the individual's skills to raise and look after the child? • What is the socioeconomic situation and psychological climate in the family? • To what extent is the family informed about the child's educational situation and health condition? • Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family? • To what extent will the family be able to provide security to the child who has returned to the country? **(1)** **Regarding the child** (the information will be requested from the country of destination): • What relations did the child have before departure with the family willing to integrate him/her? • What were the relations between the child and the family members before the child's departure abroad (where applicable)? • What is the child's view regarding his/her reintegration in this family? • Does the child agree to be enrolled in the same educational institution that he/she attended previously (where appropriate)? • What is the child's educational/school situation? **Regarding the community:** • What are the possibilities of the child's educational inclusion in the community?

The possibilities of school enrollment of the child in the community will also be considered.

Development of the INDIVIDUAL CARE PLAN (initial) before repatriation

The following is recommended:

a) complex assessment of the child.

b) the assessment must determine whether the child has siblings and what their situation is.

c) provision of cash benefits.

d) selection of the adequate form of child protection (where appropriate).

When developing the Individual Care Plan it is necessary to take the following into consideration:

The territorial guardianship authority in charge for the child, in cooperation with the local guardianship authority, takes the necessary measures to (re)integrate the child in the family and to issue the ordinance regarding the establishment of the status of child without parental care. **(2)**

REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation

The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family).

After the child's return from the country of destination, his/her situation is subjected to a complex assessment (the child's development needs, the parents' capacity to meet such needs, as well as the influence of the extended family and of the environment they live in are examined) and the Individual Care Plan is reviewed.

Intervention:

The planned placement of the child is approved through ordinance of the territorial guardianship authority, with the endorsement of the local guardianship authority and only with the positive decision of the Gate-keeping Commission.

Children can be placed in:

a) guardianship;
b) family-type placement (family-type home, foster care);
c) residential placement (community home, temporary placement center, other type of residential institution).

MONITORING

Pay special attention to how the child (re)integrates in the school environment (relations with the peers, teachers, school performance).

The monitoring is carried out in conjunction with the MDT and with the mandatory participation of the child.

Setting the schedule of visits in the family and at school/nursery.

Conducting the monitoring visits.

FINAL ASSESSMENT and case closure	If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form. The decision to *close the case* must be based on progresses in the following areas: • The child and his/her family go through a period of relative stability; • The child's fundamental needs have been met; • The feeling of confidence and self-respect has been formed in the child within the extended family/community; • The members of the extended family know better the child's needs; the intra-family relations have improved; • Parents have realized their responsibilities toward the child. After the closure of the case, it is necessary to keep overseeing the case for some period in cooperation with the school administration (class lead teacher, psychologist, teacher).

(1) In order to provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the child's family or a family member who will reintegrate the child, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) The **UN Convention on the Rights of the Child** regulates the principle of non-separation of siblings irrespective of the form of protection that is applied.
Beside issuing the ordinance on the establishment of the status of child without parental care, the territorial guardianship authority issues an ordinance on the establishment of the status of adoptable child, inclusion of the child in the records and the delivery of adoption actions under the legislation, except for children without parental care who are placed in guardianship in the extended family.
The actions of the child's (re)integration in the biologic or extended family are conducted according to an individual care plan that is implemented within 6 months from the date of inclusion in the records, in line with the Family Code, as orphan child or child without parental care.

CASE 4 – SPECIFICITY OF (RE)INTEGRATION OF CHILDREN OF DIFFERENT AGE

RECEIPT of information on the child identified in any other country than that of his/her origin.	Case opening.
ASSESSMENT of the child's biologic / extended family and of the possibilities to reintegrate him/her	**Regarding the family from the Republic of Moldova:** • Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova? • Which family member has expressed their willingness to reintegrate the child in their family? • What are the individual's skills to raise and look after the child? • What is the socioeconomic situation and psychological climate in the family? • To what extent is the family informed about children's educational situation and health condition? • Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family? • To what extent is the family able to meet the needs of the child who has returned to the country? **(1)** **Regarding the child** (the information will be requested from the country of destination): • What relations did the child have before departure with the family that has expressed its willingness to integrate the children? • What were the relations between the children and the family members before the children's departure abroad (where applicable)? • What is the children's view regarding their reintegration in the family? • What is the children's view regarding their enrollment in the educational institution that they attended in the past? **Regarding the community:** • What are the possibilities of children's social and/or educational inclusion in the community?
Development of the INDIVIDUAL CARE PLAN (initial) before repatriation	**The following is recommended:** a) the community factors and social resources will be assessed; b)the selection of the adequate child protection form (where appropriate). **(2)**

When developing the ICP, it is important to remember that the case manager will develop a separate ICP for every child.
Thus, the case manager will have complex information on the process of (re)integration of every child and will find it easier to decide on the following steps in the reintegration of children.

REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation

The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family).
After children's return from the country of destination, their situation is subjected to a complex assessment (the children's development needs, the parents'/caregivers' capacity to meet such needs, as well as the influence of the extended family and of the environment they live in are examined) and the Individual Care Plan is reviewed.
Intervention:

- Holding the first meeting with the children and family so that they get to know each other and communicating his/her role in the process of reintegration of children;
- **Supporting the family in the preparation of children (of different age) for school enrollment/professional training and/or nursery enrollment (medical investigations, assessment of children's intellectual capacities and the possibilities of their school enrollment, etc.);**
- Planning regular meetings with the family and children to create confidence-based relations with them; **providing support in the identification of needs, obstacles or challenges arising after the placement of children in the family; identifying solutions**.
- Filling in children's file with new information on the evolution of every child (based on discussions with them, family members and professionals involved in the implementation of the Individual Care Plan, etc.).
- **Soliciting, where applicable, the support of a psychologist for assistance when children or the family face challenges related to the setting of relations/communication or accommodation.**
- **Cooperating with the Multidisciplinary Team.**
- **Obtaining the necessary documents for the award of cash benefits addressed to families with children.**

MONITORING

Pay special attention to how the child (re)integrates in the social, family and school environment (relations with the peers, teachers, school performance).
The monitoring is carried out in conjunction with the MDT and with the mandatory participation of the child.
Setting the schedule of visits in the family and at school/nursery.
Conducting the monitoring visits.

FINAL ASSESSMENT and case closure	If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form. The decision to *close the case* that is **centered on the family with children** must be based on progresses in the following areas: - The child and his/her family go through a period of relative stability; - The child's fundamental needs have been met; - The feeling of confidence and self-respect has been formed in the child within the family/community; - Parents are more aware of the child's needs; - The parental skills have been built; - Intra-family relations have improved; - Parents have realized their responsibilities toward the child. After the closure of the case, it is necessary to keep overseeing the case for some period in cooperation with the MDT (class lead teacher, psychologist, teacher).

(1) To provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the whole family or one family member who is willing to take the child in care, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) There are cases when the biologic or extended family refuses to take the child in care, but does not refuse to communicate with him/her or to take part in his/her upbringing, but outside the family.
The refusal of the biologic/extended family to take the child in care can be determined by the existence of problems, mostly, financial (lack of housing and incapacity to provide adequate (re)integration of the child who has returned to the country) or psychological (depression, stress, psycho-emotional burden, etc.) of one of the parents or relatives.
If the biologic/extended family withdraws their refusal to take the child in care, see actions of the Individual Care Plan from the previous forms.

ATTENTION!
The **UN Convention on the Rights of the Child** regulates the principle of non-separation of siblings irrespective of the form of protection that is applied.
When the protection form is selected, the best interest of the child shall be taken into consideration as a priority, as well as the ethnicity, membership to a culture, religion, language, health condition and development of the child in order to create living conditions that will ensure the continuity in the child's upbringing.

CASE 5 – SPECIFICITY OF (RE)INTEGRATION OF THE CHILD WITHOUT PARENTAL CARE ON A TEMPORARY BASIS

RECEIPT of information on the child identified in any other country than that of his/her origin.	Case opening.
ASSESSMENT of the child's biologic / extended family and of the possibilities to reintegrate him/her	**Regarding the family from the Republic of Moldova:** • Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova? • Which family member has expressed their willingness to reintegrate the child in his/her family? • What are the individual's skills to raise and look after the child? • What is the socioeconomic situation and psychological climate in the family? • **To what extent is the family informed about the child's educational situation and health condition?** • Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family? • To what extent is the family able to meet the needs of the child who returned to the country? **(1)** **Regarding the child** (the information will be requested from the country of destination): • What relations did the child have before departure with the family willing to integrate him/her? • What were the relations between the child and the family members before the child's departure abroad (where applicable)? • What is the child's view regarding his/her reintegration? • What is the child's view regarding his/her enrollment in the educational institution that he/she attended in the past? **Regarding the community:** • What are the possibilities of the child's social and/or educational inclusion in the community?
Development of the INDIVIDUAL CARE PLAN (initial) before	**The following is recommended:** a) selection of the adequate form of child protection (where appropriate); **(2)**

repatriation

b) provision of the necessary support to the family (information on the award of cash benefits / referral to social services) for the child's reintegration;
c) enrollment of the child in school (where appropriate);
d) establishment of the child's status. **(3)**

REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation

The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family).
After the child's return from the country of destination, his/her situation is subjected to a complex assessment and the Individual Care Plan is reviewed.
Key activities for the case manager:

- In case of the child-centered complex assessment, the child's development needs, the capacity of the parents/caregivers to meet such needs, as well as the influence of the extended family and of the environment they live in are examined.
- The opinion of the child about him/herself as a person and about his/her skills, self-image and self-esteem, as well as the presence of the feeling of individuality in a positive meaning is consulted.

MONITORING

Pay special attention to how the child (re)integrates in the social, family and school environment (relations with the peers, teachers, school performance).
The monitoring is carried out in conjunction with the class lead teacher, psychologist and with the mandatory participation of the child.
Setting the schedule of visits in the family and at school/nursery.
Conducting the monitoring visits.

FINAL ASSESSMENT and case closure

If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form.
The decision to *close the case* **centered on the family with children** must be based on progresses in the following areas:

- The child and his/her family go through a period of relative stability;
- The child's fundamental needs have been met;
- The feeling of confidence and self-respect has been formed in the child within the extended family/community;
- The parents/caregivers know better the child's needs;
- The parenting skills have been strengthened;
- The intra-family relations have improved;
- Parents have realized their responsibilities toward the child.

After the closure of the case, it is necessary to keep overseeing the case for some period in cooperation with the school administration (class lead teacher, psychologist, teacher).

(1) To provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the whole family or one family member who will take the child in care, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) The guardianship authorities must take all the necessary actions to assist and support children for their (re)integration in the family. The child's placement can be decided by guardianship authorities only if the assessment shows that the child's stay with his/her parents is not possible or contravenes his/her best interest. In case of separation of the child from the family, the territorial guardianship authority will decide the child's placement giving priority to the placement in guardianship in the extended family to the detriment of other types of placement and, if this is not possible, giving priority to placement in family-type services to the detriment of residential services.

(3) The status of child without parental care on a temporary basis is assigned to children:

a) whose parents are missing for more than 30 days because of inpatient treatment in healthcare settings, which is confirmed by the medical certificate issued by the corresponding healthcare institution;
b) whose parents do not have the possibility to fulfill their obligations of raising and upbringing children because of serious health problems, being bedridden, which is confirmed by the certificate of the council for medical evaluation of vitality or the medical certificate issued by the healthcare institution that treats the patient;
c) whose parents are under arrest, which is confirmed by a court decision;
d) taken from their parents who have not been deprived of their parental rights, which is confirmed by a court decision;
e) whose parents are missing and have been declared missing by the law enforcement bodies for the perpetration of delinquencies, which is confirmed by an act issued by the police;
f) whose parents have been punished with deprivation of freedom, which is confirmed by a court decision;
g) whose identity data is not known;
h) whose parents are the object of a trial aimed at depriving them of parental rights, restricting their legal capacity or declaring them legally incapable, missing or deceased.

The status of child without parental care on a permanent basis is assigned to children whose parents:

a) are deceased, which is confirmed by a death certificate;
b) have been deprived of parental rights, which is confirmed by a court decision;
c) have been declared legally incapable, which is confirmed by a court decision;

d) have been declared missing, which is confirmed by a court decision;
e) have been declared deceased, which is confirmed by a court decision;
f) have abandoned them, which is confirmed by a court decision.

After all actions of (re)integration of the orphan child or of the child without parental care in the biologic or extended family have been used, the territorial authority issues a decision on establishing the status of adoptable child.
The actions of (re)integration of the child in the biologic or extended family are carried out under an individual care plan that is implemented within 6 months from the date when the child was included in the records, under the Family Code, as an orphan child or child without parental care.

CASE 6 – SPECIFICITY OF (RE)INTEGRATION OF THE NEWBORN CHILD IN THE FAMILY

RECEIPT of information on the child identified in any other country than that of his/her origin.	Case opening.
ASSESSMENT of the child's biologic / extended family and of the possibilities to reintegrate him/her	**Regarding the family from the Republic of Moldova:** • Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova? • Which family member has expressed their willingness to reintegrate the child in his/her family? • What are the individual's skills to raise and look after the child? • What is the socioeconomic situation and psychological climate in the family? • **To what extent is the family informed about the child's situation?** • Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family? • **To what extent is the family able to provide security to the child who returned to the country? (1)** **Regarding the child**: • The assessment must determine whether the child has siblings and what their situation is.
Development of the INDIVIDUAL CARE PLAN (initial) before repatriation	**The following is recommended:** a) provision of the necessary support to the family (information on the award of cash benefits / referral to social services); **(2)** b) selection of the adequate form of child protection (where appropriate). **(3)**
REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation	The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family). Usually, after the child's return from the country of destination, his/her situation can be subjected to a complex assessment in which case the Individual Care Plan is reviewed. Key activities for the case manager: • Holding a meeting with the family to inform them about his/her role

in the process of (re)integration.

- Filing a request with the Civil Registration Office to transcribe the child's birth certificate from the language of the country where he/she was born into Romanian.
- Supporting the family to prepare the required package of documents for establishing the form of protection for the child (*applicable if the caregiver is not one of the parents)*;
- **Agreeing with the family doctor on the meetings of the latter with the child's parents/caregiver to train and guide the family in the provision of adequate care to a newborn (periodical medical consultations, vaccinations, etc.).**
- Keeping the record of other awareness raising and training activities to ensure mutual accommodation between the child and family.
- Planning regular meetings with the family and children to create confidence-based relations with them; providing support in the identification of needs, obstacles or challenges arising after the placement of the child in the family.
- **Monitoring the child's condition after his/her placement in the family and whether the family is responsible in looking after the child.**
- Filling in children's file with new information on the evolution of the case (based on discussions with the family members and professionals involved in the implementation of the Individual Care Plan, etc.).
- Soliciting, where applicable, the support of a community or regional psychologist for assistance when the family faces accommodation challenges after the child's placement in the family.

MONITORING

Pay special attention to how the child (re)integrates in the family environment.
The monitoring is carried out in conjunction with the family doctor and the family members.
Setting the schedule of visits in the family. Conducting the monitoring visits. Writing monitoring reports.

FINAL ASSESSMENT and case closure

If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form.
The decision to *close the case* **centered on the family with children** must be based on progresses in the following areas:

- The child and his/her family go through a period of relative stability;
- The child's fundamental needs have been met;

- The feeling of confidence and self-respect has been formed in the child within the extended family/community;
- The parents/caregivers know better the child's needs;
- The intra-family relations have improved;
- Parents have realized their responsibilities toward the child.

After the closure of the case, it is necessary to keep overseeing the case for some period.

(1) To provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the family where the child is to be integrated, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) There are cases when the biologic or extended family refuses to take the child in care, but does not refuse to communicate with him/her or to take part in his/her upbringing, but outside the family.
The refusal of the biologic/extended family to take the child for upbringing can be determined by the existence of problems, mostly, financial (lack of housing and incapacity to provide adequate (re)integration of the child who has returned to the country) or psychological (depression, stress, psycho-emotional overload, etc) of one of the parents or relatives.
If the biologic / extended family withdraws their refusal to take the child in care, see actions of the Individual Care Plan from the previous forms.

(3) The guardianship authorities must take all the necessary actions to assist and support children and their families for children's (re)integration in the family. The child's placement can be decided by guardianship authorities only if the assessment shows that the child's stay with his/her parents is not possible or contravenes his/her best interest. In case of separation of the child from the family, the territorial guardianship authority will decide the child's placement giving priority to the placement in guardianship in the extended family to the detriment of other types of placement and, if this is not possible, giving priority to placement in family-type services to the detriment of residential services.

CASE 7 – SPECIFICITY OF CASES OF CHILDREN WHOSE BIOLOGIC/EXTENDED FAMILY REFUSES TO TAKE THE CHILD(REN) IN CARE

RECEIPT
of information on the child identified in any other country than that of his/her origin.

Case opening.

ASSESSMENT
of the child's biologic / extended family and of the possibilities to reintegrate him/her

Regarding the family from the Republic of Moldova:

- Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova?
- What are the individual's skills to raise and look after the child?
- What is the situation in the biologic / extended family?
- To what extent is the family able to meet the needs of the child who returned to the country? **(1)**

Regarding the child (the information will be requested from the country of destination):

- What is the child's view regarding his/her reintegration in the biologic / extended family / placement in a form of protection (according to the case)?
- What is the child's view regarding the school enrollment?

Regarding the community:

- What are the possibilities of the child's social and/or educational inclusion in the community?

Development of the INDIVIDUAL CARE PLAN (initial) before repatriation

The following is recommended:

a) complex assessment of the child (the child's development needs, the capacity of the parents/caregivers to meet such needs, as well as the influence of the extended family and of the environment they live in are examined);
b) provision of the necessary support to the family (information on the award of cash benefits / referring the case to social services) for the child's reintegration;
c) selection of the adequate form of child protection (where appropriate);
d) enrollment of the child in school (where appropriate);
e) establishment of the child's status;

Pay attention to the multitude of situations. (2)

REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation

The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family).

Usually, after the child's return from the country of destination, his/her situation can be subjected to a complex assessment in which case the Individual Care Plan is reviewed.

Key activities for the case manager:

- In case of the child-centered complex assessment, the child's development needs, the capacity of the parents/caregivers to meet such needs, as well as the influence of the extended family and of the environment they live in are examined.
- The opinion of the child about him/herself as a person and about his skills, self-image and self-esteem, as well as the presence of the feeling of individuality in a positive meaning is consulted.
- The contact with the members of the biologic/extended family is established.

MONITORING

Pay special attention to how the child (re)integrates in the school environment (relations with the peers, teachers, school performance).

The monitoring is carried out in conjunction with the class lead teacher, psychologist and with the mandatory participation of the child.

Setting the schedule of visits in the family and at school. Conducting the monitoring visits. Writing monitoring reports.

FINAL ASSESSMENT and case closure

If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form.

The decision to *close the case* **centered on the family with children** must be based on progresses in the following areas:

- The child and his/her family go through a period of relative stability;
- The child's fundamental needs have been met;
- The feeling of confidence and self-respect has been formed in the child within the family/community;
- The parents/caregivers know better the child's needs;
- The parenting skills have been strengthened;
- The intra-family relations have improved;
- Parents have realized their responsibilities toward the child.

After the closure of the case, it is necessary to keep overseeing the case for some period in cooperation with the school administration (class lead teacher, psychologist, teacher).

(1) To provide a safe environment to the child, the community social assistant will solicit from the MDT members relevant information on the whole family or one family member who will take the child in care, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2)

1. In case the biologic/extended family from the Republic of Moldova refuses to take the child(ren) in care.

There are cases when the biologic or extended family refuses to take the child in care, but does not refuse to communicate with him/her or to take part in his/her upbringing, but outside the family.
The refusal of the biologic/extended family to take the child in care can be determined by the existence of problems, mostly, financial (lack of housing and incapacity to provide adequate (re)integration of the child who has returned to the country) or psychological (depression, stress, psycho-emotional burden, etc.) of one of the parents or relatives.

2. In case the biologic/extended family withdraws its refusal to take the child(ren).

If the biologic / extended family withdraws their refusal to take the child in care, see actions of the Individual Care Plan from the previous forms for situations 2, 3, 5, 6.

3. In case there is no chance of reintegrating the child(ren) in the biologic/extended family from the Republic of Moldova.

If it is impossible to place the child in the biologic/extended family, the child will benefit from the following forms of protection, the priority being given to family-type forms of protection to the detriment of residential ones.

The guardianship authorities must take all the necessary actions to assist and support children and their families for the (re)integration of children in the family. The child's placement can be decided by guardianship authorities only if the assessment shows that the child's stay with his/her parents is not possible or contravenes his/her best interest. In case of separation of the child from the family, the territorial guardianship authority will decide the child's placement giving priority to the placement in guardianship in the extended family to the detriment of other types of placement and, if this is not possible, giving priority to placement in family-type services to the detriment of residential services.

CASE 8 – SPECIFICITY OF (RE)INTEGRATION OF THE CHILD(REN) INFECTED WITH TB

RECEIPT of information on the child identified in any other country than that of his/her origin.	Case opening.
ASSESSMENT of the child's biologic / extended family and of the possibilities to reintegrate him/her	**Regarding the family from the Republic of Moldova:** • Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova? • Which family member is ready to take the child in his/her family and provide the child with the necessary conditions for growth and education? • What are the individual's skills to raise and look after the child? • What is the socioeconomic situation and psychological climate in the family? • To what extent is the family who wants to take the child in care informed about his/her educational situation and health condition? • Are there any other children in the family and what is their situation and opinion regarding the child who is to be taken in care by the family? • To what extent is the family able to meet the needs of the child who returned to the country? **(1)** **Regarding the child** (the information will be requested from the country of destination): • What relations did the child have before departure with the family/individual who expressed their willingness to integrate the child? • What were the relations between the child and the family members before the child's departure abroad (where applicable)? • What is the child's view regarding his/her reintegration in the biologic/extended family? • What is the child's view regarding his/her enrollment in the educational institution that he/she attended in the past? **Regarding the community:** • What are the possibilities of the child's social and educational inclusion in the community?

DEVELOPMENT OF THE INDIVIDUAL CARE PLAN (initial) before repatriation	**The following is recommended:** a) complex assessment of the child (the child's development needs, the capacity of the parents/caregivers to meet such needs, as well as the influence of the extended family and of the environment they live in are examined); b) provision of the necessary support to the family (information on the award of cash benefits / referral to social services) for the child's reintegration; c) Possibilities of recovery **(2)**
REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation	The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family). Usually, after the child's return from the country of destination, his/her situation can be subjected to a complex assessment in which case the Individual Care Plan is reviewed. Key activities conducted by the case manager: • Holding a meeting with the family to inform them about his/her role in the process of the child's reintegration. *If there is an institution specialized in assisting children infected with TB in the community,* • **Facilitating the continuation of the child's education;** • **Informing the family about the child's treatment program and agreeing with them how they can integrate in this program. (3)** • **Agreeing with the community doctor all the aspects related to vaccination and prevention of risks of getting infected for the family that took the child infected with TB in care.** • **Keeping the record of the awareness raising and training activities for the family regarding the relation setting and provision of adequate care to children infected with TB, held by a health worker. (4)** • Planning regular meetings with the family to create relations of confidence with them; providing support in the identification of needs, obstacles or challenges arising after the repatriation of the child infected with TB. • Filling in the child's file with new information on the evolution of the case (based on discussions with the child, family members and professionals involved in the implementation of the Individual Care Plan, etc.). *If there is no institution specialized in assisting children infected with TB in the community,* • **Depending on the health condition of the child, the TB specialist will**

	make the decision to hospitalize him/her (5) • **Will solicit support from and/or cooperate with members of the Multidisciplinary Team**.
MONITORING	Pay special attention to how the child (re)integrates in the school environment (relations with the peers, teachers, school performance). The monitoring is carried out in conjunction with the family doctor, class lead teacher, psychologist and with the mandatory participation of the child. Setting the schedule of visits in the family. Conducting the monitoring visits.
FINAL ASSESSMENT and case closure	If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form. The decision to *close the case* **centered on the family with children** must be based on progresses in the following areas: • The child and his/her family go through a period of relative stability; • The child's fundamental needs have been met; • The feeling of confidence and self-respect has been formed in the child within the family/community; • The parents/caregivers know better the child's needs; • The parenting skills have been strengthened; • The intra-family relations have improved; • Parents have realized their responsibilities toward the child. After the closure of the case, it is necessary to keep overseeing the case for some period in cooperation with the doctor and the school administration (psychologist).

(1) To provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the whole family or one family member who is willing to take the child in care, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) Usually, the child infected with TB will not be placed in the family immediately after repatriation. A decision will be made in cooperation with the Ministry of Health regarding the healthcare institution where the child will be placed for treatment/recovery.

(3) Even if the child is placed for some period in a healthcare institution, the family must maintain contacts with him/her, which prevents the interruption of relations between the family and the child and ensures his/her smoother reintegration in the family and in a new environment.

(4) Will inform the family about “truths” and “myths” regarding the possibilities of TB prevention, infection and treatment for adequate relation setting and care for the infected child (as a result of the home-based treatment prescribed by the doctor).

(5) The TB specialist, in collaboration with the case manager, will have to find the optimal solution for the family and the child. The selection of the institution will be agreed with the territorial guardianship authority and with the family and the child so that they face as few challenges as possible. This will imply holding meetings between the family and the child, continuing the education during the treatment, etc.

CASE 9 – SPECIFICITY OF (RE)INTEGRATION OF CHILD(REN) INFECTED WITH HIV / AIDS

RECEIPT
of information on the child identified in any other country than that of his/her origin.

Case opening.

ASSESSMENT
of the child's biologic / extended family and of the possibilities to reintegrate him/her

Regarding the family from the Republic of Moldova:

- Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova?
- Which family member has expressed their willingness to take the child in his/her family?
- What are the individual's skills to raise and look after the child?
- What is the socioeconomic situation and psychological climate in the family?
- To what extent is the family informed about the child's educational situation and health condition?
- Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family?
- To what extent is the family able to meet the needs of the child who returned to the country? **(1)**

Regarding the child (the information will be requested from the country of destination):

- What relations did the child have before departure with the family/individual who expressed their willingness to integrate him/her?
- What were the relations between the child and the family members before the child's departure abroad (where applicable)?
- What is the child's view regarding his/her reintegration in the biologic/extended family?
- What is the child's view regarding his/her enrollment in the educational institution that he/she attended in the past?

Regarding the community:

- What are the possibilities of the child's social and/or educational inclusion in the community?

Development of the INDIVIDUAL CARE PLAN (initial) before

The following is recommended:

a) complex assessment of the child (the child's development needs, the capacity of the parents/caregivers to meet such needs, as well as the

repatriation

influence of the extended family and of the environment they live in are examined);

b) provision of the necessary support to the family (information on the award of cash benefits / referral to social services) for the child's reintegration;

c) Possibilities of recovery **(2)**

REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation

The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family).

Usually, after the child's return from the country of destination, his/her situation can be subjected to a complex assessment in which case the Individual Care Plan is reviewed.

Key activities conducted by the case manager:

- Holding a meeting with the family to inform them about his/her role in the process of the child's reintegration.

If there is an institution specialized in assisting children infected with HIV/AIDS in the community,

- **Agreeing with the community doctor on the assistance provided to children infected with HIV/AIDS** (administration of the treatment in line with the prescription made by the institution where the child(ren) was investigated after repatriation to the Republic of Moldova, awareness raising and training activities for the family regarding the relation setting and care of children, treatment program for the child, etc.).
- **Informing, in coordination with the community doctor, the family about the child's treatment program and agreeing with them how they can integrate in this program. (3)**
- **Agreeing with the community doctor all the aspects related to prevention of risks of getting infected for the family that integrated the child infected with HIV/AIDS.**
- **Keeping the record of the awareness raising and training activities delivered with the family regarding the relation setting and care of children infected with HIV/AIDS, held by a health worker**. **(4)**
- Planning regular meetings with the family to create confidence-based relations with them; providing support in the identification of needs, obstacles or challenges arising after the repatriation of the child infected with HIV/AIDS.
- Filling in the child's file with new information on the evolution of the case (based on discussions with the child, family members and professionals involved in the implementation of the Individual Care Plan, etc.).

	If there is no institution specialized in assisting children infected with HIV/AIDS in the community, • **The family doctor, in cooperation with the infectionist doctor and the case manager, will have to find a specialized institution where the child can be placed for a period for treatment and supervision. (5)** • **Soliciting support from and/or cooperating with the Multidisciplinary Team members. (6)**
MONITORING	Pay special attention to how the child (re)integrates in the school environment (relations with the peers, teachers, school performance). The monitoring is carried out in conjunction with the family doctor, class lead teacher, psychologist and with the mandatory participation of the child. Setting the schedule of visits in the family. Conducting the monitoring visits.
FINAL ASSESSMENT and case closure	If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form. The decision to *close the case* **centered on the family with children** must be based on progresses in the following areas: • The child and his/her family go through a period of relative stability; • The child's fundamental needs have been met; • The feeling of confidence and self-respect has been formed in the child within the family/community; • The parents/caregivers know better the child's needs; • The parenting skills have been strengthened; • The intra-family relations have improved; • Parents have realized their responsibilities toward the child. After the closure of the case, it is necessary to keep overseeing the case for some period in cooperation with the doctor and school administration (psychologist).

(1) To provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the whole family or one family member who will take the child in care, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) Usually, the child infected with HIV/AIDS will not be placed in the family immediately after repatriation, but, in most cases, in a national institution where the child will be investigated to have his/her diagnosis confirmed and the treatment prescribed.

(3) Even if the child is placed for some period in a healthcare institution, the family must maintain contacts with him/her, which prevents the interruption of relations between the family and the child and ensures his/her smoother reintegration in the family and in a new environment.

(4) Will inform the family about “truths” and “myths” regarding the possibilities of prevention, infection and treatment of cases of HIV/AIDS infection for adequate relation setting and care for the sick child (under the home-based treatment prescribed by the doctor).

(5) The family doctor, in collaboration with the case manager, will have to find the optimal solution for the family and the child. The selection of the institution will be agreed with the territorial guardianship authority and with the family and the child so that they face as few challenges as possible. This will imply holding meetings between the family and the child, continuing the education during the treatment, etc.

(6) The intervention can only be successful if there is collaboration between the professionals, at local level (school administration, teachers, class lead teacher, psychologist, family doctor, etc.) and at regional level (depending on the case). This is how each stakeholder will help the child depending on their qualification.

CASE 10 – SPECIFICITY OF (RE)INTEGRATION OF THE CHILD(REN) WITHOUT ID DOCUMENTS OR WHOSE IDENTITY DOCUMENTS HAVE BEEN LOST

RECEIPT of information on the child identified in any other country than that of his/her origin.	Case opening.
ASSESSMENT of the child's biologic / extended family and of the possibilities to reintegrate him/her	**Regarding the family from the Republic of Moldova:** • Does the biologic / extended family of the child have the domicile on the territory of the Republic of Moldova? • Which family member has expressed their willingness to reintegrate the child in their family? • What are the individual's skills to raise and look after the child? • What is the socioeconomic situation and psychological climate in the family? • To what extent is the family willing to take the child in care informed about his/her educational situation and health condition? • Are there any other children in the family and what is their situation and opinion regarding the child who is to be integrated in the family? • To what extent is the family able to meet the needs of the child who returned to the country? **(1)** **Regarding the child** (the information will be requested from the country of destination): • What relations did the child have before departure with the family/individual who expressed their willingness to integrate him/her? • What were the relations between the child and the family members before the child's departure abroad (where applicable)? • What is the child's view regarding his/her reintegration in the biologic/extended family? • What is the child's view regarding his/her enrollment in the educational institution that he/she attended in the past? **Regarding the community:** • What are the possibilities of the child's social and/or educational inclusion in the community?

Development of the INDIVIDUAL CARE PLAN (initial) before repatriation	**The following is recommended:** a) conducting the complex assessment of the child (the child's development needs, the capacity of the parents/caregivers to meet such needs, as well as the influence of the extended family and of the environment they live in are examined); b) obtaining the ID documents for the child (in collaboration with the territorial guardianship authority); c) providing the necessary support to the family (awarding cash benefits / referring the case to social services) for the child's reintegration; d) enrolling the child in school (where appropriate). **Pay attention to the multitude of situations for the child without ID documents or whose ID documents have been lost (2)**
REVIEW OF THE INDIVIDUAL CARE PLAN AND ASSISTANCE after repatriation	The Individual Care Plan is a flexible document that can be amended according to the needs of the child (family). Usually, after the child's return from the country of destination, his/her situation can be subjected to a complex assessment in which case the Individual Care Plan is reviewed. Key activities conducted by the case manager: • **If there is:** the medical act confirming the birth, parents' ID documents (or of one of them), as well as the documents on the basis of which data on the child's father will be recorded in the birth certificate, **Will encourage the parents to obtain the child's birth certificate** (the birth is registered at the civil registration office of the area where the child was born or where the child's parents have their domicile)**(3)** • **If some of the above acts are missing, Will refer the case to the SAFPD (4) and will maintain permanent contact with it.** • **Will hold a meeting with the child and family to family to inform them about his/her role in the process of the child's reintegration; the activities stipulated in the Individual Care Plan and to decide how they can contribute to the process.** • **Plans meetings with the family to provide consultancy and support in preparing and presenting the papers required for the issue of ID documents.** • Will consider the possibilities of the child's social reintegration in the community and will suggest an action plan. • Will plan regular meetings with the family to create confidence-based relations with them; provide support in the identification of needs, obstacles or challenges arising after the placement of the child in the family.

	• Will fill in the child's file with new information on the evolution of the case (based on discussions with the child, family members, etc.) • Will solicit the support of a community or region-based psychologist for assistance when the child faces challenges of setting relations/communication or accommodation. • **Will solicit support from and/or will cooperate with the Multidisciplinary Team. (5)**
MONITORING	Pay special attention to how the child (re)integrates in the school environment (relations with the peers, teachers, school performance). The monitoring is carried out in conjunction with the doctor, the class lead teacher, the psychologist and with the mandatory participation of the child. Setting the schedule of visits. Conducting the monitoring visits.
FINAL ASSESSMENT and case closure	If the review meeting shows that the objectives of the Individual Care Plan have been achieved, the case manager fills in the case closure form. The decision to *close the case* **centered on the family with children** must be based on progresses in the following areas: • The child and his/her family go through a period of relative stability; • The child's fundamental needs have been met; • The feeling of confidence and self-respect has been formed in the child within the family/community; • The parents/caregivers know better the child's needs; • The parenting skills have been strengthened; • The intra-family relations have improved; • Parents have realized their responsibilities toward the child. Even if the case is closed down, it is necessary to keep overseeing the case for some period in cooperation with the doctor and the school administration (psychologist).

(1) To provide a safe environment to the child, the case manager will solicit from the MDT members relevant information on the whole family or one family member who is willing to take the child in care, namely:
- the compliance of moral guarantees and material conditions of the family with the child's development needs is assessed (information and data on the personality, health condition, economic situation, family life, social environment, living conditions, parenting skills);
- general information on the family provided by the school, if there are school age children in the family (school director, class lead teacher);
- other useful information.

(2) The following situations can be seen in practice:

1. **child born in a healthcare institution who has the medical document confirming the birth, but does not have the birth certificate**

In this case, the SAFPD employee will file a request with the Civil Registration Office to issue the ID document to the child under art. 22 and art. 26 of the Law no. 100-XV of 26.04.2001 on Civil Registration Acts.

2. **child born in a healthcare institution, but the medical document confirming his/her birth was lost**

The SAFPD employee will file a request with the healthcare institution where the child was born to receive the medical document confirming the birth then will file a request with the Civil Registration Office to receive the ID document to the child.

In this case, the SAFPD employee will follow art. 20, 22 and 26 of the Law no. 100-XV of 26.04.2001 on Civil Registration Acts.

3. **child born outside a specialized healthcare unit**

The SAFPD employee will file a request with the Court to ascertain the child's birth and, after the issue of the Court Decision on ascertaining the child's birth, will submit a request to the Civil Registration Office to issue the ID documents for the child.

In this case, the SAFPD employee will follow the Civil Procedure Code (chapter XXIV) and art. 20 of the Law no. 100-XV of 26.04.2001 on Civil Registration Acts.

For the issue of the birth certificate of the found or abandoned child, art. 25 of the Law no. 100-XV of 26.04.2001 on Civil Registration Acts will be applied.

(N.B not only newborns can be in the category of children who do not have ID documents; there are many adolescents who do not have any document certifying their identity)

The grounds for registering the birth and issuing the birth certificate are:

a) the medical act confirming the birth issued by the healthcare unit where the birth took place;

b) the medical birth certificate issued by the private healthcare unit, the doctor who assisted the birth or to whom the mother addressed after birth (if the birth took place outside the healthcare unit) or by a private doctor who assisted the birth;

c) the minutes and certificate that confirms the sex and age of the child – in case of registration of the birth of a found child.

If the above mentioned papers are missing, the child's birth will be registered based on the court decision ascertaining the birth of the child by a specific woman.

According to the Law no.100-XV of 26.04.2001 on Civil Registration Acts, the obligation to declare the child's birth rests with both parents or with one of them. If the parents cannot declare the child's birth personally, such statement will be made by the parents' relatives or another individual authorized by them, by the administration of the healthcare unit where the child was born or where he/she stays, by the guardianship authority and by other individuals. Declaring the child's birth implies submitting the medical act confirming the birth and the ID papers of both (or one) parents, as well as the documents on the basis of which data on the child's father will be recorded in the birth certificate. If the person making the statement is not the parent, his/her ID document must be presented. The birth statement must be made within 3 months from the child's date of birth.

Moreover, if the birth statement was made after 3 months, but within one year from the child's birth, the birth certificate will be issued by the civil registration office with the consent of its manager. If the birth statement was made after one year from the date of birth, the birth certificate will be issued

by the civil registration office on the basis of the confirmation of the late registration of birth and the reasons for not complying with the set deadline will be investigated and the double registration of the birth will be prevented. The civil registration office may ask the police to conduct the required investigations and solicit the statement of the forensic expert regarding the age and sex of the child whose birth is to be registered.

In compliance with the same law, the issue of the birth certificate after one year from the date of birth implies the enforcement of administrative sanctions on people who are required by law to make the birth statement.

According to the Instruction on the registration of civil registration acts approved by Order no.4 of 21.01.2004 of the Ministry of Information Technologies and Communications, the following individuals can solicit the late issue of civil acts for the child: parents (one parent); parents' relatives or another individual authorized by them; the guardianship authority and other individuals or the institution where the child is placed.

(3) Applies to the situation when the case manager was informed about the case by a different person than the SAFPD employee.

(4) Applies to the SAFPD employee.

(5) The intervention on the case can only be successful if there is collaboration between professionals, at local level (school administration, teachers, class lead teacher, psychologist, family doctor, etc.) and at regional level (depending on the case). Thus, all those who intervene will help the child according to their specialization.

LEGISLATIVE REFERENCES

1. UN Convention on the Rights of the Child.
2. Constitution of the Republic of Moldova of 29.07.1994.
3. Family Code, no. 1316-XIV of 26.10.2000.
4. Civil Procedure Code, no. 225 of 30.05.2003
5. Law on the Child Rights no. 338-XIII of 15.12.1994.
6. Law on Special Protection of Children at Risk and Children Separated from their Parents, no.140 of 14.06.2013.
7. Law on Education no. 547-XIII of 21.07.1995.
8. Government Decision on approving the Inclusive Education Development Program in the Republic of Moldova for 2011-2020, no. 523 of 11.07.2011.
9. Law on Healthcare no. 411-XIII of 28.03.1995.
10. Law on Compulsory Health Insurance, no.1585-XIII of 27.02.1998.
11. Law on State Social Allowances for Certain Categories of People, no. 499-XIV of 14.07.1999.
12. Law on Preventing and Fighting Human Trafficking, no. 241-XVI of 20.10.2005.
13. Government Decision on approving the Regulation concerning the procedure of repatriation of children and adults – victims of human trafficking, illegal trafficking in migrants, as well as unaccompanied children no. 948 of 07.08.2008.
14. Law on Civil Registration Acts no. 100-XV of 26.04.2001.
15. Law on Social Assistance, no. 547-XV of 25.12.2003.
16. Law on Social Services, no. 123 of 18.06.2010.
17. Law on the Social Inclusion of People with Disabilities, no. 60 of 30.03.2012.
18. Law on the Legal Regime of Adoption, no. 99 of 28.05.2010.
19. Government Decision on approving the Regulation of the family-type home, no. 937 of 12.07.2002.
20. Government Decision on approving the Provisional Norms of expenses for pupils (students) who are orphan and those placed in guardianship enrolled in vocational and professional schools, specialized secondary and higher education institutions, boarding-schools and baby homes, no. 870 of 28.07.2004.
21. Government Decision on approving the Framework-Regulation of the Center for Temporary Placement of the Child, no. 1018 of 13.09.2004.
22. Government Decision on approving the Regulation on awarding and paying benefits for adopted children and children placed in guardianship, no. 581 of 25.05.2006.
23. Government Decision on approving the Framework-Regulation of the foster care service, no. 1361 of 07.12.2007.
24. Law on the Penitentiary System, no. 1036 of 17.12.1996.
25. Law on the Social Adaptation of People Released from Detention, no.297 of 24.02.1999.
26. Government Decision on approving the Status of Execution of Punishment by the Convicted People, no. 583 of 26.05.2006.
27. Law on Tuberculosis Control and Prevention, no. 153-XVI of 04.07.2008.
28. Law on HIV/AIDS Prevention, no. 23-XVI of 16.02.2007.

29. Order of the MLSPF, Case Management (Social Assistant's Handbook), no.71 of 03.10.2008.
30. Order of the MLSPF, Mechanism of Professional Supervision in Social Assistance, no. 99 of 31.12.2008.
31. Order of the MLSPF, Mechanism of Case Referral in the Social Service System (Practical Handbook), no. 55 of 12.06.2009.
32. Order of the MLSPF, Community Mobilization (Practical Handbook), no. 022 of 04.12.2009.
33. Order of the MoH regarding the prompt reporting of cases of Tuberculosis, no. 277 of 07.04.2011.
34. Order of the MoH regarding the establishment of Community Centers to support the outpatient treatment of patients with Tuberculosis, no. 465 of 02.06.2011.
35. Order of the MoH regarding the implementation of the National Tuberculosis Control Program for 2011-2015, no. 571 of 04.07.2011.
36. Order of the MoH regarding the implementation of the National Program for the Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases for 2011-2015, no. 69 of 03.02.2011.
37. Order of the MoH regarding the delivery of palliative care services to people infected with HIV/AIDS, no. 244 of 31.03.2011.