

INFORMATIONAL SYSTEM FOR CHILDREN PLACED IN RESIDENTIAL CARE IN THE REPUBLIC OF MOLDOVA



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I. INTRODUCTION

The actual situation in the field of child protection is the result of whole complex of factors: the dynamics of change of the whole society and especially of economy, social policy, attitude of community towards the child, institutional and administrative arrangement, international legal, political and cultural environment the Republic of Moldova interacts.

In the last years the efforts made by the governmental institutions and international structures in the field of economic and social reforms: economic and administrative restructuring, legal framework reviewing, implementation of health, educational and social programmes haven't had the expected results. The child and family are still the most vulnerable groups exposed to social risks. Decrease of family role in bringing up children, community evasion from finding solutions for family and child problems has lead to setting up institutional care as a dominating form of child protection, cutting responsibility of family and community and stagnation of the community services development. According to the presented data by the Department of Statistics and Sociology (January, 1 2002), number of children under 18 is 1,009,046, out of which 13.5 thousand are placed in institutional care. Thus we can conclude that out of 1000 children – 1.34 are cared for within the residential system.

It was demonstrated that most of young people who passed through the residential care in the Republic of Moldova or any other country irrespective of their level of development cannot be integrated effectively in the society. The reasons are underdevelopment of these children, lack of abilities for independent life, no relationships with the family and community exacerbated by the lack of support on behalf of local public authorities for their effective integration.

On these grounds social problems the child and family face require special attention on behalf of any state in order to avoid institutionalisation and their solving should a priority objective of social policy. International experience demonstrates that the development of the social services for child and family difficulty should change its direction from favouring traditional institutions towards supporting and helping the family and family type community alternatives. "The national strategy regarding social protection of child and family" approved through the Government Decree of the Republic of Moldova no. 51 of January, 23 2002 foresees the development of a range of actions for the prevention of family breakdown and placement of children lacking parental care into the environment closest to the family one.

The child protection reform in the Republic of Moldova is not seen as solely the responsibility of the Government. Community, NGOs, public and private agents, national and interna-

tional partners recognise their role in its development. This participation is vital and there is a need to form a triplet in child protection policy: primary prevention – policies and public programmes that contribute to the economic welfare, social justice and creation of the society that is inclusive for every child and family; secondary prevention – policies and public programmes destined to support families at risk to prevent their breakdown and child abandonment – this is the most lacking both in our country and neighbouring countries; tertiary prevention – reactive to the event including institutionalisation as an ultimate solution for the child.

Episodic assistance of the child in difficulty, focusing this support on to the emergency problems of child and family and lack of gatekeeping system determines the development of the services of child and family protection on all levels of public administration, mechanisms of their monitoring and funding, working out quality standards for different types of services for the child and family protection.

The child deprived of parental care and those who are at risk to be abandoned need both prevention and rehabilitation services and (re)integration with the family and community. Community based social services represent a form of social assistance at the community level, focused upon temporary social support of the persons at risk and their families. Community based social services are centred on meeting the needs of these persons, development of their abilities and capacities as well as limiting or removing the risk of marginalisation and social exclusion.

With the view of planning the development within the community of a range of child centred and family based alternative services destined for the protection of institutionalised and exposed to the risk of being institutionalised children the Government of RM and the interested ministries identified the need to set up an informational system that would contain data on all children placed in the traditional institutions from the country. This informational system is seen as a monitoring tool of the institutionalized children welfare in the Republic of Moldova, the efficiency of services provided to them with further identification of opportunities to care for these children in family and community environments as well as possibilities to improve the quality of services provided to children in institutional care by opening this institutions to the community.

The informational system of the institutionalised children introduces the social work assessment and review procedures applied to children, the elaboration of long-term care plans for children within institutions, their preparation for independent life.

Quantitative and qualitative data can be utilised within the decision making process regarding planning of family and community centred alternative social services for children placed in residential care or at risk of abandonment or institutionalization.

The informational system is proposed as a monitoring tool of children from residential units under the responsibility of the Ministries of Education, Labour and Social Protection and Health and at the same time to be used by the involved ministries in the formulation of social policies with regard to children and families in crisis.

Goal and objectives of the informational system.

The goal of this informational system is gathering, storage and analysis of statistical information which is to be utilised in the decision-making process and policy development regarding the protection of children in residential care, as well as development of strategies for de-institutionalisation and prevention of institutionalisation of children in difficult circumstances throughout strengthening of family and community support provided to them.

Main objectives of the informational system:

- I Coherent collection of data regarding all children placed in residential institutions in subordination of the MoE, MoLSP, and MoH.
- II Analysis of the collected information and its utilisation for:
 - Elaboration of national and local strategies regarding mechanisms of de-institutionalisation of children, including identification of the typology of alternative social services according to the characteristics of the beneficiaries of residential institutions and geographical peculiarities.
 - Elaboration of national and local programmes for strengthening the formal (provided by the state) and informal family support and community support to prevent the phenomena of child institutionalisation, according to regional peculiarities.
 - Elaboration of strategies for reorganisation of residential traditional institutions in other forms of social family and community - based services, in line with stipulations of the UN Convention on Children's Rights.
 - Identification of beneficiaries (characteristics and geographical distribution) will allow elaboration of mechanisms for reallocation of financial resources from institutional care to alternative community-based services (according to the principle "money follows the client").
 - Planning of financial (internal and external) and human resources for the development of new services for children in difficult situations.
- III Improvement of methods for social work assessment of institutionalised children, introducing the care short-term, medium-term and long-term planning, periodical reviews of care plans, involving the child and family in decision-making process, as well as monitoring of the child after his/her living institutional care.
- IV Improvement of collaboration among the ministries responsible for residential care for children, ensuring transparency and formulation of a holistic vision on the institutional care of the child.

Methods and procedures of work. In the process of setting up of the informational system for children placed in residential care of the Republic of Moldova the following methodology was utilized:

- I Assessment of the informational needs of the directorates responsible for social institutions under the subordination of the Ministries involved identifying main informational fields to be included in the questionnaire of the child.
- II Elaboration of the social questionnaire of the child placed in residential care on the bases of accepted general standards of social work assessment of a child at risk. The social questionnaire will include the most important information that can be measured from the quantitative and qualitative points of view, necessary for decision-making process regarding the short and long-term objectives in the child's life, as well as the decisions with a positive impact on a larger group of children in residential care (developing community-based social services, preventing the syndrome of institutionalisation, opening the residential institutions to community, respecting the minimum standards of child care in residential units).
- III Development of the programme software on the bases of the social work questionnaire of the child, elaborated and approved by the inter-ministerial working group.
- IV The process of collection of information for the database will be carried out using the following investigation methods:
 - *The Interview* (with the child, with the child's parents or carers, the institutional staff members who know the child (pedagogues, medical staff, psychologists))
 - *Observation* (of the interaction of the child with his/her parents or carers, with other adults, with peers, with the interviewer, the child's behaviour during lessons, spare time, etc.),
 - *Analysis of the child's file*, medical records, other sources of information which can provide information about the child.
- V Strengthening users' capacity at the local and central level in efficient utilisation of the informational system of the child placed in residential care.

II. IMPLEMENTATION STAGES OF THE INFORMATIONAL SYSTEM OF THE CHILD PLACED IN RESIDENTIAL CARE

Information gathering.

Local subdivisions of responsible ministries were responsible for initial gathering of information according to the methodology approved by the inter-ministerial working group.

Local subdivisions familiarised management staff of residential institutions from their region with the purpose and objectives of the informational system and provided maximum support of the institution's management in the process of information gathering.

Child's questionnaire placed in residential institution elaborated and approved by the inter-ministerial working group was piloted in several institutions (Ministry of Labour and Social Protection – 2), Ministry of Health – 1 and Ministry of Education – 2).

At the local level there were created inter-department teams for initial information gathering with the use of additional resources from the students of psycho-social faculties (psychology, psycho-pedagogy, social work) of Chisinau State University, I. Creanga Pedagogical University, Balti A.Russo State University and Cahul Pedagogical University.

The information was collected for each child in institutional care on the basis of the social work assessment approved by the inter-ministerial working group, using the method of observing the child's behaviour, interviewing the child, his parents, the personnel from the institution, and other persons upon necessity; consulting the child's file, the registry of records on children, and other informational sources.

The information was collected in two copies. One copy is to be stored in the institution (in the hard Database) and the second copy serves as a basis for the introduction of the collected data in the computerised data base on the level of local authority and in the Directorates of the ministries involved

Before starting the campaign of collecting the primary information, local teams were familiarised and trained in the field of methods of data collection (social work assessment, efficient methods and techniques of collecting information regarding the child and the situation in

his family, as well as the elaboration of a short and long term individualised care plan) and ways of introduction and transfer of the information gathered on local level to the computerised data base on ministerial level. The academic staff of the above named universities were used in the training of the local teams and the students as well.

For gathering the initial information, incomplete assessments were accepted taking into account the lack of coherent information accumulated in the personal files of the child of the residential units as well as lack of knowledge among the personnel from the residential institutions of the social assessment techniques of their beneficiaries. In the case of newly admitted children, or for further review of the child's situation, the administration of the institutions should have the responsibility to collect complete information about each child in accordance with the social work assessment elaborated and approved by the ministries involved.

Aiming to evaluate the correctness of the process of gathering information about children, during data selection and at the end of the initial information gathering stage the responsible directorates of the social institutions of the ministries involved carried out several check-ups in residential institutions selected at random.

The users of the database (at the local and central level) as well as the administrator of the informational system at the central level were trained in the data base utilisation (ways to import, export and transfer information from the data base, and compilation of the necessary statistical reports) It should be emphasised that the focus was put on the training of the child protection specialists, of the directors of the residential institutions. They were divided in three groups: central, southern and northern areas. Each participant had access to the computer having child's file and introducing information on the child practically. Training of the database users was organised in collaboration with the National Council for the Protection of Children's Rights.

Storage, keeping and rapid access of information.

The information is stored and kept in a computerized data base placed in the Directorates of the Ministries involved.

Each Directorate of the Ministries involved appointed a *member of the staff to be responsible* for data entering and compiling necessary reports (at the request of the administrations of the directorates and ministries) as well as for the technical maintenance.

Possibilities of data entering. The local public administration (general directorates for education, and the social assistance units) provided with computers have the possibility to introduce and process data on local level, receiving a copy of the data base only for the present administrative-territorial region. The physical transfer of the data from the institution to the directorate is to be performed by means of the social work assessments in "hard" copies; from the Directorates to Ministries is to be transferred by Flash cards or CD-s.

In the case of the two institutions in the subordination of the MoH the Physical transfer of Data can be performed from institutions straightly to the Directorates within ministries by means of the social work assessments in “hard” copies; or by Flash cards and CD-s. The Municipal Baby’s home in Chisinau that is in the subordination of the Municipal Directorate for the Protection of Children’s Rights the Data transfer to the Directorate for the Motherhood and Childhood protection of the MoH will be performed through the MDPCR by Flash cards or CD-s. The Directorate is already equipped with a computers for the informational systems.

To assure a most efficiently functioning Data base, within the perspective of improvement of the financial situation it would be possible that the users from all the levels (institutions, local authorities and ministries) to be connected to the network by direct connections. This system will have the following advantages: the rapidity of collection, introduction and processing of the information, the improved objectivity of the gathered data, the on-going availability of the updated information, improvement of assessment procedures of the data for each child upon internationally approved terms, which will have a direct impact on the future of the institutionalized children. At the same time this will contribute to strengthening the inter-ministerial collaboration and possibly even the creation of a multidisciplinary approach in child protection.

Accessing the information for different aims (editing, entry, modification, visualization of data/reports) can be defined by the policy of role playing of the user upon the Data base. Aiming at keeping information on the child’s file confidential the limitation of the level of accessing information is proposed: *Level I DB Administrator* – a responsible person with the right to total access to enter changes on all levels of the DB (entry, editing, modifications, accessing reports, changing passwords, *Level II DB Administrator* – a person holding the right to total access on changes in the DB on ministerial level, *Level III DB Administrator* – a person holding the right to total access on changes in the DB on institutional level.

Review of data will take place on the basis of new and revised questionnaires completed by the staff of child care institutions and sent to respective directorates of the ministries. In case when institutions will have computers, they will have the possibility to review the data at local level and will transfer the data to the ministerial level using Flash Cards or CDs, central database programme having the possibility to import the data from the respective institution. There will be also possible *the export of data* from the central database for further utilisation in an institution / local authority, in case when the technical provision of these subdivisions is improved.

Review of data for each child will be carried out by the local level database user (residential institution) as needed by not less than once in 6 months; the revised data will be transferred to the central database. The process of review is the same as for the initial introduction of data.

At the point of *recording the child’s leaving the institution*, especially if the child is transferred to another institution, a final review of data will take place and a new place of placement will be indicated. Data of the child will be stored in the database of the institution. The revised data become inactive for this institution and active for the institution the child is transferred to.

The inactive cases will be marked with the specifics, the criteria being the place the child goes to. This transfer will be carried out solely by the Database Administrator to avoid any errors in this process and to monitor the history of child's placements within the residential care system.

Testing the Database and Data entering.

Once the Database was elaborated and installed in the users computers the trial period started. It continued for approximately 1-2 weeks. During this period the users identified all the disadvantages of the system from the point of view of the database users and recommended necessary amendments in the structure and utilisation of the database, which then were introduced by the IT specialist who developed this programme.

At the end of the trial period a meeting took place involving all the database users and the IT specialist of the project to discuss all the difficulties encountered and possibilities of modification of the database to be as user-friendly as possible.

The database was approved after introducing all changes and presenting the final variant to the inter-ministerial working group.

On the 30th of April 2004 the National Council on the Protection of Children's Rights produced a Decree that recommends the Ministry of Education, Ministry of Health, Ministry of Labour and Social Protection and Ministry of Internal Affairs to ensure that during 30 days in collaboration with local public administration authorities and the institutions of child and family protection to implement the Database through:

- Setting up the responsibilities of the ministries for the implementation of the database
- Defining the inter-ministerial mechanism of collaboration and utilisation of the database regarding institutionalised children
- Identifying training needs regarding gathering and entering data

Information analysis.

The computerised database has the possibility of compiling statistic reports in the forms of the tables, diagrams, charts etc.

The programme developed offers the possibility of compiling two main types of statistic reports: "statistic reports" defined initially according to the certain criteria set in the working group depending on their informational needs (e.g. number of orphan children, number of children with disabilities, number of children who have biological families, etc) and "combined reports" that presuppose a form that is defined in more details initially and that would include parameters according to the multiple criteria.

The definition of the report types as well as the principal parameters and criteria should be carried out by the representatives of the responsible directorates of the social institutions of the ministries involved and their subdivisions at the local level according to their informational needs.

III. SOME STATISTICAL DATA

Although the analysis of the information got allows us to assess some trends regarding the quality of the services provided by traditional institutions in care for children at difficulties and the modifications imposed into the formulation of the childcare social policies, these outputs cannot be taken as reference data in the field. A reason would be that under the current form, the data base includes information on children present in the institutions at the moment of questioning. Another motive would be child's psycho-social assessment, namely in boarding-schools, carried out under the quality minimum standards (remark: the institutions (three) subordinated to the Ministry of Health have already this procedure in place). The finding is based on the lack of information in children's records (sometimes child's birthday is missing), staff of institution having no idea about each child's historic, his/her family situation etc. – thing that leads to child's relative and non-professional assessment.

Nevertheless, the setting-up of the information system in this field represents a good start in establishing a real care of institutionalized child, followed by the formulation of some adequate social policies. The collection and systematisation process proved the existent gaps in the system. We are confident that new approaches of the institutionalized child would be subsequently developed, with the setting-up of the information monitoring and updating form.

The trends mentioned above may be remarked following the analysis of the data collected, refer in particular to placement's reasons and initiators, primary care person, care program objectives, children's options, etc.

The analysis of the information collected started from the number of residential institutions and institutionalized children, data found in older studies that actually need be re-up-dated – number of children institutionalized or de-institutionalized constantly increasing. The fact that came out following the analysis of the data collected is that out of 32 territorial-administrative units of RM, there are residential institutions only in two of them; at least by one care institution functioning in the rest of raions. Their number is increasing when we speak about big cities like Chisinau, there are 14 institutions, Balti – 5 institutions, Hincesti – 4, Cahul, Leova, Vulcanesti, Falesti and Floresti – 3 institutions each (*chart 1*). Out of 67 institutions, 60% are financed from the state budget, the rest being subordinated to the local public authorities (*chart 2*).

Chart 1. Number of institutions according to the regions

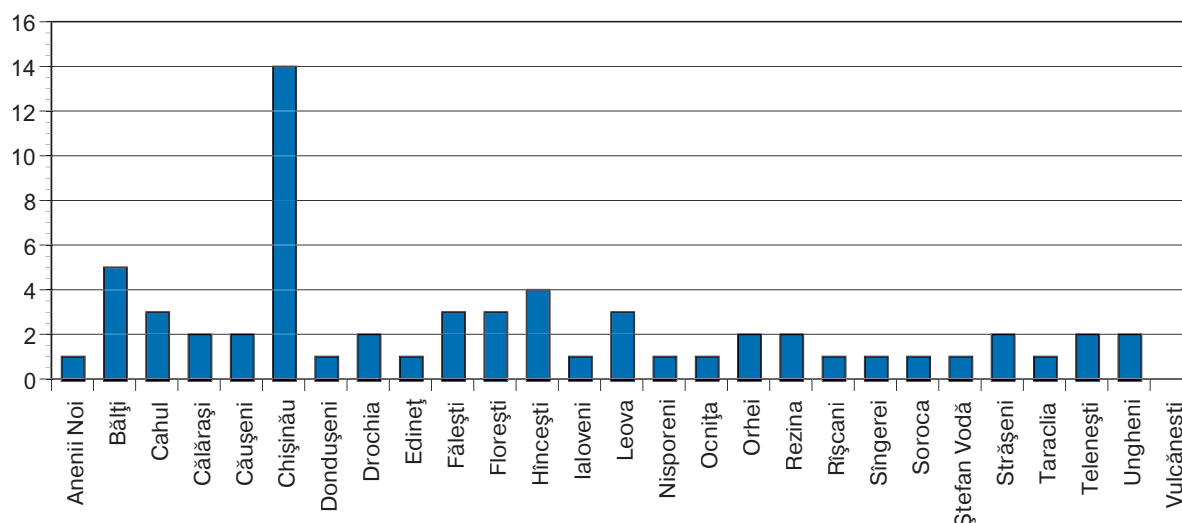
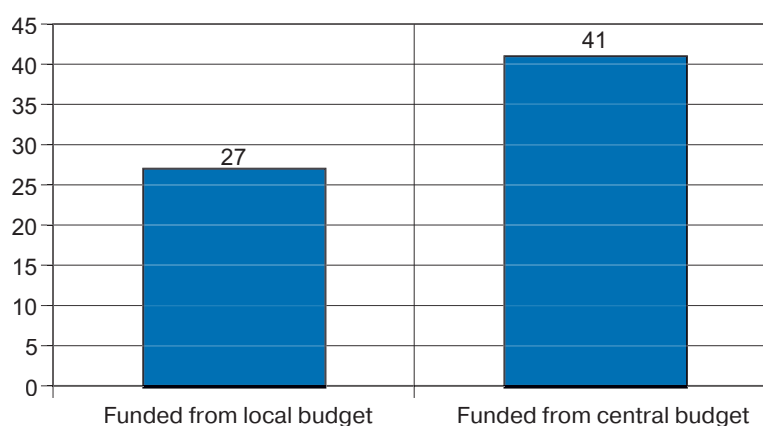


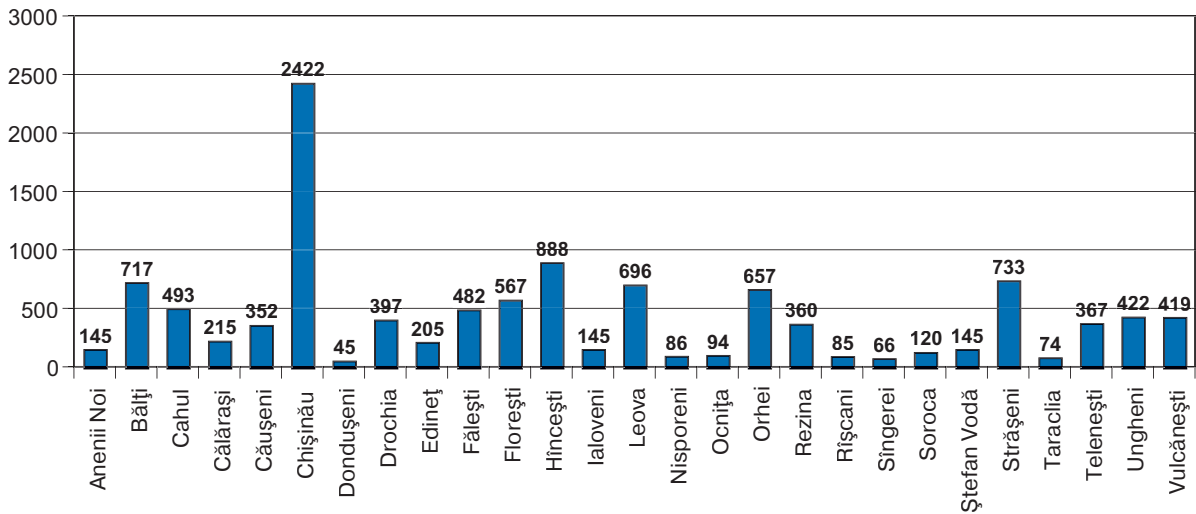
Chart 2. Source of funding of institutions



According to data collected, there are 12.016 children in 67 institutions. Yet, this figure cannot be considered an official one, because, as we have mentioned above, only data of children present in institutions at the moment of inquiry were collected.

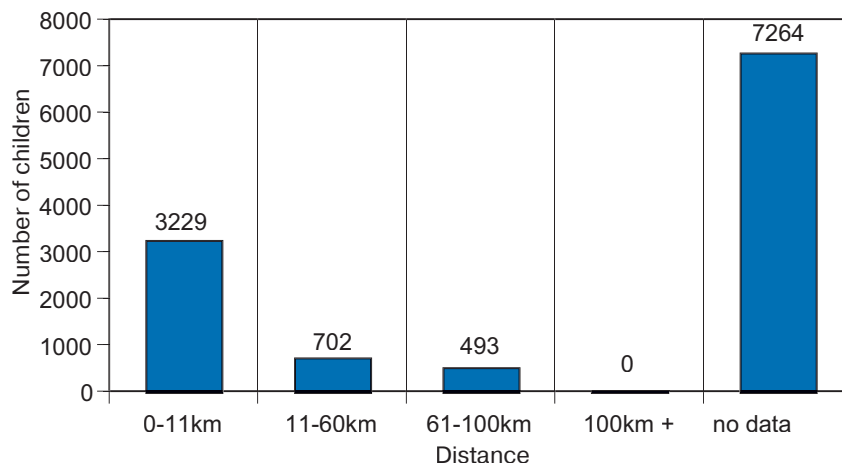
It was found out that most of children are placed in Chisinau municipality, followed by Hincesti, Straseni (even if there are only two institutions) and Balti. The number of children differs from one institution to another (*chart 3*). There are 6 institutions with less than 100 children. The smallest number being registered in Donduseni - 45 children.

Chart 3. Number of children in institutions in RM



If on the one hand the existence of institutions in most of the raions of the country massively stimulate the placement of child at risk, on the other hand the child placed close to his home has the opportunity to keep contacts with his family or to be reintegrated more rapidly, if of course, the staff of the institutions works upon this issue. Worth mentioning, the residence data are missing in the records of 62 percent of children questioned (*chart 4*). Taking into account the data available, we found out that 27 percent of children are placed at a distance of 0-11 km far from their origin place and only in case of 4,2 percent of children, the distance from the institution to their home is 61-100 km.

Chart 4. Distance from the institution to the place of residence



Out of 12.016 children almost half of them are aged 10-14 (*chart 5*). The number of children aged 15-18 (3374) is also impressive, children who will soon graduate from these schools.

Though unofficially, there is a statistics that should be taken into account while formulating social policies as regards support and reconciliation of graduates from residential institutions. As regards child's age, it was also found out that the three institutions for children in Chisinau and Balti, institutions subordinated to the Ministry of Health, have also children aged over 7 (*chart 6*). The reason of non-transfer to other institutions is inseparability with their brothers or sisters.

Chart 5. Children's age placed in residential institutions of RM

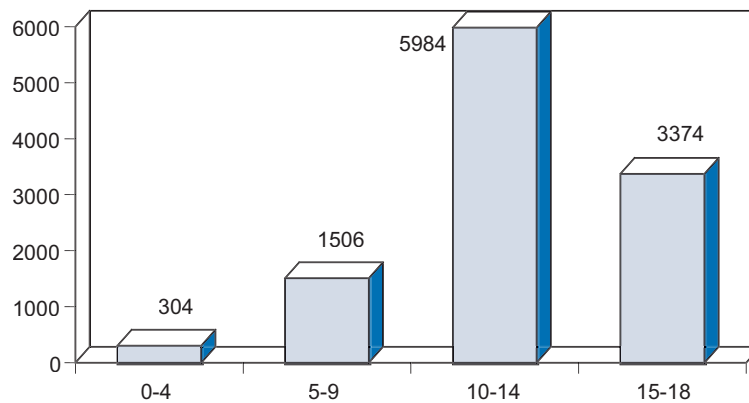
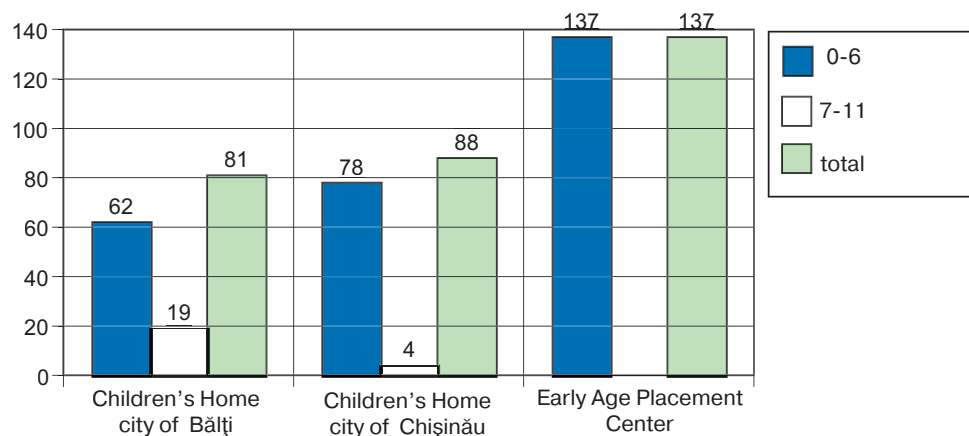
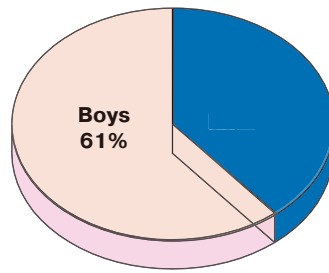


Chart 6. Number of children in institutions of MH according to their age



The sex of children placed in residential institutions is prevalent masculine (*picture 1*). This proportion bigger of boys towards girls could be explained, according to annual statistic data, by the fact that more boys are born than girls, but, another reason would be boys' predisposition for restrains in psycho-intellectual development.

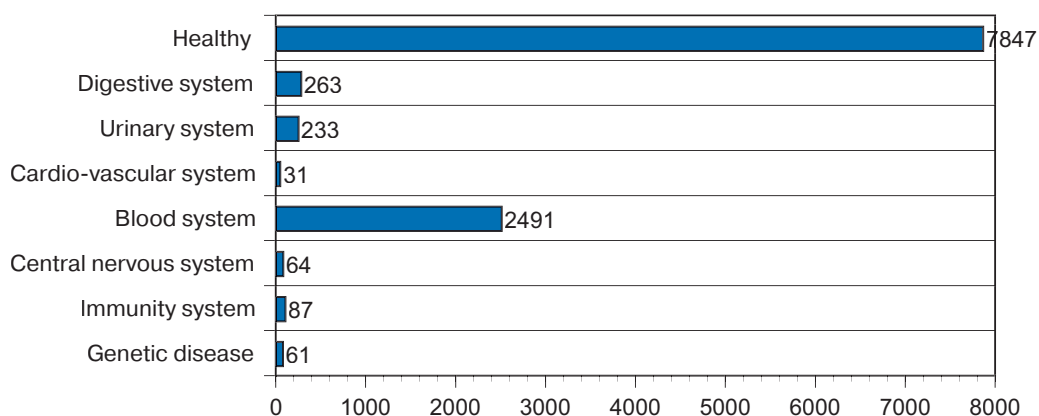
Picture 1. Sex of children placed in institution



Although the statistic data per country regarding health of children in residential institutions (UNICES study) show an increase from 50 to 100% of morbidity cases among those children, the data collected give the impression that in fact, the situation was under control. About 67 percent of children are considered as healthy (*chart 7*). According to data collected the most often diseases among institutionalized children (23%) are connected with blood system, situation due to nutrition quality. In decreasing way, the complaints are as follows: affections of the digestive system (2,2%), urinal (1,9%) and immunity (1,1%). The smallest figure is represented by children suffering from diseases of cardio-vascular system (0,2%).

The non-reflection of the real situation was caused by the lack of information in children's records, way of approaching and attitude of staff towards operators and process as such, and, not in the end, by the terms restricted set for the collection of information. We think that some readata would be available in this regard as soon as the information is re-up-dated.

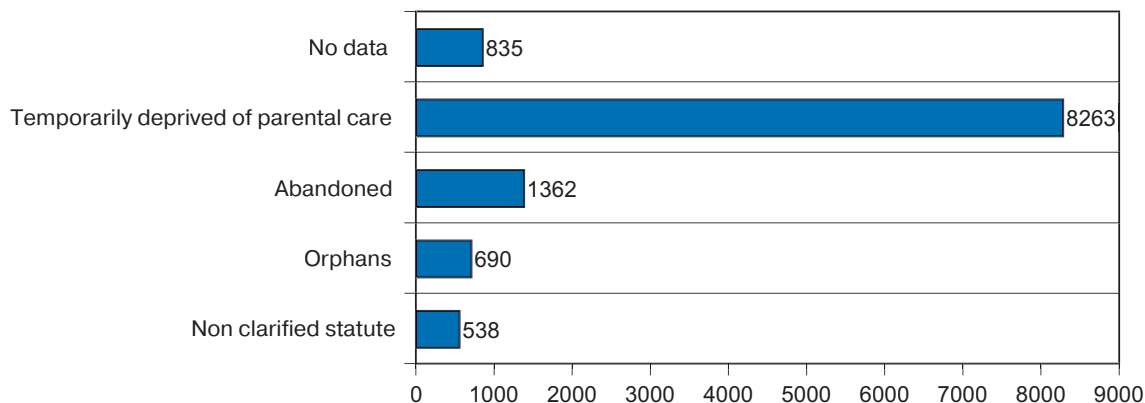
Chart 7. Somatic picture of the children placed in residential institutions



A lot of studies in the field show that most of children in residential institutions have parents alive. The analysis collected in the data base show the same thing. Almost 71% of 12.016

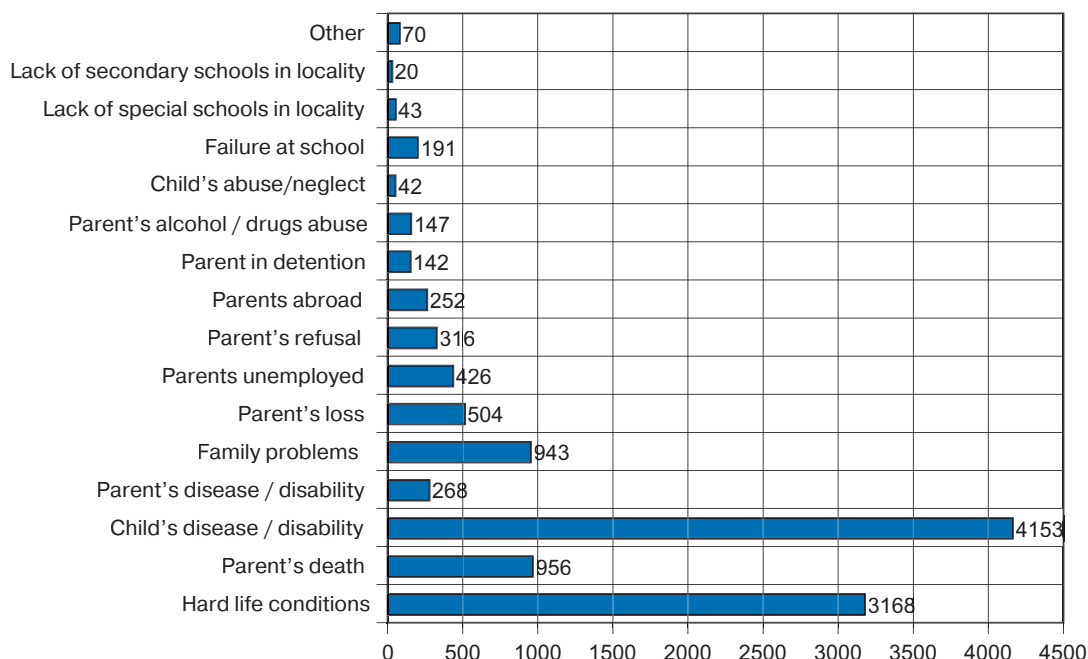
children are temporarily deprived of parental care and only 6% are orphans (chart 8). The data are missing or the statute is unclear in case of 12 percent of children.

Chart 8. Statute of children placed in residential institutions



The reasons of child's placement are different and this is probably the most important aspect in the process of studying the institutionalization phenomenon as childcare policy. Following the analysis of the data collected, it was found out that 35,5% of children have been institutionalised as a result of their disease or disability, 16,2% following parent's death, 27% - parents' poverty, 8% - family problems and 3,6% - parents' unemployment (*chart 9*). Worth mentioning, there are children who are institutionalized following the school failure (1,6%) and lack of secondary schools (0,2%).

Chart 9. Reason of child's placement in institution



The fact that poverty affects the family and makes it vulnerable, bringing it to the stage to take desperate and contradictory decisions, is proven once again by the results got following the analysis of the information collected. Thus, 85,6% of children came to institutions from their families and 2% from extended or guardianship families (*chart 11*). The information on previous prior care place is missing in case of 9% of children. It was found out that 48 percent of children were placed in institutions by their own parents, at least the staff of the institutions asserted this. We cannot surely assert this thing because we could not meet with each parent during the form-fill-in process (*chart 10*). The data also prove the fact that 18,6% of children were institutionalized at the request of the Medico-Pedagogical Service, while in case of 13% of children the information on the initiator of the placement is missing from the records.

Chart 10. Initiators of child's placement in institution

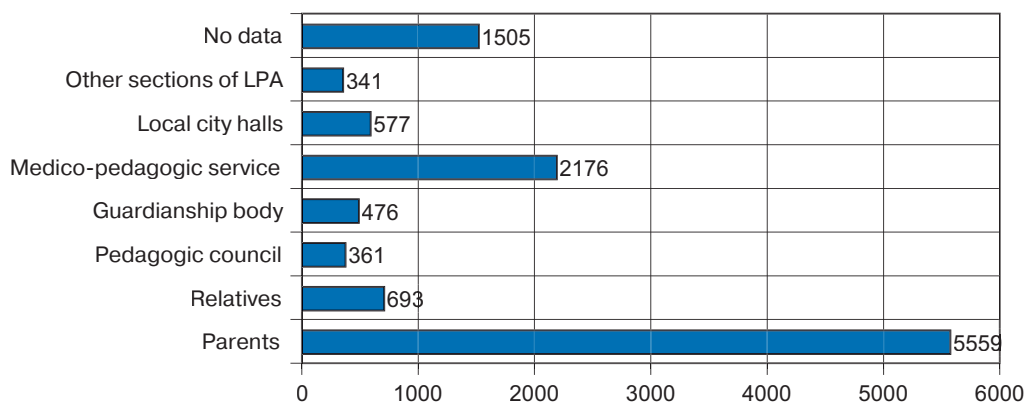
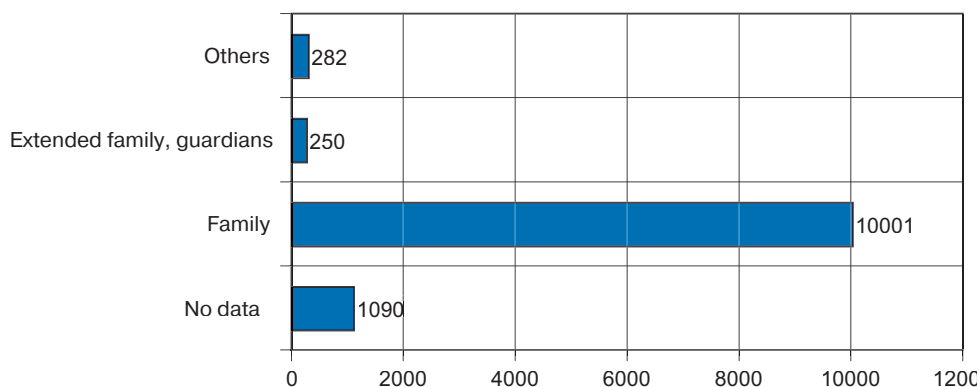
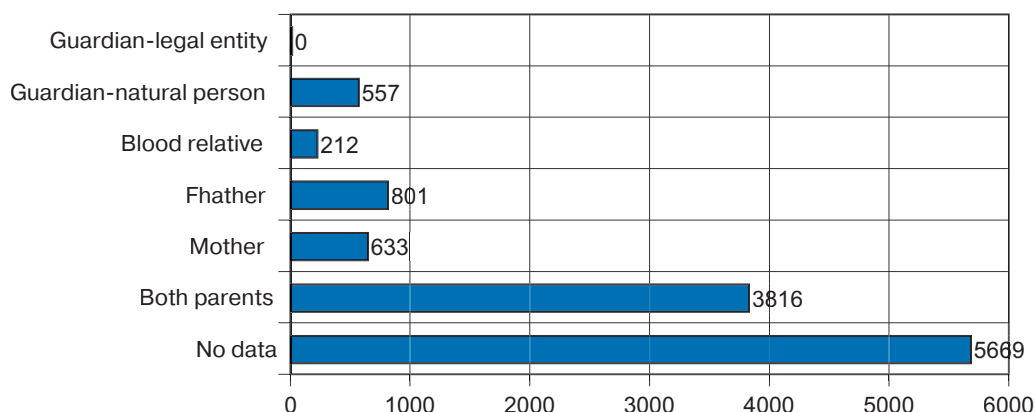


Chart 11. Prior place of care of children from institutions



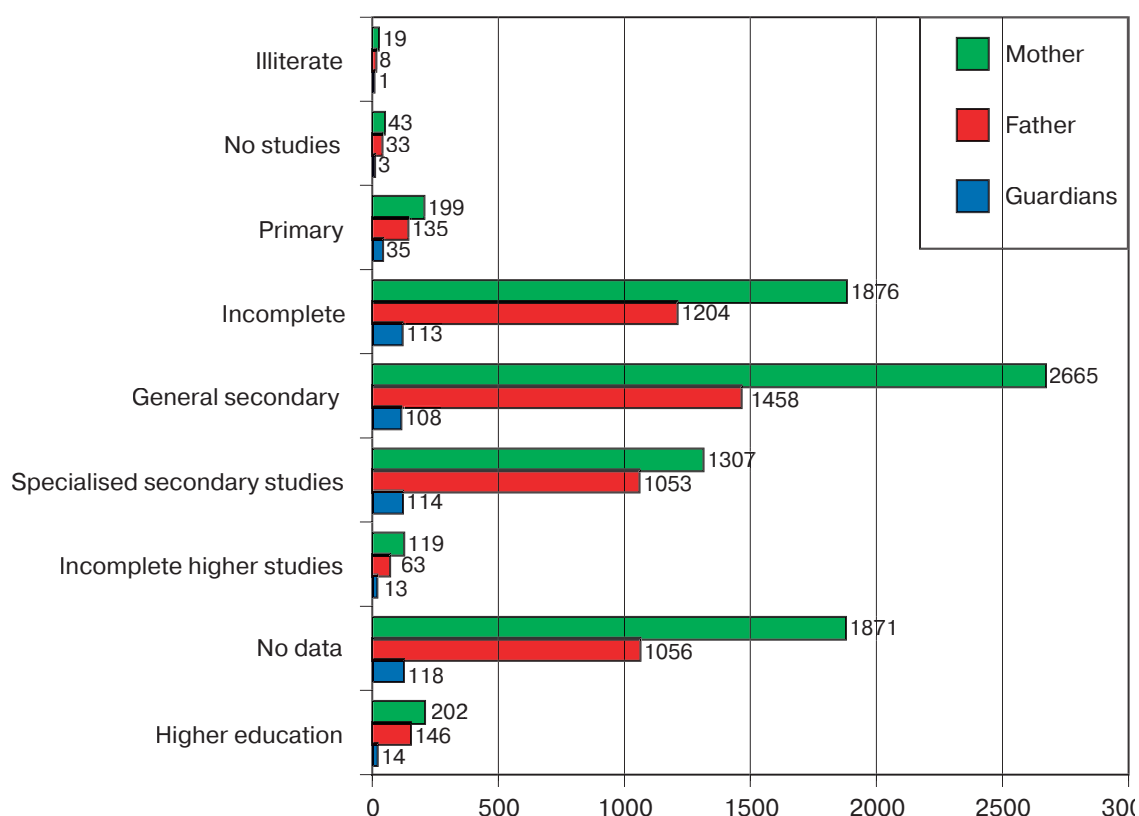
It is worth mentioning the fact that any information on prior care person is missing in the records of 48% of children (*chart 12*). This fact shows once again that children's records are incomplete. However, we could make some observations out of data available at this compartment. In case of 33% of children, both parents are set as prior care persons, 7% - the father, 5% - the mother and 4,8% - the guardian.

Chart 12. Primary caregiver of the child



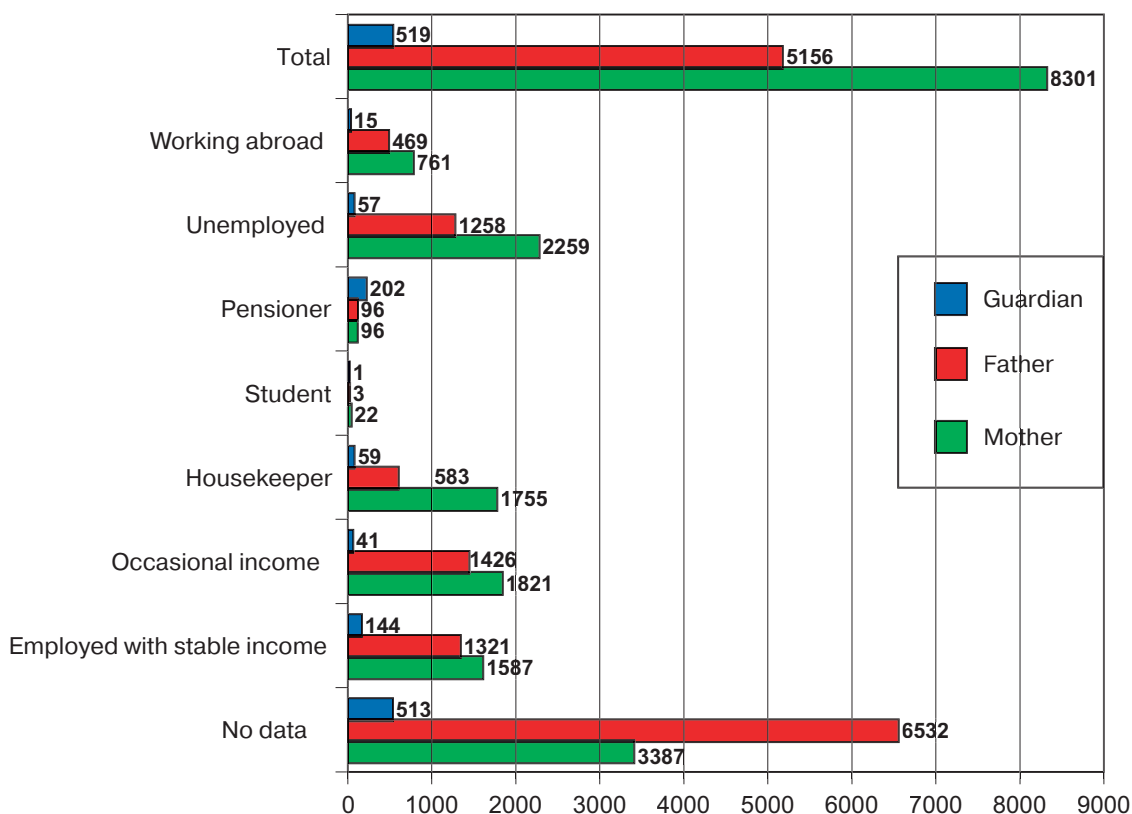
The development level of parents of institutionalized children is also very important when we examined the reasons leading to the children's placement. In this context we found that 48% of mothers and 49% of fathers have secondary and specialized education. While 23% of mothers and 23% of fathers have incomplete secondary education (*chart 13*). Only 3,4% of parents have no studies or are secondary educated, while 2,6% of parents have higher education.

Chart 13. Studies of parents/guardians



Data on parents' occupation are missing in case of 74% of children (*chart 14*). We found out from data available that 26% are unemployed, 24% have occasional jobs, 22% - stable jobs and 3% - pensioners. There are also 17% of non-workers parents, of them 73% - women.

Chart14. Occupation of parents of children placed in residential care



More than half of the institutionalized children have also brothers and sisters (*charts 15 and 16*); 27% have one brother or one sister, 23% - two brothers or sisters, 18,6% - three brothers, 4,8% - over three. Of them, 31% are institutionalized, 20% at home with both parents, 13% with the mother, 2,5 with the father, 3% with relatives. While 15% of children are placed in other types of care, and the data are missing in case of 15% of children.

Figures on objectives of the care plan drafted by the staff of the institution and child's so-called option are almost identical (*chart 17*). Thus, for 35,4% of children the care plan objective was independent life after leaving the institution and 36,6% of children, respectively, aspire to this option. On the other hand, analysing child's family reintegration option (32%) and the recommendations in the care plan in this regard (23%), we found out that the desire of reintegration into the family wasn't taken into consideration in case of 9% of children. The fact that child's option is not taken into account while setting the care plan is also proven in case of institution's recommendation as care type - 20% of children and only 0,2% of them wishing to stay in that institution.

Chart 15. Number of children according to the number of siblings

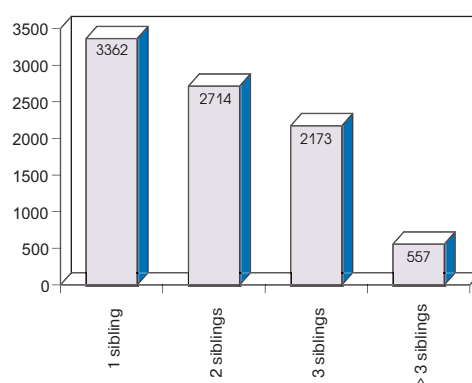


Chart 16. Number of siblings according to the care place

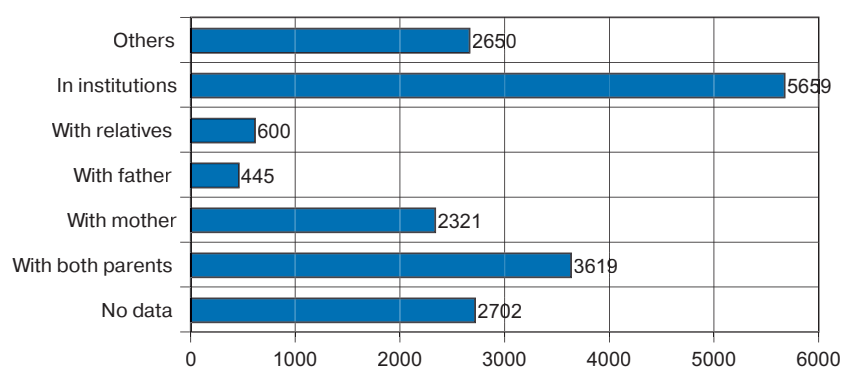
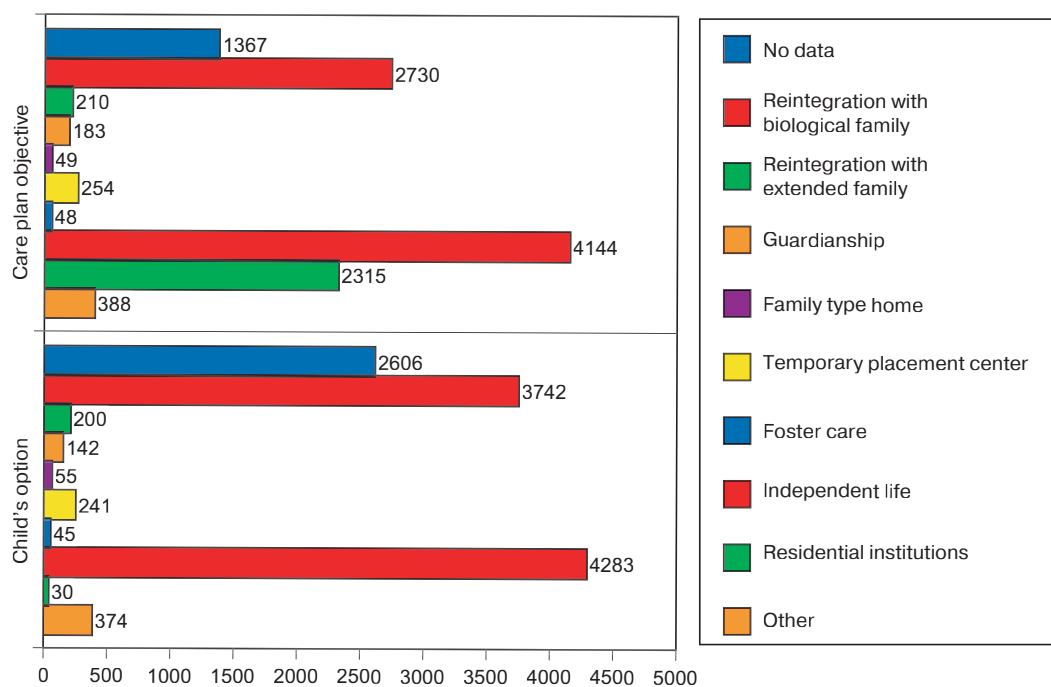


Chart 17. Care plan objective



The care plan sees an alternative care form for 4,6% of children and other 4% want to stay in such forms. This thing proves that the alternative variants either are not promoted or are known, as a result the child doesn't know about the existence of other options.

The objectives of the care plan are not set in case of 12% of children, thus the specialists could not indicate these children's future.

All these data show the need of initiating the reforms in the current services and institutionalized childcare systems. This thing being facilitated to a certain extent by the information system that shows us the existent gaps and directions of solving and deleting them.

IV. CONCLUSIONS AND RECOMMENDATIONS

Generalising the data obtained we can make the following conclusions:

- **The child** represents a **direct subject of human rights** with natural needs as of each person, but, who in a specific configuration needs a family, first of all, as the best human environment for his/her own development. **The child feels the best** and develops his physical, intellectual and emotional potential only in family.
- **Family's capacity** as fundamental unit of the society and as healthy environment natural for child's bringing up and welfare **depends on the protection and assistance** level offered by the state, to be able to fully play its role in the society. Family's needs that include economic resources, moral values, socio-cultural conditions for its members, children's education, belong to the interactive type, while **the lack of conditions** to meet them **transform the normal family into a vulnerable and at risk one**, this risk being transferred automatically on the child, due to his/her specific statute - incapacity of self-defence. That is why, child's needs should be treated as rights that aren't facultative anymore, but should be compulsorily satisfied, offering him/her special protection against aggressive environmental factors.
- The inadequate **quality of the residential care jeopardises children's development and their further integration into the society**, this thing being caused by the weak development level, lack of abilities for the independent life, and lose of relations with the family and origin community, exacerbated by the insufficient support from authorities for an effective integration.
- **The residential care environment stays unchanged** to a great extent, **child's needs and fundamental rights being neglected**. The residential environment favours the abuse towards the child by the adults and by other children. In many cases the child is alone in front of the abuser, having no one close to him to be protected or to report about the abuse. The smaller child is, more susceptible he is to the abuse and exploitation. In this regard, to neglect the abuse phenomenon in residential institutions, the latter have to develop special child care policies from any form of abuse, as well as mechanisms of encouraging children to report about these cases (not lines, black boxes for selecting the evidence).

- Children deprived of the natural family environment have the right and must be cared within some alternative community services that would provide a family environment similar to the natural one (foster families, family type placement centres, family type homes, etc.), thus favouring their harmonious development, rehabilitating them physically, socially and emotionally from the institutionalization syndrome, the last but not the least, promoting child's (re)integration into family and community.
- The favouring of the reintegration, rehabilitation and socialisation process of institutionalized children is due, to a great extent, to the improvement level of the existent social services system and development of alternative services, thus promoting a divers services system in accordance with child's and family's complex needs.
- **It is very important to find out children's opinions, viewpoints, concerns and preferences, as well as to consult and involve them into the process of planning**, implementation, monitoring and assessment of these services while **setting up child care program** and developing social services meant for them. Only children, being direct beneficiaries of social services, can fairly appreciate the quality and need of services applied.

In order to develop and improve the implemented informational system of the child placed in institutional care, we recommend:

1. Elaboration and implementation of the minimal quality standards of care of children placed in residential care that would promote psycho-social assessment of the child and his/her family, periodic review of child's and family needs, setting up short-term and long-term care plans and their periodic review, keeping obligatory child's file.
2. Building clear mechanisms for re-up-dating and monitoring information both vertically and horizontally, from the institution to local public authority, and from institution to ministry responsible for child in institutional care.
3. Making responsible care institution and child care local body of administrating the database, up-dating and monitoring information. They have to take care while introducing the information, to obtain qualitative information, to thoroughly study each child's record, to take into account child and family opinion.
4. Setting up a single network at national level for monitoring the information on institutionalized children's situation.

V. FINAL PART

It is indisputable that the sustainable development of the social protection of child and family, according to the needs and best interests of the child, depends on the level of promoting human and democratic values in the country, strengthening collaboration, on the basis of the social strategy, among the state and civil society, academic staff as well as international organizations that present an important short - term or mid-term source of funding.

Developing and implementing the informational system of the child placed in residential institutions demonstrate us that the Government of the Republic of Moldova produce some changes in approaching problems of family and child in crisis, wishing to transfer the accent from the emergency actions to the ones of prevention and rehabilitation. They are manifested by the development of a range of social services based on child's rights and family environment that have as an objective on the one hand family strengthening reducing the number of social problems in the community care and on the other hand – strengthening its capacity for the efficient use of social support.

Although the evolution of social protection system of child and family in difficulty indicate convincingly that positive practice and success are registered we can state that their capacity to meet the existent needs, to be replicated and disseminated is surprisingly low. There are obstacles in institutional and legal system, difficulties in creating and promoting a coherent reform. Prevention measures and the capacity to protect children and families at risk are still limited. Lack of attention is given to the prevention measures of the family dysfunction and child abandonment, the society remains to be overloaded with a huge volume of needs in the field of social protection while the limited community resources are wasted.

In order to promote at the national level a coherent policy regarding child in difficulty it is necessary to harmonise the legal and institutional frameworks so that child's best interests are taken into consideration, as well as development of child centred family and community based services, transformation of traditional residential institutions in places accessible for the community, which would treat the child as direct subject of human rights.

When reforming residential institutions and developing new services of social protection of child and family, the communities and local public authorities should be supported from both methodological and financial point of view (quality standards, methodical recommendations, regulations), (flexible financial mechanisms of funds' reallocation issued from the residential care towards new community services).

At the same time the communities and local public authorities should be made responsible to solve child and family problems by using local resources and valuing the potential of the family and community, the latter drafting strategies and child social care local programs, taking into consideration local needs, financial and human resources available, creating possibilities to value these resources.

When developing community services central and local authorities should encourage civil society to take part in development of community services, creating optimal activity conditions, setting coherent partnerships at local and national levels, creating contract and financing conditions for them, if the services provided correspond to the quality standards set by the government.

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ANNEX 1.

The structure of the child's questionnaire

The child's questionnaire is made up of 11 main chapters:

- Chapter 1. Personal Data
- Chapter 2. Placement in institution
- Chapter 3. Child's development
- Chapter 4. Child's education
- Chapter 5. Primary caregiver
- Chapter 6. Child's mother
- Chapter 7. Child's father
- Chapter 8. Child's guardian
- Chapter 9. Siblings
- Chapter 10. Care plan objective
- Chapter 11. Leaving the institution

Chapter 1. Personal data contains information about the name, surname, father's name, sex, date and place of birth, date of birth certificate issue or ID, the distance from the origin community to the institution. There is an obligatory field upon which the identity of the child is determined.

Chapter 2. Placement in institution contains information on the legal statute of the child placed in institution (temporary deprived of family environment, abandoned, orphan, non-clarified statute) – it is an obligatory field, one of the situations is checked; prior care place of the child (the family – biological, extended, adoptive, residential institution, alternative services – foster care, guardianship, family type home, others – maternity home, hospital, abandoned, repatriated); placements history in chronological order, placement initiators (parents, relatives, pedagogical council from school, guardianship body, medico-psycho-pedagogical services, City Hall, other administrative-territorial local sections(Bias department, police, children's hospital, court)) or an unknown initiator; reason of placement (primary and secondary) – hard life conditions, death of the parent / carer, disease / disability of the child, disease / disability of the parent,

family problems (single mother, parents' in divorce etc.), parent's disappearance or loss, unemployment of parents, parent's refuse to bring up the child, parents' alcohol / drug abuse, domestic violence, child abuse / neglect by parents, child labour by parents, refugee child, sexual exploitation of the child, street child, deviant behaviour of the child, school failure, lack of nurseries, lack of secondary schools in localities, lack of special schools; child's opinion regarding the placement.

Chapter 3. Child's development is filled together with the doctor or medical assistant of the institution. Clinic diagnosis, disability degree and the date disability determination **are indicated**.

Chapter 4. Child's education is filled in collaboration with the management of the institution. The form the child attends and average mark, behaviour peculiarities, child's abilities.

Chapter 5. Primary person is a main person who takes care of the child (mother, father, both parents, blood relative of the child, guardian – a natural person, guardian – a legal entity), primary person's name and kinship relation; other significant persons for the child.

Chapter 6. Child's mother and **Chapter 7. Child's father** are identical and contain information about the name, residence visa and place of living, distance from the place of living to the institution, civil statute, parental rights, parents' studies, occupation, dwelling, labour force registry office, health state in case of disease and disability they are to be specified, information about the family environment, attachment towards the child, type of contact with the child and frequency of contacts.

Chapter 8. Child's guardian requires the same information, additionally data on guardian's biological children.

Chapter 9. The child's siblings indicate their names, place of staying, type of contact with the child, frequency of contacts, attachment towards the child in placement.

Chapter 10. Care plan objective indicate planned option for the child – reintegration with the biological family, reintegration with the extended family, kinship, national adoption, international adoption, placement in a family type home, placement in a temporary placement centre, foster care, independent life after leaving care, residential institution, others; child's option regarding care plan objective was or was not agreed with the child, the reason why care plan objective was given preference.

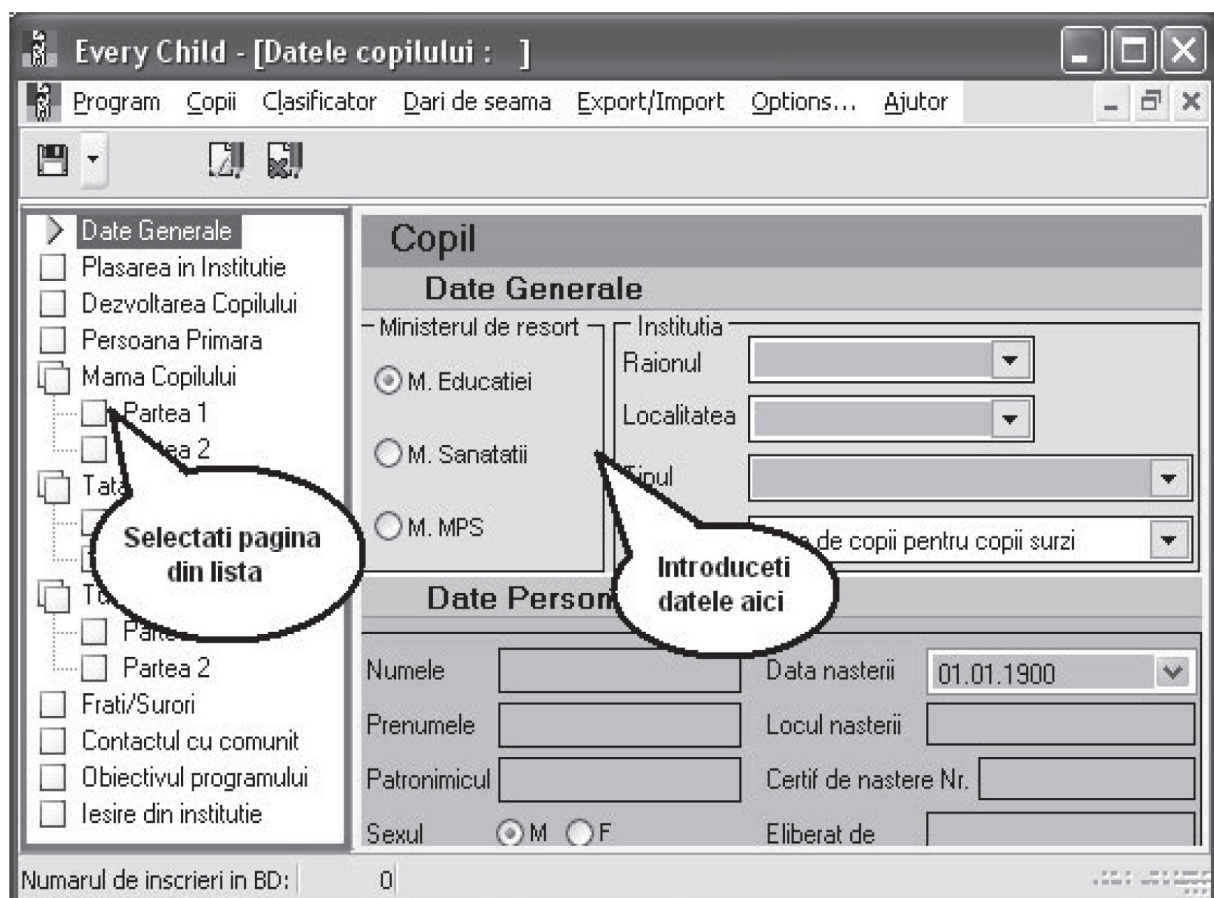
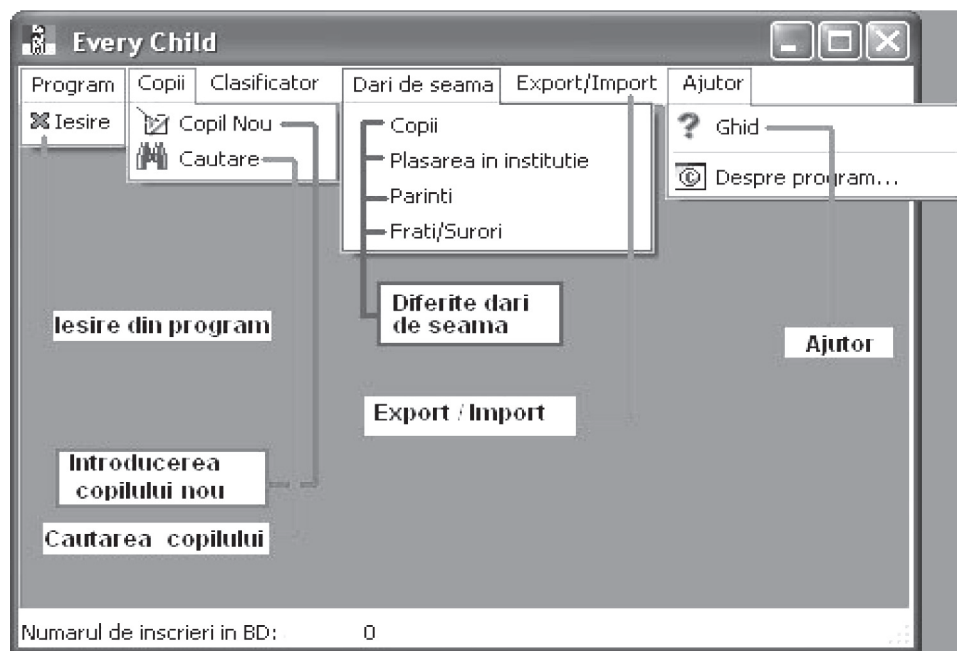
Chapter 11. Leaving institutional care indicate the place of going, child's occupation, locality of residence, name of the institution responsible for further monitoring of child's situation, confirmation of child's file transferral to the responsible institution.

The field for commentaries and notes indicates information and supplementary data about the child. Although it is harder to process, this information can be relevant for the clarification of child's situation.

ANNEX 2.

Database structure and its technical specifications

1. Database model includes all structure children data tables, stored procedures, triggers and indexes.
2. Database includes all classificatory data collection such as districts of the Republic of Moldova, cities/villages of the RM, countries of the world, child care system institutions of the RM, primary and secondary reasons for institutional placement, objectives of the care plan etc.
3. Questionnaire model design was elaborated in Microsoft Excel, in Romanian language. The questionnaire has eight pages with the following sections:
 - Personal data,
 - Placement in the institutions,
 - Child development,
 - Primary caregiver,
 - Child's mother,
 - Child's father,
 - Child's guardian,
 - Siblings,
 - Objective of the care plan,
 - Exit from institutions
4. Database Software includes the following components and events:
 - Registration and modification of the data written in the questionnaires. This module of the programme represents introduction part of Software and is based on the questionnaire's sections.
 - Data export. With the help of this software component the user can export all the data about child/children in XML-format packed in RAR with password that the software can "understand".
 - Data import (XML-format packed in RAR with password). With the help of this component the user can import all the data about the child in a format that software "understands".
 - Data synchronization module – interaction between Export & Import.



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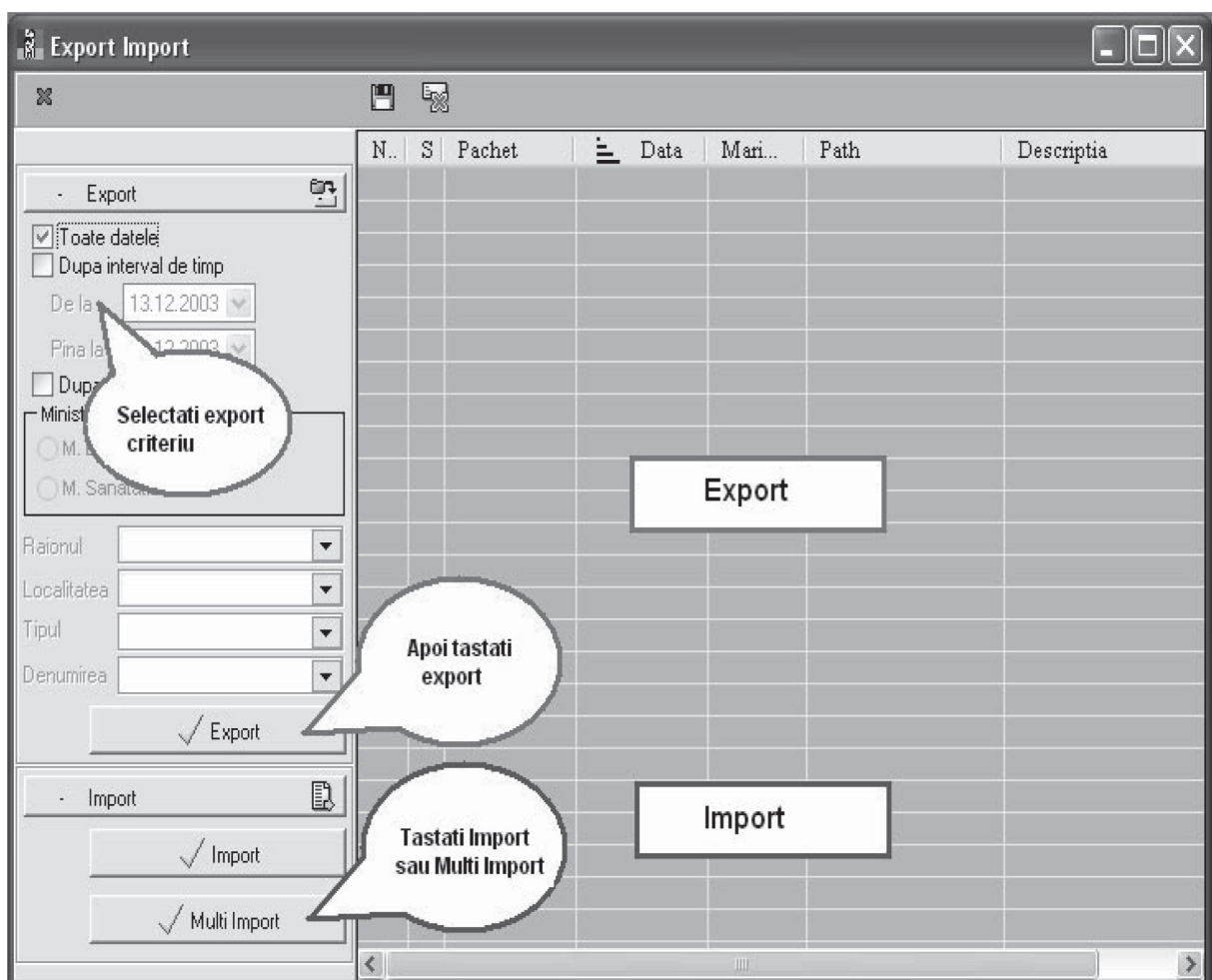
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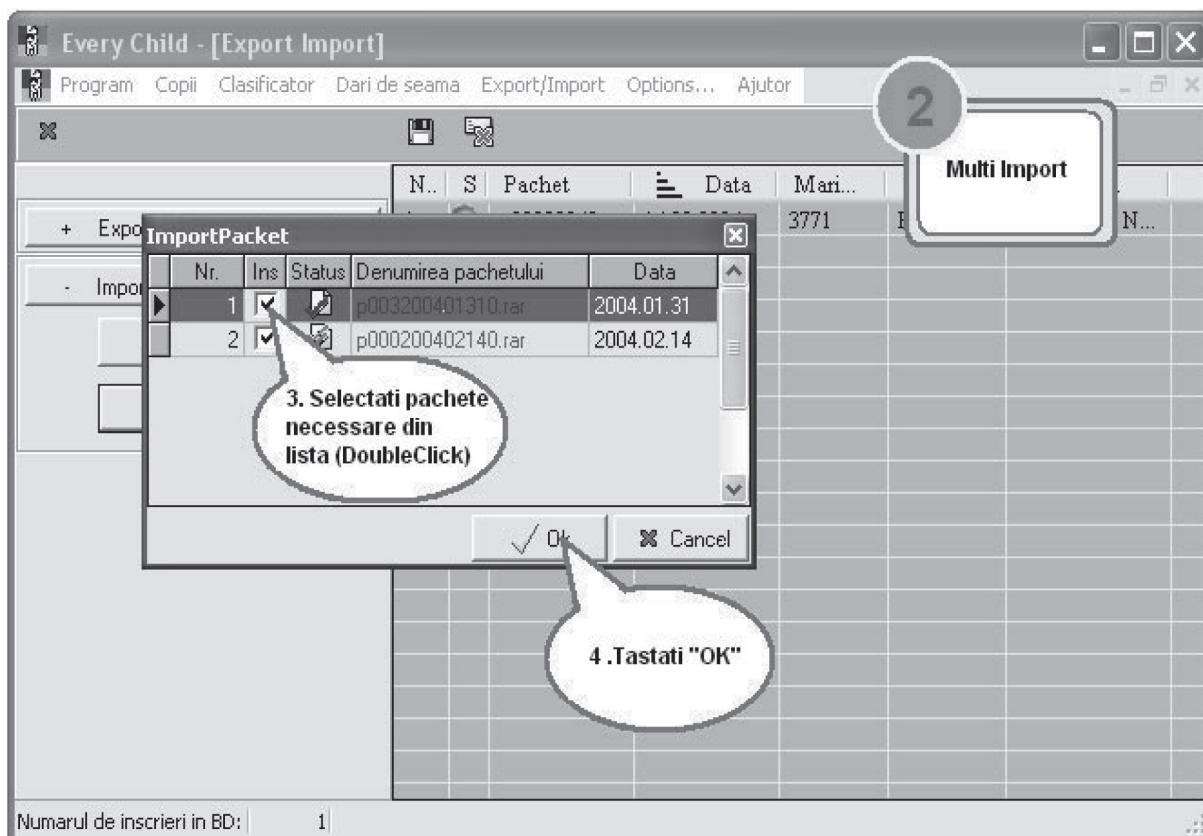
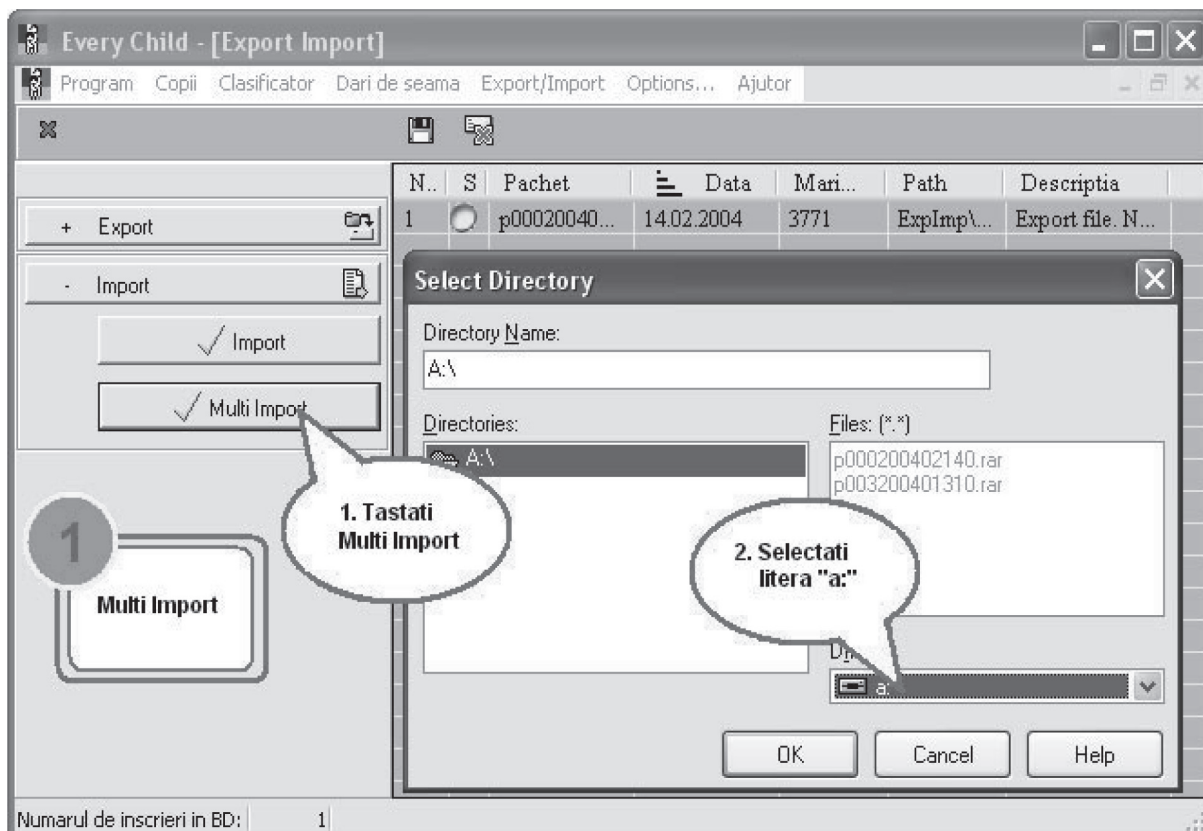
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