

CLASSIFICATION OF SOCIOECONOMIC SUPPORT MODELS FOR CHILDREN IN DIFFICULTY

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Abstract: *Children in difficulty represent a vulnerable group of population whose welfare relies heavily on the effective integration of economic, social, and educational support systems. Prior to modern welfare systems, the community traditionally assumed responsibility for vulnerable children's needs. Contemporary support systems have evolved along three main paradigms: child protection, family support, and community care, each emphasizing different balances of state involvement, community responsibility, and family autonomy. This paper analyzes various international models - Anglo-Saxon, Communitarian, Continental, Emergent, Mediterranean, Scandinavian, and Transitional - highlighting their distinctive characteristics, strengths, and limitations. It further explores how these models reflect specific economic structures, financing mechanisms, and social priorities, ranging from highly institutionalized and tax-funded frameworks in Scandinavian and Continental countries to decentralized, community-based approaches in developing and emerging economies. While Scandinavian and Continental models stand out for their universality and strong state involvement, they require substantial financial commitments. In contrast, the Anglo-Saxon, Communitarian, and Mediterranean models offer much more flexibility, but they often struggle with the equity and the consistent access. The Emergent and Transitional models, including Moldova's, highlight the importance of reform, innovation, and international cooperation in building resilient, inclusive child support systems. The study concludes by emphasizing the necessity for balanced support models combining efficiency, accessibility, and sustainability to ensure optimal outcomes for vulnerable children. The work was developed within the framework of Subprogram 030101 „Strengthening the resilience, competitiveness, and sustainability of the economy of the Republic of Moldova in the context of the accession process to the European Union”, institutional funding.*

Keywords: *children, support, model, social, economic.*

JEL Classification: *I31, I38, J13, H53.*

1. Introduction

The development of social and economic support systems for children in difficulty has evolved significantly over time. In the past, the care and protection of vulnerable children were primarily the responsibility of the community and extended family. Today, this role has expanded into structured systems that combine public and private services, aiming to provide all children with safe, stable, and nurturing environments that support their well-being and development. Modern child welfare systems operate under several paradigms, including child protection, family support, and community care. These approaches reflect different cultural, social, and political contexts, influencing how responsibilities are shared between the state, families, and communities. Support systems can also be categorized by their level of institutionalization—from institutional and semi-institutional care to non-institutional, community- and family-based alternatives. Globally, a variety of models have emerged, shaped by each country's economic structure, policy priorities, and available resources. These include liberal, community-oriented, continental, nordic, mediterranean, transitional, and emergent models, each with distinct characteristics, advantages, and challenges. The way these models are implemented reflects broader national strategies in social policy, particularly regarding equity, inclusion, and sustainability. This paper provides an overview of the main models of support for children in difficulty, examining their structural differences and policy orientations. By comparing these systems, the paper aims to highlight the importance of

adapting support mechanisms to specific national and local contexts, with the ultimate goal of promoting the rights and well-being of all children.

2. Paradigms of socioeconomic support of children in difficulty

Before the development of social and economic support systems for children in difficulty, the community in which they lived played this role. In order to implement the provisions of a modern support framework, it is necessary to have a child welfare system, which can be considered as a group of public and private services that are focused on providing all children with safe, permanent and stable environments that support their well-being.

There are three major paradigms according to which child support systems operate: child protection; family support; community care (Cameron & Freymond, 2006:5-6) These paradigms coexist in varying proportions within these systems. In the case of child protection systems, the state is the one that regulates social and moral arrangements, with an emphasis on individual rights and responsibilities. There is a clear division between the private and public domains that protect the confidentiality of the family. Intrusion into families by child protection authorities is allowed only when parents violate minimum standards for child care. The primary objective of child protection is to protect children from abuse in the home.

In family-oriented models of support, the state supports child and family welfare systems that reflect shared ideals about children, family and community. The principles of civil solidarity and, in some contexts, subsidiarity (local responsibility) are emphasized. Supporting the appropriate care of children is seen as a shared responsibility. Providing support for the development of parent-child relationships and caring for children are the primary objectives. Ideally, the emphasis is on reaching consensual agreements with families.

Community-based care models are practiced in many Aboriginal communities in different regions of the world. Connections to extended family, community, place and history are seen as integral to healthy individual identities. Ideally, community-based care is based on consultation with parents, extended family and the local community for the protection and care of children. An important role is given to keeping children in their families and communities. Respect for traditional indigenous values and procedures is an integral part of community-based care processes.

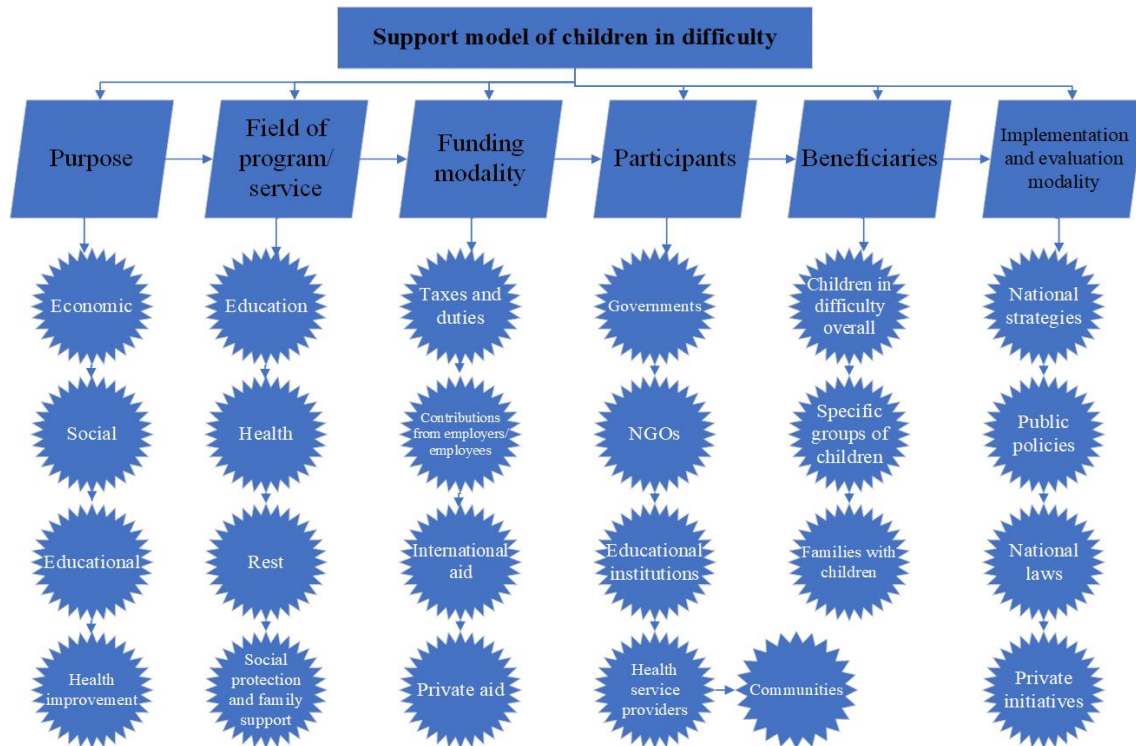


Figure 1. Structure of a model for supporting children in difficulty

Source: Developed by the author

A model for supporting children in need is a structured conceptual and operational framework that integrates economic, social, and educational objectives, with the aim of providing assistance, resources, and guidance to vulnerable children. This model is based on essential areas such as education, health, recreation, and social protection, using diverse financing mechanisms, including taxes and duties, employer and employee contributions, international aid, and private support. The implementation and evaluation of the model involves a network of institutional and community actors, including governments, nongovernmental organizations, educational institutions, health service providers, and local communities (*Figure 1*).

3. Support models of for children in difficulty

The models of support for children in difficulty are determined by the structure of the types of support systems implemented. The types of support systems can be classified according to the degree of institutionalization (the practice of placing children in institutional settings rather than in family or community settings): institutional, semi-institutional, non-institutional. Institutional types provide children with permanent support and supervision in specialized state or private facilities: placement centers, rehabilitation centers for minors, orphanages, boarding schools for children with special needs. Semi-institutional types are designed to provide a balance between institutional support and an environment that imitates the family atmosphere as closely as possible: community homes for children with special needs, family-type homes (homes structured to provide an experience closer to a family

environment), day centers with temporary residential support, transitional programs (to prepare adolescents for leaving the residential care system). Non-institutional types concern the integration of children into families or the community, avoiding institutionalization, providing an environment that favors the natural and healthy development of the child: adoption, foster care, guardianship, mentoring, sponsorship programs, community support programs, curatorship. The general trend in most countries is towards the deinstitutionalization of support for children in difficulty.

In relation to the structure of use of these types of support applied and the political, economic and social approaches within the countries, the following models of support for children in difficulty can be delimited: the Anglo-Saxon (liberal) model, the communitarian model, the continental model, the emergent model, the Mediterranean model, the Scandinavian (Nordic) model and the transitional model (*Table 1, Table 2*), which can be compared by their characteristics, advantages and disadvantages and according to a series of criteria: the level of state involvement, sources of funding, accessibility and coverage, efficiency of resource allocation, child-centred approach, community and family involvement, flexibility and adaptability, long-term impact on child development, integration with other social policies, equity and inclusion.

Table 1. Classification of models of support for children in difficulty, their characteristics, advantages and disadvantages

Model	Representative countries	Characteristics	Advantages	Disadvantages
Anglo-saxon (liberal)	Australia, Canada, Ireland, New Zealand, United Kingdom, United States	Orientation towards targeted rather than universal support; combination of public and private support; emphasis on individual responsibility and self-sufficiency.	Flexibilitate în politicile sociale, ce permite adaptarea rapidă la schimbări sociale și economice; promovarea inițiativei individuale și a responsabilității personale; costuri mai reduse pentru stat prin implicarea sectorului privat și a comunității.	Higher risk of social inequality and more limited access to services for low-income families; reliance on eligibility conditions that may exclude vulnerable people who do not meet strict criteria; high variability in quality and access to services between different regions or communities.
Communitarian	Brazil, Colombia, Ecuador, Bolivia, Peru, India, Indonesia, Philippines, Pakistan, Kenya, Nigeria, Uganda, Tanzania	High dependence on the community and traditional family structures; active participation of NGOs and local and international initiatives in providing services; flexibility and adaptability to local conditions.	Personalized approaches that take into account the specific needs of communities; encouraging community involvement and strengthening social ties; relatively low costs for the state.	High variability in the quality and availability of services between different communities; dependence on local and international resources may limit effectiveness in poor areas; lack of strict regulation which may lead to inequities and abuses.
Continental	Belgium, France, Japan, Germany, Netherlands, Austria, Luxembourg, Switzerland	Mix of universal and targeted benefits; social insurance system financed by contributions from employers and employees; active role of the state in regulating and financing social services.	Stability and predictability in service delivery; solid social protection, providing a level of security for citizens; relatively equal access to basic services, such as education and health.	Systems can be bureaucratic and rigid, with inefficiencies in administration; high costs for employers, possibly limiting job creation; frequent reforms may be necessary to respond to economic and demographic dynamics.
Emergent	South Africa,	Rapidly growing economies	High potential for	Inequalities in access to

	Argentina, Chile, China, Ghana, Malaysia, Thailand, Vietnam, Ethiopia, Egypt, Morocco, Mexico	developing new infrastructure and social services; mix of private and government initiatives in providing social services; focus on modernizing social services and economic growth, often with international support.	innovation and adoption of new technologies applied in social services; investment and economic growth opportunities that can improve access to social services; ability to attract external funding for the development of infrastructure and social services.	services, between developed urban and rural areas; risk of prioritizing economic growth to the detriment of social protection; dependence on global economic cycles which can make social services vulnerable to economic fluctuations.
Mediterranean	Albania, Bosnia and Herzegovina, Greece, Italy, Portugal, Spain	Focus on reactive rather than proactive/preventive measures; limited funding and insufficient resources; high dependence on family networks (extended family)	Flexibility in managing local crises; strengthening family ties.	Inequality and limited access to services; overburdened systems during economic crises; lack of long-term investment in social infrastructure.
Scandinavian (Nordic)	Denmark, Finland, Iceland, Norway, Sweden	Universal and free or subsidized social and health services; inclusive and high-quality education system; system of progressive, relatively high taxes to finance social services.	High social equality and reduced economic disparities; high quality of life and general well-being; consistent investments in children and families, guaranteeing a good start in life for all citizens.	High taxes can be inhibitory to personal economic growth and private initiative; high costs can put pressure on the country's economy in times of economic crisis; potential to discourage competition and innovation in certain sectors.
Transitional	Bulgaria, Republic of Moldova, Poland, Romania, Baltic States, Hungary, Czech Republic, Slovakia, former Yugoslav countries	Reform from centralized systems to more decentralized services; focus on partial privatization and diversification of service providers; fight against the legacy of inefficiencies and systemic corruption.	Opportunities for modernization and efficiency; potential for diversification and improvement of services offered; openness to more democratic and transparent practices.	Periods of instability and uncertainty in transition; risks of fragmentation of services and inequality in access to resources; difficulties in overcoming bureaucratic inertia and resistance to change.

Source: Systematized by the author

Table 2. Comparing the models of support for children in difficulty

	Anglo-saxon (liberal)	Communitarian	Continental	Emergent	Mediterranean	Scandinavian (Nordic)	Transitional
Level of state involvement	Minimal; relies on private sector and NGOs	Moderate; strong community and NGO involvement	High; combination of universal and targeted benefits	Evolving; mix of private and state initiatives	Low; family networks play a crucial role	Very high; fully state-funded and universal	In transition; moving from a centralized to a mixed system
Sources of funding	Private funding with some public support	Funding from local community and NGOs, state support varies	Social insurance and government funding	Mix of funding from state, private sector and international donors	Limited state support, largely family-based	High taxation finances universal services	Mix of public funding and foreign aid
Accessibility and coverage	Selective, based on eligibility criteria	Community-based, varies by location	Broad coverage through social insurance	Urban areas are better served than rural areas	Limited access, often fragmented	Universal, equal access for all citizens	Varies significantly, still in the process of developing inclusive policies

Efficiency of resource allocation	Efficient, but with unequal access	Flexible, but with inconsistent service quality	Predictable, but bureaucratic	Growing, but faces structural inefficiencies	Weak, often reactive rather than proactive	Highly efficient due to strong governance	Inefficient due to transition challenges
Child-centered approach	Moderate; encourages self-reliance	High; adapted to community needs	Strong; focuses on safety and development	Developing; varies depending on policy	Weak; children often rely on extended family	Very strong; prioritizes child well-being	Improving; adapts to international standards
Community and family involvement	Low; emphasis on individual responsibility	Very high; community-based support	Moderate; combination of state and community efforts	Moderate; public-private partnerships	High; predominantly family-based support	Moderate; strong state intervention limits the role of the family	Variable; in transition to mixed involvement
Flexibility and adaptability	High; market-oriented and adaptable	High; community-based flexibility	Low; slow reforms due to bureaucracy	Moderate; still developing to implement effective reforms	Low; reactive rather than proactive	Low; stable but slow change	Moderate; varies depending on the pace of transition
Long-term impact on child development	Varies; higher for wealthier families	Strong where community support is active	High; provides long-term stability	Uncertain; potential for significant improvements	Weak; instability limits long-term benefits	Very high; consistent investment in children	Evolving; results vary by region
Integration with other social policies	Limited; fragmented policies	Moderate; linked to local development efforts	Strong; coordinated social assistance policies	Developing; improving integration	Weak; minimal state involvement	Very strong; holistic social policies	Variable; efforts to align with EU and international standards
Equity and inclusion	Low; income-based disparities	Variable; depends on community resources	Moderate; social security provides balance	Growing, but still faces inequalities	Low; limited access for disadvantaged groups	Very high; strong focus on equality	Developing; disparities still persist

Source: Systematized by the author

The main differences between these models are significant. The Anglo-Saxon model is based on the private sector and NGOs, with selective access and predominantly private funding, but generates high social inequalities. The community model emphasizes community and NGO support, with moderate state involvement and high flexibility, but the services offered vary greatly in quality. The continental model is a balanced one, characterized by a mix of universal and targeted benefits, social security financing, but also excessive bureaucracy that affects efficiency. The emergent model is evolving and combines private and state initiatives, but faces significant territorial inequalities, especially between urban and rural areas. The Mediterranean model is based on family networks, with low state intervention and limited accessibility to social services, which makes it more vulnerable in times of crisis. The Scandinavian model offers universal services with high efficiency, being financed by high taxes and having a strong focus on equality and child well-being, but high costs can be an obstacle. The transitional model, present in countries such as Moldova, is trying to modernize, but faces challenges related to efficiency and inclusion. In terms of the advantages and disadvantages of these models, the Scandinavian and continental ones offer the most inclusive and efficient services, but involve high costs and a high degree of bureaucracy. The Anglo-Saxon and Communitarian models are more flexible, but unequal access and social risks can create long-term problems. The Mediterranean and emergent models feature fragmented services, limited state involvement, and social policies that are reactive rather than

preventive. The transitional model faces administrative inefficiency and significant regional disparities. Developed countries tend to apply more universal and efficient models, but which involve high costs, while countries in transition or emergent need to improve the integration of social policies and increase the efficiency of resource allocation. The ideal model should be balanced, combining accessibility, sustainability and efficiency to ensure real support for children in difficulty.

In countries that have adopted the Anglo-Saxon model, state support for the social sector covers the minimum necessary (Tuzubekova, Kazizova, Sarybaeva & Zhunussova, 2022). Although the provision of residential care is substantially more expensive than family placements, in countries that base support for children in difficulty on this model, such as the United Kingdom, the prevalence of for-profit residential care for children is increasing, especially in regions where fewer children are placed, with more negative than positive impacts (excessive profit-making, poorer quality of care, greater placement instability, placement further from home (Sen, Ulybina & Holmes, 2024), but without the support of these providers, institutions would be underfunded. In countries such as the United States and the United Kingdom, social policies are focused on minimal state intervention, promoting private sector involvement and individual responsibility. The state provides targeted support through social assistance programs such as Temporary Assistance for Needy Families (TANF) in the United States, but private charities and community-based organizations also play a significant role. The implementation of this model in policy often results in decentralized services with varying quality and access, depending on local resources. In countries where a strong support system for children in need has not been formed, such as African countries, this primary support role is played by the collective responsibility of the community through local initiatives (educational, health), NGOs and local partnerships, and faith-based communities. Community-based support measures are low-cost measures that have reasonable effectiveness on the Sustainable Development Goals related to health, economy, and equality in relation to adolescents with HIV/AIDS (Fatti et al., 2018). In countries such as Brazil and the Philippines, social policies integrate community-based approaches with the active participation of NGOs and international organizations. These policies are less formalized and rely largely on local initiatives. For example, in Brazil, the Bolsa Família program combines government and community efforts to provide conditional cash transfers aimed at reducing poverty while engaging local support systems. Implementing this model often means that services are flexible but can be unevenly distributed, depending on the strength of local networks. One country with an emerging model for supporting children in need is China. The COVID-19 pandemic has exposed systemic problems in the child protection system based on this model: the lack of a specialized child protection law, fragmented systems, and unclear responsibilities among authorities. There is also a major shortage of staff. With over 7 million orphaned children, it is “a real challenge for the 620,000 child protection directors and 48,000 child protection supervisors across the country” (Zhao, Zhu & Hämäläinen, 2021:13). Chinese local authorities have established a three-tiered prevention and protection system, called the Child Guidance Model, and have collaborated with social organizations to deliver services, but there is a need for better legislation, better institutional frameworks, and increased professional training in child welfare to ensure effective long-term protection and the sustainability of the system. There is a need to improve online services during crises and better integrate children’s perspectives into service development. In emerging economies such as China and South Africa, social policies are

evolving rapidly, often with a combination of government-led initiatives and international support. In China, social policy implementation includes efforts to strengthen the child welfare system through pilot programs and partnerships with NGOs. Implementing this model in policy often involves balancing modernization with addressing systemic gaps.

Countries with a Mediterranean support model have a low level of social protection, with most social support provided through family means and private charity, and support for family, maternity, education receiving limited funding (e.g. 1% of GDP in Italy) (Tuzubekova, Kazizova, Sarybaeva & Zhunussova, 2022), however, there is a diversity of support instruments. In Italy, support for children in difficulty comprises a range of services and programmes: Servizi Sociali (Social Services) - local social service departments that provide assistance and support to families and children in difficulty, including those at risk of abuse or neglect; Centri per le Famiglie (Centres for Families) that provide resources, advice and activities to support families and promote child well-being. Among the financial assistance instruments applied, we can mention: Assegno di Natalità (Baby Bonus) - financial benefit for low- and middle-income families upon the birth or adoption of a child; Assegno di Sostegno (Family Allowance) - benefit for families with dependent children who meet certain income criteria. For educational support there is Sostegno Scolastico (Educational Support for Children with Disabilities) - specialized support in schools to accommodate children with disabilities, ensuring their right to education; programs for early childhood education - nurseries and kindergartens (asili nido and scuole dell'infanzia) often subsidized for families in difficulty. Among the early intervention programs there are services for young children with developmental delays or disabilities, focusing on early diagnosis and intervention. Mensa Scolastica is nutritional support through subsidized or free school meals to ensure that children receive adequate nutrition, especially in low-income families. Families facing legal issues affecting children, including disputes over custody and protection of rights, can obtain legal aid. Italy also offers support for immigrant and refugee children - integration programs: language courses and cultural integration programs to help immigrant and refugee children adapt to their new environment. Specific educational support - personalized educational programs to help with language barriers and integration into the Italian school system. Tutela Minori (Child Protection) encompasses programs and interventions designed to protect children from abuse and neglect, including emergency removal from homes if necessary. In countries such as Italy and Greece, social policies are reactive, with limited state intervention and a strong reliance on family support and private charity. For example, social services in Italy often focus on immediate needs through local agencies, but these services are underfunded and vary greatly from region to region. The implementation of this policy model is marked by minimal state involvement and significant disparities in service provision.

In countries with a continental model, the system of support for children in difficulty is comprehensive and multifaceted. A good example of a country in this regard is Germany. A peculiarity of its system is that for the early detection of stress in the family, potential risks to the well-being of children in their first years of life, the concept of “Early Help” (Ni & Klammer, 2023) is applied, which involves the provision of personalized preventive assistance at local and regional levels, determined by needs, to parents from the beginning of pregnancy and throughout the child’s first years, up to the age of three. Networks of early care centers cover 99.5% of German municipalities. Early intervention centers (Frühförderstellen) provide support for both infants and young children with developmental delays or disabilities. The German Youth Welfare Office (Jugendamt) plays a key role in protecting and ensuring

the well-being of children. It offers a wide range of services, from advice and support for families in need to interventions in cases of child safety risks. Financial assistance includes: child benefit (Kindergeld) - a monthly payment provided to all families with children, regardless of income, to help cover the basic costs of raising children; child supplement (Kinderzuschlag) - additional financial support for low-income families already receiving child benefit, designed to prevent children from needing state social benefits; education and participation packages - financial support for children from low-income families to participate in school trips, lunch programs, music lessons, sports clubs and tutoring. Children can benefit from all-day schools and programs (Ganztagsschulen) that offer additional educational opportunities, meals and supervision beyond regular school hours, especially beneficial for children from disadvantaged backgrounds. All German children have universal health insurance. Children in difficulty may be placed in legal guardianship, parental care, or in a family or residential setting. Integration and support for migrant children takes place through specific programmes designed to help migrant and refugee children integrate into the school system and receive language support and other integration aids. Psychological counselling and therapeutic services are available for children who have suffered trauma or have behavioural problems, helping to address psychological needs and supporting children's mental health. In Germany and France, social policies are characterised by a combination of universal benefits and targeted interventions, supported by a strong social security system. These countries implement comprehensive welfare programmes that are highly regulated by the state. The implementation of this model in policy ensures a high level of social security, but can also lead to bureaucratic inefficiencies.

A prominent representative of the Scandinavian model of support for children in need is Norway, which offers them a comprehensive and robust support system, reflecting its commitment to child welfare and social equity. Barnevernet, the main government agency responsible for child welfare in Norway, offers a wide range of services, such as monitoring children's living conditions, providing family counselling and, if necessary, placing children in foster care or residential care. In Norway, additional educational support is provided for children with disabilities or learning difficulties and free access to primary and secondary education. Mental health services are available to support children experiencing emotional or psychological problems. Families in need receive additional support through various social benefits, such as child benefit (barnetrygd), paid to all families with children up to a certain age to help cover basic expenses. There are also additional benefits for families with children on low incomes. Schools in Norway typically provide a healthy lunch for all students, ensuring that nutritional needs are met during the school day. There are also programs to support families who struggle to provide adequate nutrition at home. Norwegian law includes strong protections for children's rights, guided by the principles of the UN Convention on the Rights of the Child. This includes ensuring that children's voices are heard in legal matters affecting them, especially in cases involving custody or family disputes. About 35% of services for children in need were provided in the child's home, including services such as guidance, home treatment, home counseling, supervision and training in parent management, 25% of children were in out-of-home care, most of them in foster care, and about 7% of children were in residential care (Kojan, 2011). In Norway and Sweden, social policies are highly developed, with a strong emphasis on universal welfare and equity. These countries implement extensive social safety nets, including universal child benefits and comprehensive

health care and education services. The realization of this policy model is seen in the integration of services, with a strong emphasis on preventive care and early intervention.

One of the countries where the transitional model is applied is Bulgaria, where various governmental and non-governmental organizations provide targeted support to children in difficulty. Financial assistance includes the monthly child allowance - a benefit available to families on an income basis, aimed at supporting the basic needs of children. The amount varies, with additional supplements for children with disabilities. Programs for children with disabilities include specialized educational staff and resource support in mainstream schools, ensuring that children with special educational needs receive appropriate education and support. Early intervention programs are addressed to children from birth to 7 years of age and provide therapeutic services to those with developmental risks, delays or disabilities. There are also specific programs for the integration of Roma children into society, providing access to quality education, healthcare and social services to overcome systemic barriers. Family support services are essential for integrating vulnerable families, especially from the Roma community, into the education, health and social systems, while safeguarding the best interests of children. Professionals providing these services play a crucial role in addressing issues such as child abandonment and neglect and in implementing child protection policies at the local level. Challenges include insufficient resources, unequal access to services for Roma children, and the need for integrated services and active parental involvement. A study (Kotzeva & Mineva, 2023) shows that service providers often struggle to convince families to use available services and overcome parental reluctance. Effective communication and engagement with marginalized families can be improved by forming partnerships based on respect and understanding, avoiding patronizing attitudes, and employing community mediators familiar with the cultural and linguistic contexts of the families they serve. In transition economies such as Moldova, social policies are evolving as these countries move from centralized systems to more decentralized and diversified models. In Moldova, for example, the focus is on reforming the child protection system by integrating community-based services and reducing reliance on institutional care. Achieving this model in policy involves balancing new approaches with overcoming the legacy of past systemic inefficiencies and challenges. This approach aims to provide more appropriate and personalized support for vulnerable children, tailored to the specific needs of each child and the community to which they belong. Particular emphasis was placed on the creation and expansion of social services at the local level, responding to the needs of children in difficulty. These services include day care centers, foster care, and other forms of support. A major objective was to reduce the number of children placed in large residential institutions, promoting instead foster care and other forms of alternative care that provide a more family-like environment. The adoption of the National Program for Child Protection for 2022-2026 highlights the commitment of the authorities to align national policies with international standards on children's rights and to implement concrete measures for their protection. Collaboration with NGOs and international organizations has been essential in providing services, training staff, and developing pilot programs aimed at improving the child protection system. Training and professional development programs have been carried out for social workers and other specialists involved in child protection, to ensure effective intervention based on best practices. These efforts reflect the commitment of the Republic of Moldova to create a more efficient child protection system, focused on the individual needs of children and oriented towards their integration into the community.

5. Conclusions

The classification of socioeconomic support models for children in difficulty reveals a wide spectrum of paradigms, ranging from highly institutionalized and state-driven systems to decentralized, community-based approaches. Each model reflects distinct economic realities, cultural values, and governance structures, influencing not only the delivery of services but also the well-being and future development of vulnerable children. While Scandinavian and Continental models stand out for their universality and strong state involvement, they require substantial financial commitments. In contrast, Anglo-Saxon, Communitarian, and Mediterranean models offer more flexibility but often struggle with equity and consistent access. Emergent and Transitional models, including Moldova's, highlight the importance of reform, innovation, and international cooperation in building resilient, inclusive child support systems. No single model is universally optimal; rather, effective support for children in difficulty must be contextually tailored, integrating principles of accessibility, sustainability, and child-centeredness. A balanced, adaptive approach, combining state responsibility with community participation, remains essential for securing every child's right to a safe, nurturing, and empowering environment.

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References:

1. Cameron, G. and Freymond, N. (Eds.), 2006. *Towards positive systems of child and family welfare: International comparisons of child protection, family service, and community caring systems*. University of Toronto Press.
2. Fatti, G. et al., 2018. The effectiveness and cost-effectiveness of community-based support for adolescents receiving antiretroviral treatment: an operational research study in South Africa. *Journal of the International AIDS Society*, 21: e25041.
3. Kojan, B.H., 2011. Norwegian child welfare services: a successful program for protecting and supporting vulnerable children and parents?. *Australian Social Work* 64(4), pp.443-458.
4. Kotzeva, T. and Mineva, K., 2023. Family support services for vulnerable families in Bulgaria: barriers and challenges. *Economy and Sociology*, 1, pp.109-120.
5. Ni, X. and Klammer, U., 2023. Concept and Practices of Preventive Social Policy in Germany and Some Lessons for China. *Sustainability*, 15, 14847. [online]. Available at: <<https://doi.org/10.3390/su152014847>> [Accessed 12 March 2025].
6. Sen, R., Ulybina, O.A. and Holmes, L., 2024. Charting the 21st Century Rise of For-Profit Residential Child Care. *Youth*, 4(1), pp.272-287.
7. Tuzubekova, M., Kazizova, G., Sarybaeva, I. and Zhunussova, G., 2022. Social policy of the state and the role of state programs in solving the problems of social protection of the population. *Economic Consultant*, 1(37). [online]. Available at: <<https://cyberleninka.ru/article/n/social-policy-of-the-state-and-the-role-of-state-programs-in-solving-the-problems-of-social-protection-of-the-population>> [Accessed 12 March 2025].

8. Zhao, F., Zhu, N. and Hämäläinen, J., 2021. Protection of Children in Difficulty in China during the COVID-19 Pandemic. *Sustainability*, 13, 279. [online]. Available at: <<https://doi.org/10.3390/su13010279>> [Accessed 12 March 2025].