



# Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova

## FINAL PROJECT EVALUATION

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## List of Acronyms - Definitions

CSO	Civil Society Organization
CWPC	Children without Parental Care
DoCP	National Department for Child Protection
GOM	Government of Moldova
LA	Local Authority
Moldova	Republic of Moldova
MLSPF	Ministry of Labor, Social Protection & Family
NGO	Non-governmental Organization
P4EC	Partnerships for Every Child (Parteneriate Pentru Fiecare Copil)
Raion	Region / District
SAFPD	Regional Social Assistance & Family Protection Department
UNICEF	United Nations Children's Fund
UNCRC	United Nations Convention on the Rights of the Child
UNGACC	United Nations Guidelines for the Alternative Care of Children

## Executive Summary

Moldova is a small country with population of 3.5 million, 32 raions (districts) and 2 autonomous regions. It is the poorest country in Europe with 25% of the population living on less than \$2 a day. Many families struggle to care for their children. Loss of parental care in Moldova is caused by a complex array of underlying and immediate factors, including: household poverty; violence, abuse and neglect at home; parental migration; lack of access to good quality education, healthcare and social protection services close to home; historically inappropriate policies which support family separation and institutionalization of children, as well as persistent mentality of parents, practitioners and decision-makers in believing that the state can care for children better than families, particularly children with disabilities. According to the Government of Moldova (GOM) (2010) there are over 15,000 children in Moldova living with disabilities. The complicating factor of disability adds social exclusion, isolation and severe family stress to the already overburdened family systems.

The *Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova Project* (May 2011 to November 2012) has been implemented by Partnerships for Every Child (P4EC), funded with a 197,669€ grant from the European Commission-EIDHR and additional P4EC resources. The project's overall objective was to increase the ability of the social protection system of Moldova to address the rights of children with disabilities to quality family based social care as observed with respect to the UNCRC articles 3, 9, and 18. The purpose of the project was: development of a Short Break Foster Care model for children with disabilities; pilot testing of the model in 2 regions; and integration of the model into local level service provisions and national level policy debate. This was undertaken through key strategies: building the capacity of local authorities (LA) to develop and deliver the model; strengthen national child care system and to improve social policies; and effective communication and advocacy campaigning.

Targeted outcomes included: increased capacity to ensure the rights of children with disabilities to quality family-based care; shifting in professional and public attitudes towards supporting children with disabilities and their families to prevent family separation using short-term substitute family based care as opposed to residential care; and national support for models of short break foster care for children with disabilities and promotion nationwide replication. The purpose of the final project evaluation was to carry out a thorough analysis of the activities, outputs and outcomes related to three areas of impact: direct child and family, capacity and systems. The review employed qualitative methodology to look at outcome and impact questions and participatory approaches to the process, data collection, analysis and expansion of lessons and recommendations. The evaluation was presented at the final project conference on November 19, 2012.

Key lessons were learned in each area and included:

- The placement is easier and smoother if the respite family is from the same community as the beneficiary family, especially in rural settings. This proximity enables the building of a trusting relationship, a successful matching process easier, and children remain within their community and unstressed by major changes in their setting.
- Capacity building of the social welfare workforce takes a holistic approach including training, technical assistance, empowerment of workers, and practical support, that is improving skills, changing attitudes and behaviours, and encouraging the development of local, innovative models for children with disabilities and their families.
- Engagement of the media outlets, including increasing understanding and awareness within media, is a vital aspect of disabilities reform. Consistent messaging across print, television and radio is reaching diverse audiences in rural and urban areas, and helping to increase the visibility of disability issues in Moldova.

Key Recommendations from the final project evaluation were presented to the public, foster care providers, beneficiaries (including children and families), professionals, European Commission and Government of Moldova during the final conference. They included:

- Donors, P4EC and GOM should provide ongoing support to pilot sites for implementation of the model, allowing for adaptation for lessons learned, and provide support for model demonstration in additional sites, giving particular attention to adaptations for rural and urban settings that allow for flexibility and innovation.
- Partners should continue to build on momentum based in increased trust and open dialogue through the dissemination stories of success. Partners, including mass media outlets, should help families to tell their stories, raising continued awareness of disability issues continuing the momentum of changing public attitudes.
- Partners, including new regions, should work to adapt the model for other target groups such as foster carers in need of short breaks from care giving.
- Non-governmental partners need to advocate for and support the passing of revisions to policy, standards and promotion of methodology: including revisions to remuneration for care providers, development of support services for disabled peoples' and inclusive education mandates.

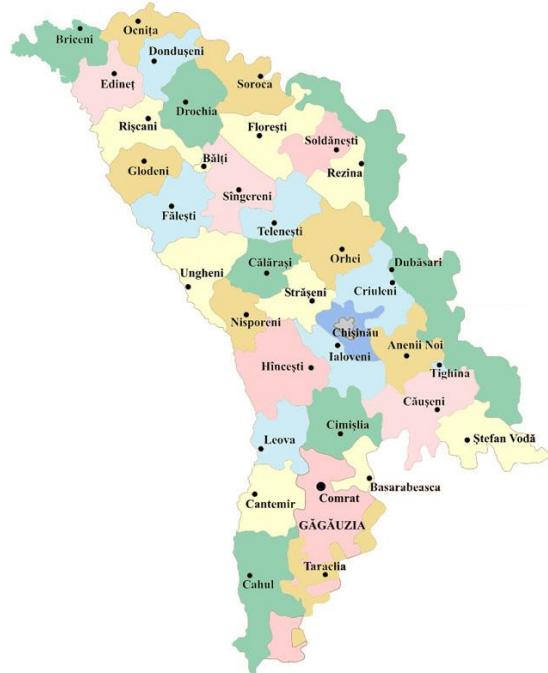
## I. Introduction

### ii) Country Context – The Republic of Moldova & Child Protection Reform

The Republic of Moldova (“Moldova”) gained independence from the Soviet Union in 1991, and is a small country with population of 3.5 million, 32 raions (districts) and 2 autonomous regions. It is the poorest country in Europe with 25% of the population living on less than \$2 a day. High unemployment and soaring living costs have meant that nearly half of the population lives below the national poverty line. Unemployment, adult migration, poor housing and limited social services have weakened the ability of parents to care for their children. Under this extreme pressure, family breakdown results in children being separated from their families in a historically under resourced child welfare system. The Government of Moldova (GOM), together with partners, has embraced and undertaken a substantial child protection systems reform effort and aggressive deinstitutionalization plan. According to the United Nations Children’s Fund (UNICEF) (2012) since the reform began 54% of institutionalized children have been moved into family care, most of them reunited with their birth families. The same report, highlights the over 5,500 children still in institutions, most of them living with disabilities, and thousands of additional children at serious risk for family separation due to factors of poverty, disability and lack of resources and alternative services to keep them at home.

The demographic environment is defined by a declining general population, a declining proportion of children, and a high rate of migration with an estimated and astounding one in four children having a parent living abroad. Approximately 59% of the population lives in rural areas where poverty related issues are exacerbated by a lack of employment opportunities and lack of access to social protection services. Issues of high unemployment, migration, human trafficking, child labour, potential for political instability, decentralization, policy reform and others continue to challenge and add to the complexity of child protection reform. The country continues to be highly dependent on foreign assistance for economic growth and development of social protections.

While Moldova has experienced economic growth steadily since 2001 (UNICEF, Assessment of the Child Care System in Moldova, 2009), the global financial crisis has made problems worse through reduced household income, trends of migration of the working-age population, and associated reductions in tax revenue. According to UNICEF’s report, the first quarter of 2009 saw a significant increase in unemployment (some 40,000 fewer people employed) that has remained high since (7.7% compared with 5.5% in 2008) (2009). Household poverty and the lack of work for parents are found to be two of the main reasons for children being taken out of school to find work. “The national economy is heavily dependent on the migration abroad of people of working age who often leave behind children in the care of grandparents or other relatives, or sometimes without care at all” (UNICEF). From school records for the start of the academic year which list children who have at least one parent working abroad: in 2006 estimates were 177,000, increasing to 200,000 in 2007. Today, it is estimated that at least one in four children has at least one parent living or working abroad; with up to 64% of children in rural areas with both parents living abroad. Children with both parents working abroad are amongst the most vulnerable and are at a greater risk of neglect, abuse and out-of-home placement, as elderly caregivers, neighbours and guardians are unable to cope with the extra responsibility.



Loss of parental care in Moldova is caused by a complex array of underlying and immediate factors, including: household poverty; violence, abuse and neglect at home; parental migration; lack of access to good quality education, healthcare and social protection services close to home; historically inappropriate policies which support family separation and institutionalization of children, particularly those with disabilities, as well as persistent mentality of the public, parents, practitioners and decision-makers in believing that the state can care for children better than families, particularly children with disabilities. Alcohol abuse and dependency are also key factors. Even with a rigorous National Strategy for Reform of the Residential Institution System (2007-2012), in Moldova there continues to be an under and inconsistent supply of alternative family- and community-based care. This is, however, changing due in large part to the efforts and projects of non-governmental organizations (NGOs), engagement of civil society as a key voice for reform, and slowly changing public attitudes. Re-allocation of funds towards community based preventative services and family-based alternatives as residential institutions close is showing promising change. Reform of the child protection system has been largely decentralized to the Regional Social Assistance & Family Protection Departments (SAFPD) of Raion (region)-level administrations, according to UNICEF (2009). At the Raion level a network of community social workers ("social assistants") provide support to families in their communities. Each raion has at least one specialist who deals with cases of supporting children and families and one who is responsible for child protection issues. This level of decentralization has happened quickly, since late 2010, and shows promise for a more family- and community-based protection and prevention system. Data from this evaluation shows that persisting challenges lie more with a lack of services or access to services at the community level, particularly in rural areas and with particular regard to families with children with disabilities

### **iii) Children with Disabilities in The Republic of Moldova**

According to the official data of the GOM Ministry of Labor, Social Protection & Family (MLSPF) (2010), there are 15,135 children with disabilities registered in the country: 9% of them have mild disabilities, 50% medium disabilities and at least 40% severe disabilities. More than half of children identified with special needs are living in rural areas. There is a severe lack of support, therapeutic and educational services for children with disabilities and their families; and further complications are caused by the lack of concrete data on the actual situation. Many children are unidentified and others are misdiagnosed. While educational integration is a priority of the MLSPF together with the Ministry of Education (MOE), progress is slow. The *Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova Project* targeted two regions: Orhei and Chisinau. In Orhei there are reported to be 658 registered children with disabilities living in families. In Chisinau, 988 registered children with disabilities live in 964 families.

While children with special needs and their families are becoming more visible, public attitudes and persisting mentalities of shame around disability result in continued extreme isolation and stigma. Research in Moldova has found that families raising a disabled child are more likely to experience psychological, financial and medical problems. Few young children receive early intervention services, specialized kindergarten education, and many children with disabilities never go to school at all. Unfortunately, to this day many parents and professionals perpetuate the idea that institutions are the only option for care, rehabilitation and education of children with special needs, believing this to be in the best interest of the child. In a country beleaguered by an economic crisis, the majority of parents have resigned themselves to providing minimal care for their disabled children because they lack support and cannot provide for them. It takes incredible courage and strength to stand up to the societal stigmas that persist.

Given all of the issues and challenges that the Republic of Moldova, its government and population face, *The Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova Project* (hereafter referred to as "The Project") was developed and implemented within an important context of opportunity. The direction of national policy is strongly towards deinstitutionalization, decentralization, and community- and

family-based services. National, regional and local policy is aligned with the principles of the United Nations Convention on the Rights of the Child (UNCRC) and United Nations Guidelines for the Alternative Care of Children (UNGACC). Reform is being taken seriously and is aggressively implemented in the face of all of the country's ongoing challenges. The implementing organization, Partnerships for Every Child (P4EC), maintains a high profile as one of the leading child welfare NGOs, with solid relationships at all government levels. The democratic government is firmly in place for the coming three years offering the opportunity for systemic structural changes within a supportive and willing political environment. The public shows increasing support for changing mentalities, attitudes and behaviours toward an understanding, belief and practice that a child's place is within family, school and community. This is perhaps the most promising and hopeful indication of significant and sustainable systems reform.

#### **iv) Organizational Background – Partnerships for Every Child**

Partnerships for Every Child (P4EC) was formally the Moldovan branch of EveryChild (a UK organization). In 2010, P4EC was legally founded and in 2012 all contracts with Every Child Moldova were transferred to P4EC, including this project. P4EC envisions a world where every child enjoys the right to a childhood in a safe and caring family, free from poverty, violence and exploitation. Within this mission, P4EC:

- Works to give children the chance to grow up in loving families and communities, helping to strengthen families to prevent children from being separated.
- Helps children get back into families: reuniting children who have been separated with their families; and when that is not possible, or not in a child's best interest, getting children into alternative family-based care.
- Protects children from abuse, discrimination and exploitation: when children are living without the care and safety of a family, most at risk of violence, abuse or exploitation, P4EC works to protect them with crisis care and support.
- Acts to make sure that children are heard, helping children, their families and communities speak, take part in decisions which affect their lives, and find lasting solutions to their problems.
- Learns to do better, innovating to bring about lasting, positive change and then sharing what works with communities and governments to bring about lasting, positive change.

P4EC believes that social transformations are achieved when they sustain over time and attitudes and values are held in a changed context (or paradigm), based on different assumptions and beliefs, and the system's policies, laws, procedures, services, practice standards, structures and mechanisms are changed accordingly. Services, programs and projects promote changes at the individual, societal and systems levels.

#### **Developing and delivering social services to children and families**

Children, together with families, communities, service providers and authorities are agents of change in the transformative processes. P4EC empowers them to achieve positive and sustainable change, developing innovative services that give hope to every child, family and community. Local level experience generates innovations and helps to identify the most appropriate and sustainable solutions for children to live home with their families, guiding the development of national policy ensuring that it has taken full account of the reality and the practices on the ground.

#### **Inspiring systemic change – building capacities to change practices and policies**

P4EC strives to ensure fundamental changes in the way children and families are treated and supported by professionals, decision and policy makers, cooperating with stakeholders to have a good understanding of the context and design appropriate technical assistance, training and research strategies to help them to improve practices and policies. P4EC builds constituency for change; basing all work on a philosophy of cooperation to

meet the needs of individual children and their families and in establishing good practice interventions that maximize effects, avoid duplication and influence policy and practice.

### **Changing societal attitudes and values — communication for development**

Studies confirm the need for greater emphasis on social change to translate social policies into effective and sustainable actions that make a real impact on children's lives. Social beliefs inhibit the willingness and capacity of marginalized families to demand and access services and the creation of a more inclusive social environment. Social attitudes contribute in limiting information and access to services, create barriers to inclusion of children with disability, promote the over-use of institutional care, curtail adolescents' access to appropriate services, and contribute to family violence and its acceptance in the community. Discriminatory attitudes towards women, the poor, persons with disability influence the mind set of policy-makers, local authorities and professionals working with children, and slow the development and implementation of appropriate policies to reach these groups.

### **Building the evidence base — practices and polices grounded in children's lives**

In order to be effective P4EC's programs are grounded in children's lived experiences and their particular contexts. Analysing the needs of children, families and communities P4EC works at the root of the problem and designs the most integrated solutions which bring about positive lasting results in the lives of children and families.

It is with this vision and based on these core principles and philosophies that P4EC undertook the development and implementation of the *Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova Project*.

#### **v) Project Introduction**

The *Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova Project* was funded by the European Commission's Instrument for Democracy and Human Rights (EIDHR) with a 197,669€ grant from May 2011 to November 2012.

#### **Project Goal**

To enable the social protection system of Moldova to better address the rights of children with disabilities to quality family-based social care, with a targeted purpose of piloting a model of short break foster care for children with disabilities in two regions, integrating the model into local service provisions and the national policy debate.

The project's **central outcomes** included:

1. Local authorities and NGO service providers have an increased capacity to ensure the rights of children with disabilities to quality family-based care.
2. Professional and public attitudes have shifted towards supporting children with disabilities and their families to prevent family separation using short-term substitute family based care as opposed to residential care for children with disabilities.
3. National authorities the implementation of models of short break foster care for children with disabilities and promote this practice for nationwide replication.

The project was a partnership between P4EC and the GOM's MLSPF, in addition to the local departments in the two target regions: Orhei Social Assistance and Family Protection Directorate and Chisinau Municipal Directorate for the Protection of Children's Rights. The project partnered with national and international civil society organizations in an effort to mobilize efforts to implement an effective communication and advocacy campaign.

## **Key Activities** of the project included:

- Collaboration agreements with national MLSPF, and child protection authorities of Chisinau and Orhei expressing political commitment to the project and containing sustainability plans for direct service activities.
- Review of respite care models in other countries and an in-depth analysis of the situation of children with disabilities and their families in Moldova.
- Development of the pilot model concept, regulations and standards for short break foster care in Moldova, in consultation with families, children, care providers, professionals and local decision makers.
- Promotion of the concepts, regulations and standards within regional councils to ensure institutional and financial sustainability.
- Training for members of local gatekeeping commissions in their role of approving, matching and monitoring short break placements.
- Development of training curriculum and training materials for care providers and specialists including execution of training workshops and development of a national training team.
- Development of case monitoring tools and activities to incorporate the model into existing monitoring and evaluation frameworks of the local authorities.
- Work with MLSPF and local finance departments to establish the financing mechanisms and ensure budget allocation for respite care services. Promotion of budget mechanisms and recommendations for adequate respite care resourcing.
- Development and launching of a communication campaign aimed at addressing public awareness needs, discouraging institutionalization, and increasing the visibility of children with disabilities and their families.
- Training programs for media professionals to increase awareness and commitment to children's rights issues within the media specialities.
- Work with other organizations – national and international – in building and promoting awareness campaigns.
- Organization of a national conference to promote the achievements and lessons learned from the pilot models implementation in the two sites.
- Develop recommendations for revision of policy, standards and regulations such that the respite form of foster care is fully defined and incorporated into the government framework.

### **Target Beneficiaries**

- 20 children with disabilities living in families and with foster carers in Chisinau and Orhei benefit from short break foster care
- 30 parents and carers of children with disabilities benefit from respite
- Staff of P4EC acquire knowledge regarding care of children with disabilities
- 5 staff from MLSPF and Ministry of Finance (MOF) benefit from demonstration of new model
- 20 staff from 2 local authorities trained, plan and test new model
- 18 members of Gate Keeping Commissions trained in services for children with disability to prevent institutionalization
- 4 finance specialists from the 2 regions supported to cost for new model
- 10 journalists trained in understanding and promoting disability issues
- Approximately 15,000 children with disabilities at risk of losing parental care benefit indirectly through policy strengthening and development of new model
- General public benefits from increased awareness of disability issues

## **II. Evaluation Methodology**

### **i) Purpose & Key Questions**

The *Developing Short Break Foster Care Services for Children with Disabilities in the Republic of Moldova* was a pilot project implemented over 18 months and ending in November 2012. The purpose of the final project evaluation was a thorough analysis of the undertaken activities, achieved outputs and outcomes, as well as effectiveness and sustainability of the key project key activities in the two target regions as well as analysis of the readiness for nationwide dissemination of lessons learned from the pilot and replication of the developed model.

#### **Key Review Question**

To what extent has the project achieved its intended results and is causing changes in the lives of children and their families who benefited from the developed model, and how can these changes be attributed to the project intervention?

A number of **sub-questions** were also explored as part of the evaluation:

- What was the progress in terms of outcomes and outputs for children with disabilities and their parents that are benefiting from short-break foster care placements in the project regions?
- How sustainable are the outcomes being achieved? What are the potential threats to sustainability?
- Does the developed service contribute to the prevention of family separation of children with disabilities?
- What are the main elements that contribute to the quality of the developed service?
- What was the impact of the capacity building programme delivered to the local authority staff in terms of the quality of the services provided to children and families?
- What was the level of collaboration/involvement of local governmental actors in tackling the new type of placement and their level of accountability for the implementation of the service?
- Have the professionals and the wider society became better aware of and started to better understand the problems of families with children with disabilities as a result of the project activities?
- What has worked well, what has not?
- What challenges and obstacles were identified in the implementation process?
- Which activities, strategies, processes are leading to the desired outcomes and outputs (effectiveness)?
- What new learning as a result of this project has been identified, and what are the recommendations for any changes in order to improve the project delivery?

### **ii) Technical Approach & Data Methodology**

The evaluation used a participatory approach for the development of the purpose, questions and tools, as well as for the data collection, analysis and expansion of lessons and recommendations. Stakeholders included national and local government, staff members and leadership of P4EC, foster care professionals from the target regions, foster care providers, and birth families of children with special needs. Results of the evaluation were disseminated at a national conference on November 19, 2012, attended by over 200 of the above stakeholders. An external consultant provided leadership to the project team and led the evaluation process. The approach was qualitative, taking a learning perspective. Strategies for evaluation were results-based keeping a keen focus on the project causal framework (flow of inputs, activities, outputs and outcomes) (see Annex D), resulting impact of outcomes, and

testing for attribution and assumptions. The involvement of the project team was seen as an opportunity to share reflections on project successes and challenges. The reliability of the evaluation methodology and collected data can be attributed mainly to the use of qualitative tools that had the ability to gather rich data from the range of stakeholders. Limitations and challenges to review stemmed from the cross-cutting nature of the project aimed at both piloting of a particular model, changing of public attitudes and systems reform in an extremely limited timeframe (18 months).

In order to capture as full a picture of the project's impact, explore questions of attribution, sustainability and replication, as well as to ensure a variable range of data, a number of different tools were used, including meetings, interviews, focus groups and discussions. All were held in Romanian, the official language in Moldova. The tools were designed to: allow for flexibility, provide for in-depth examination of the dynamic realities, allow quality questions to be explored, explore perceptions and changes in attitude, and result in a realistic "snap shot" of the pilot model. The following methods and tools were used in the evaluation:

**Team meetings** for team development, review planning, execution of the evaluation, elaboration of findings and recommendations and preparation of the final conference

**Document review** of both internal and external documents related to the project, disability rights and to child welfare in Moldova. Documents included: project planning documents (proposal, casual framework, implementation plans, etc.); project, regional and national child welfare reports; organizational and Government of Moldova (GOM) strategies, project work plans; etc. Existing data on the state of Moldova's children and families was examined. (see Annex C for a complete listing documents)

**Case Examples & Home Visits** to birth and foster families in each of the two target regions

**Informal Focus Groups** two focus groups were organized in each of the target regions: one with respite foster care providers and one with the foster care specialist team (see Annex E for focus group guides)

**Interviews:** semi-structured interviews with key national and local government partners, informal interviews with project staff, interviews with birth families and foster carers as part of the home visit (see Annex E for interview questions).

### National Interviews

- Viorica Dumbraveanu, Head of Child Protection Directorate/Ministry of Labor, Social Protection & Family
- P4EC Staff: Stela Grigoras, Director; Daniela Mamaliga, Project Team Leader; Anna Palii, Project Coordinator

### Local Government Interviews

- Ion Racu, Head of Social Assistance and Family Protection Department of Orhei
- Svetlana Chifa, Head of Municipal Department of Child Rights Protection of Chisinau

### Focus Groups

- **Project Team Orhei:** Elisaveta Iurcu, Principle Specialist Foster Care, Svetlana Chetrari, Foster Care Social Worker, Lucia Trofim, Foster Care Social Worker
- **Project Team Chisinau:** Natalia Terteac, Principle Specialist Foster Care, Olga Zaharia, Foster Care Manager / Social Worker, Marcela Turcanu, Foster Care Social Worker
- 6 Foster Care Providers Orhei
- 6 Foster Care Providers Chisinau

### Family Home Visits

- **Orhei:** 2 birth family visits: Family 1 (single mother with 4 children) and Family 2 (single grandmother with 2 children)
- **Chisinau:** 2 birth family visits: Family 1 (single mother with 2 children) and Family 2 (single mother with 1 child) + 2 foster carer visits: Family 1 (older couple with grown children and 3 foster children) and Family 2 (married couple with 2 birth children + 1 foster child)

The project evaluation looked at three core project impact areas for the purpose of organization of evaluation questions, development of tools and data collection, and analysis. This report follows the same core areas for presentation purposes: **Child and Family Direct Impact, Capacity Impact & Systems Impact**

### III. Data & Analysis

#### i. Data & Key Findings

##### Child and Family Direct Impact

For the aspect of child and family direct impact the project evaluation explored the central question: **What was the progress in terms of outcomes and outputs for children with disabilities and their parents that are benefiting from short-break foster care placements in the project regions?**

It aimed to assess: the outcomes and impact to date of project activities on beneficiary children and families; the link between project activities and outcomes; the sustainability of direct service components and any threats to sustainability; and what is working well, gaps and areas for improvement in targeted project activities; etc. The tools used for data collection and review included: document review, staff and key stakeholder informal and semi-structured interviews, case studies, home visits and interviews with birth families caring for children with disabilities, and focus groups with care providers. In terms of direct beneficiary outcomes the project aimed to impact 20 children and 30 parents through the development of a model of respite foster care.

The review explored a number of questions:

- How many children and families have been served by the project?
- How are factors / obstacles impacting the families served: poverty, unemployment, economics, etc.? What are the obstacles impacting families' ability to care for children?
- What components are working well in direct service of children? What is not working?
- Have there been improvements to decision making incorporating best interest of the child & priority for family-based services for children with disabilities?
- What are the factors in both "successful" and "less than successful" cases?
- Does the developed service contribute to the prevention of family separation of children with disabilities?

Semi-structured interviews were conducted with national and local officials and explored questions related to child and family impact, particularly quality of service. Informal interviews, discussion of successful and challenging cases, and team discussions were carried out with staff and the professional teams. Home visits to both foster care providers homes and birth families helped in providing data regarding child and family impact.

- 36 children benefitted from short break foster placement: 18 in each site – these children and their families continue to receive services after the end of the project
- 36 families benefitted from short break foster services
- 11 additional children and their parents are in the process of being matched with respite providers
- 48 sessions with children and parents were held as part of the matching process
- 79 parents benefitted from informational sessions
- 27 licensed foster care providers were approved by local commissions to provide respite care and benefitted from training in short break care for children with disabilities
- 4 additional foster care providers are in the process of evaluation

With a purpose of better understanding the impact of the project's activities on direct beneficiaries, namely children and families, focus groups and home visits were organized in each of the project sites. Focus groups were short break foster care providers (6 in each site) and foster care specialists from the local authorities (3 in each site). Home visits were made to four birth families (beneficiaries of the pilot model) and two short break care providers.

### **Child & Family Direct Impact Data Themes**

- All birth families describe serious economic difficulties as the biggest challenge facing their family. This theme emerged as well from interviews with officials, focus groups with specialists and site visits. Economic challenges are deeply affecting many families in Moldova. The care for a child with disabilities is an additional burden: all families visited were single women, although the majority of families in the project are not single parents; employment opportunities were limited to null due to the need to be at home with their child; and social welfare benefits, when/if received, were not enough to meet the families' basic needs.
- The connection to a support service seems to be empowering some families and they feel supported to maintaining family stability. Their empowerment is reflected in comments regarding being active participants in decisions around care, advocacy for services and education of their children, and pride in child accomplishments and success in parenting. Important and supportive connections were being developed between parents and short break care providers.
- No parent expressed regret or concern in regard to having their child at home, or expressed thoughts of institutionalizing their child. However everyone expressed the need for ongoing support services, most importantly financial or material support. Families struggled to put meals on the table and to keep clothing on the backs of their children.
- Generally families did not report connecting with other families with children with special needs in a formal way. They did not report to attend support groups, rather they described informal relationships that they had developed with friends, neighbours or other family members that also had children with disabilities. This was described as a tremendous support. It seemed to be more typical for families in urban settings to make these connections. Social isolation seemed to be more acute in rural settings.
- Across all cases this was the first time that these families caring for children with disabilities have received any kind of service. They reported complete satisfaction with the short break model, however were also deeply affected by the lack of services (social, therapeutic, educational and family support) in their communities. Due to the lack of services they remained at serious risk for family breakdown and continued isolation. This includes services such as access to basic education, availability and access to equipment, and environmental supports such as accessibility adaptations in homes.
- Families did report increased knowledge of where to turn to for help, and an improved perception of the resources and support available through local authorities. They reported satisfaction with the support provided by social workers and felt that the care providers were extremely professional.
- It mattered to the families that the care provider be accessible. For families with children with physical disabilities, accessing and negotiating transportation was an issue. In rural areas, a sense of trust came from knowing that the care provider was a known and trustworthy person from the same community. In rural areas transportation issues make the need for care providers in the same communities as the families of utmost importance.
- There is a lack of concrete and clear data related to children with disabilities: rates of institutionalization, family factors, national and regional statistical data, child and family assessments, school records, etc. It is difficult to plan for and evaluate the success of interventions without baseline data.
- Families, social workers, project staff and regional officials all expressed the ongoing need for additional services at the community level including mobile, home-based services, support groups, parenting education, and inclusive education.

### Participant Quotations

*“When I first heard, I could not believe that this would be for me. No one ever offered me any help before. It has been life changing”* Parent Beneficiary

*“She is becoming like a mother to me – when I need something or have a question or just need someone to talk to I call her. It’s much more than a break for me – it’s someone who cares”* Parent Beneficiary

*“I would never leave my grandchildren to an institution, but it helps that now there is someone to help take care of them. It is so hard alone”* Grandparent Beneficiary

*“It does not matter what my neighbors say, these are children and they need our care – all children need our care regardless of their abilities”* Professional Foster Carer

### Capacity Impact

The training and capacity building review explored the central question: **What was the impact of the capacity building programme delivered to the local authority staff in terms of the quality of the services provided to children and families?** The purpose of looking at this aspect of the project was to assess the outcomes and impact of capacity building activities on social work professional practice and the capacity of foster care providers to care for children with disabilities. The tools used for data collection and review included: document review, interviews, and focus groups with foster care social work specialists (6) and care providers (12). Questions asked aimed to assess: types and quality of services provided; understanding of family-based care for children with disabilities; increased confidence in complex case assessment and in care plan development; changes in attitude around children with disability and disability rights, etc.

- 27 respite foster carers were trained
- 22 social work specialists were trained
- 6 social work specialists were trained as trainers – becoming the national respite foster training team
- 8 practitioners & decision makers participated in a study tour in St. Petersburg, Russia
- 10 journalists were trained in disability issues
- Curriculum and support materials were produced for the 35 hour speciality training (for care providers)
- See also Systems outcomes

### Capacity Impact Data Themes

- Capacity building activities have had a tremendous impact on changing attitudes of professionals, care providers, the general public, media outlets and authorities.
- The increased alliances between NGOs and providers, local governments, community social workers, care providers and families will endure into the future and these connections are important community capacities that have been built out of this project.
- Improved social policies to address prevention of family separation and protection of children with disabilities have resulted from the work of this demonstration project. The project has built buy-in from all levels of professionals and government, this has resulted in will, which in turn has resulted in recommendations at the policy level.

- Professionals, including trained and licensed foster care providers have increased capacity to develop and deliver innovative models of care for children with disabilities and their families as a result of this project.
- Social workers also have an improved understanding of children with disabilities in relation to the international guiding documents (UNCRC and UNGACC), as well as the frameworks such as the Moldovan Strategy for Integration of People with Disability.
- Foster care providers who have been involved in the training and capacity building of the project have an increased understanding of disability, including demonstrating the ability to describe various types of disability. They also have increased awareness of their own limitations.
- The combination of practical, consistent and ongoing support from project staff with theoretical training, workshops, exchanges and presentations is felt to be an extremely effective method of increasing the capacity of workers.

### Participant Quotations

*“We were not sure it would work, we realized quickly that all of us needed to understand better disabilities and equal rights for all children and we needed to move forward together with professionals, and parents, and the general public”* Staff of P4EC

*“Capacity building and training, but not just training, practical experience has been perhaps the most important contribution of this project. Our professionals, including social workers, specialists, and foster parents are better able to provide services to families with children with disabilities”* Social Assistance and Family Protection Directorate Orhei

### Systems Impact Review

The review of impact on stakeholders and partnerships explored the central question: **What has been the impact on the child protection system? How sustainable are the outcomes being achieved? What are the potential threats to sustainability?**

The purpose was to assess: the progress towards objectives related to national and local level systems reform; the sustainability of direct service components and any threats to sustainability; to identify what is working well, gaps and areas for improvement in targeted project activities related to partners and key stakeholders. The tools used for data collection and review included: document review, informal interviews with project staff and semi-structured interviews with national and local officials and focus groups with key regional foster care team members.

- National and local government were fully engaged in the project process
- Decision makers participated in a regional exchange to St. Petersburg, Russia
- Gate keeping commissions in 2 regions were trained in disability issues and the respite care model
- 6 social work specialists were trained as trainers – becoming the national respite foster training team
- 10 journalists were trained in disability issues
- 1 radio and 1 video were produced
- Specialists, parents and foster providers participated in 4 television and radio shows
- 18 meetings for public awareness reached 186 people
- 9 informational sessions reached 79 parents
- 6 informational sessions reached 24 people representing NGOs
- See also capacity outcomes

## Systems Data Themes

- The respite care model has been integrated into the existing foster care service models in the two target regions, being fully accepted by local commissions, child protection leadership, and department managers and specialists as part of the foster care service package offered.
- LA's in the two target regions have accepted respite care models within the existing policy frameworks and have ensured that the models meet the requirements outline by the policies (both national and local).
- The regional foster care teams have fully accepted responsibility for current and future implementation of respite services as part of their teams responsibilities and service attributes.
- Professional foster care teams at the regional level in the two target regions have the capacity and skills necessary to continue to implement the respite model, including foster carer training, case monitoring and supervision.
- Models have been adapted at the regional level for regional context, particularly urban and rural differentiations. They are in following with UNCRC, UNGACC and the National Strategies for Child Welfare Reform and Integration of People with Disabilities. Regions are proud of the models developed.
- National and local officials and professionals recognize the importance of support services for children with disabilities and acknowledge this major service gap. They show a commitment to continued reform and improvement of service packages.
- National and local officials recognize the need for reform of the foster care provider remuneration system, and express commitment to continued reform in this area, to include respite foster care.
- Partners express the importance of the practical capacity building aspects, described as the combination of training, experiential exchanges, workshops, discussions, meetings and professional support at all levels – having “someone to call on when we have questions about what to do”. This has included P4EC’s role in supporting legislative policy development and advocacy for policy change at the national level.
- There have been significant changes in attitudes and mentalities, particularly in the professionals and families. This has been supported through the holistic capacity building approach and the combination of practical and theoretical support, as well as partnership models of advocacy and public awareness at all levels. LAs feel that their “voices” are an important part of the dialogue and are proud of their successes. They stand ready to share their experience with other regions.
- The officials and specialists strongly believe in the model that has been piloted and see it as their own. They show great pride in the work their region is accomplishing. This sense of ownership is vital to both sustainability and replication.
- Replication for other target groups (such as foster carers) is part of the ongoing discussion.
- The project brought together a wide range of stakeholders and succeeded in building of a common agenda – this was evidenced in the success of the final project conference, which brought over 200 stakeholders together including parents, care providers, professionals, government and the donor community – all speaking a common language for children and families with disability.
- National and local stakeholders describe the need for a legislation base, legal methodology, and minimum standards that guides practice at the regional / local level from the national level (education & family support were two areas particularly mentioned).
- The project and reform in general is still challenged by mentalities and lack of public awareness. Stakeholders were excited about the changes over the past year but also expressed the need for ongoing public education and awareness around disability issues.

- The project is implemented in a very complex context. Many of the ongoing challenges identified by professions and families alike are also those extremely difficult to resolve including, poverty, migration, and unemployment.
- The project built tremendous momentum in reform of services for children with disabilities and their families. This momentum will carry forward.

### **Local and National Officials Quotations**

*“That Partnerships for Every Child has stood beside the Government of Moldova since our child protection reforms began has been very important and significant. The ground was prepared way ahead of this project, but the project has brought assistance to local authorities in a very practical and direct way, and more importantly it has brought publicity about children with disabilities and their families. The experience will allow us to replicate a proven successful model at the national level”* Mrs. Viorica Dumbraveanu, Head of the National Directorate for Child Protection

*“We intend to continue the model as part of our foster care services. Already the Commission has approved budget allocation for next year and we hope to increase the number of providers and placements with the same high quality as exemplified under this pilot project”* Svetlana Chifa, Head of Chisinau Directorate for Child Protection

## **IV. Lessons Learned**

The key lessons of the evaluation include those related to direct child and family impact, work force capacity impact, and systems reform. They are lessons expressed by the project team, by partners and those observed by the evaluator; they were expressed and confirmed during meetings, interviews, focus groups and by officials at the final project conference.

- The placement is easier and smoother if the respite family is from the same community as the beneficiary family, especially in rural settings. This proximity makes the building of trust faster, matching process easier, and children remain within their community and unstressed by major changes in their setting.
- There is real value in training foster carers who already have experience in other forms of foster care. To a certain degree they have previously experienced disability and seem to have a high level of openness. They are already training in basic foster care services.
- The first placements are the most difficult, but provide positive examples of success for further placements and replication of the program nationwide. The voice of beneficiary parents and foster carers represent an important voice in promoting the program to other parents. This experience will provide an added level of trust and acceptance for new placements.
- The openness and acceptance of parents depends fully on the success and quality of the placement – the quality and success was dependent on the matching process, elaboration of high quality plans that focused on the best interest of the child and developed in consultation with parents and children, and the development of trusting and positive relationships between not only the caregiver and child, but also the caregiver and parent.
- Beginning the project with research on the realities for families with children with disabilities was well worth the time. While this research was not initially foreseen in the project plan it played an important role in both collection of baseline data, but as well with building partner buy-in and capacity undertake a model that was contextually appropriate and responsive.

- Capacity building of the social welfare workforce takes a holistic approach including training, technical assistance, empowerment of workers, and practical support, that is improving skills, changing attitudes and behaviours, and encouraging the development of local, innovative models for children with disabilities and their families.
- Engagement of the media outlets, including increasing understanding and awareness within media, is a vital aspect of disabilities reform. Consistent messaging across print, television and radio is reaching diverse audiences in rural and urban areas, and helping to increase the visibility of disability issues in Moldova.
- There is a strong need to continue efforts to get services and resources to the community level. Stakeholders express the need for services for children with special needs, comprehensive family support services aimed at preventing family breakdown, home-based services, etc. Currently many services are concentrated at the regional level.

## V. Conclusions & Recommendations

The *Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova Project* has been an ambitious undertaking in a very limited timeframe and challenging environment. It was not an easy pilot project to develop or implement. The model faced challenges related to public attitude and mentality, as well as fears of both birth families and foster providers, as well as doubt on the behalf of professionals and officials. As described in the themes emerging in the evaluation, the project has had substantial and sustainable changes in the lives of children with disabilities and their families. It has been supported nationally and locally and is at a pivotal point for replication at the national level. Moldova shows will and readiness for replication. Evaluation data supports the attribution of positive outcomes and impact directly to the project interventions. Capacity building has equipped professionals and foster care providers alike with the language, skills and strength to provide care for this particularly vulnerable population within Moldovan society. Perhaps most importantly, the attitudes and behaviors of professionals, media outlets, professionals and even the public in general is beginning to open toward acceptance of people with disability. There is a clear sense of what services are needed in communities to more fully support children with disabilities. Both the national and local government show incredible will to change the provision of services to all children, focusing on the best interest of the child and family care that prevents institutionalization and keeps families strong and united.

### Recommendations

1. Donors, Partnerships for Every Child and Government of Moldova should provide ongoing support to pilot sites for implementation of the model, allowing for adaptation for lessons learned, and provide support for model demonstration in additional sites, giving particular attention to adaptations for rural and urban settings that allow for flexibility and innovation.
2. Partners should continue to build on momentum based in increased trust and open dialogue through the dissemination stories of success. Partners, including mass media outlets, should help families to tell their stories, raising continued awareness of disability issues continuing the momentum of changing public attitudes.
3. Partners, including new regions, should work to adapt the model for other target groups such as foster carers in need of short breaks from care giving.
4. Partners need to promote the national curriculums and make use of the national expert training team for replication nationwide.
5. The Government of Moldova, mass media outlets and civil society must continue to promote public dialogue and consistent messaging around the rights, needs and realities of people with disability in Moldova

- 6.** Non-governmental partners need to stand beside the Government of Moldova to advocate for and support the passing of revisions to policy, standards and promotion of methodology: including revisions to remuneration for care providers, development of support services for disabled peoples' and inclusive education mandates.
- 7.** Share lessons and recommendations with partners and actively involve them in planning for future implementation and replication: all internal project team members, national ministry partners, regional departments of child protection, social work professionals, national foster care association, etc.