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The USAID/DCOF Project
“Protecting Children of Moldova from family separation, abuse, neglect, exploitation” - contribution to the progress achieved by Moldova

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Washington, USA

Key points

- Background of the institutional care in Moldova
- Child care reform in Moldova – key results
- The contribution of the USAID/DCOF funded project – key results and lessons learned
- Challenges
- Future reform plans

Moldova



Figure 1: Map of Moldova

- Population - 3.5 million
- 32 districts (raions), 3 municipalities and 2 autonomous regions.
- The poorest country in Europe with 25% of the population living on less than \$2 a day and many families struggling to care for their children.
- Declining population, a declining proportion of children, and a high rate of migration.
- 59% of the population lives in rural areas
- High unemployment, worker migration, human trafficking, child labour, decentralization, policy reform and the potential for political instability
- Highly dependent on foreign assistance for economic growth and social protection

Institutional care - in figures

- In 1995, Moldova had a population of approximately 3.8 million people; 1.4 million children under 18, and 17,000 children living in 68 institutions residential care institutions.
- In 2007, 12.000 children in residential care in 67 institutions.
- In 2012, the population is of 3.5 million people, 727.171 children under the age of 18, and 4.500 children living in 49 residential care institutions

Characteristics of institutional care

- The child welfare system heavily reliant on residential care as a protective measure;
- Most residential institutions (and children) subordinated to the Ministry of Education;
- No policy coordination and implementation;
- Community based preventive services non-existent;
- Few alternative family-based care services;
- The system encouraged parents to leave children in care;
- Main reasons for children placement in residential care - poverty and educational reasons;
- Most children once placed in residential care – were aging out from care unsupported and unprepared for life.

How child care reform started... (1)

- In 1993, Moldova adopted the UN Convention on the Rights of the Child;
- Alternative services began to be developed; civil society assumed the primary role for modeling better practices;
- 2000-2006 – civil society and donors influencing government to launch the reform of the residential care system (EU, DFID);
- Things began to change in 2007 when the reform of the residential child welfare system was launched;
- 2007-2012 – first strategic period for reorganisation of the residential care - the National Strategy and Action Plan to reform the residential childcare system.

How child care reform started... (2)

- The overall objectives of the Action Plan were to reduce the number of children living outside a family by 50% and to reorganise residential institutions to support children in families;
- Central and local government and NGOs were to work together to implement the Action Plan;
- Early 2007 – child protection and care functions were transferred from the Ministry of Education to the Ministry of Social Protection;
- 2007 – 2010 Civil society took over the implementation of the reform;
- June 2010 – National Council for Coordination of the reform was established by the Ministry of Education.

Results – in figures

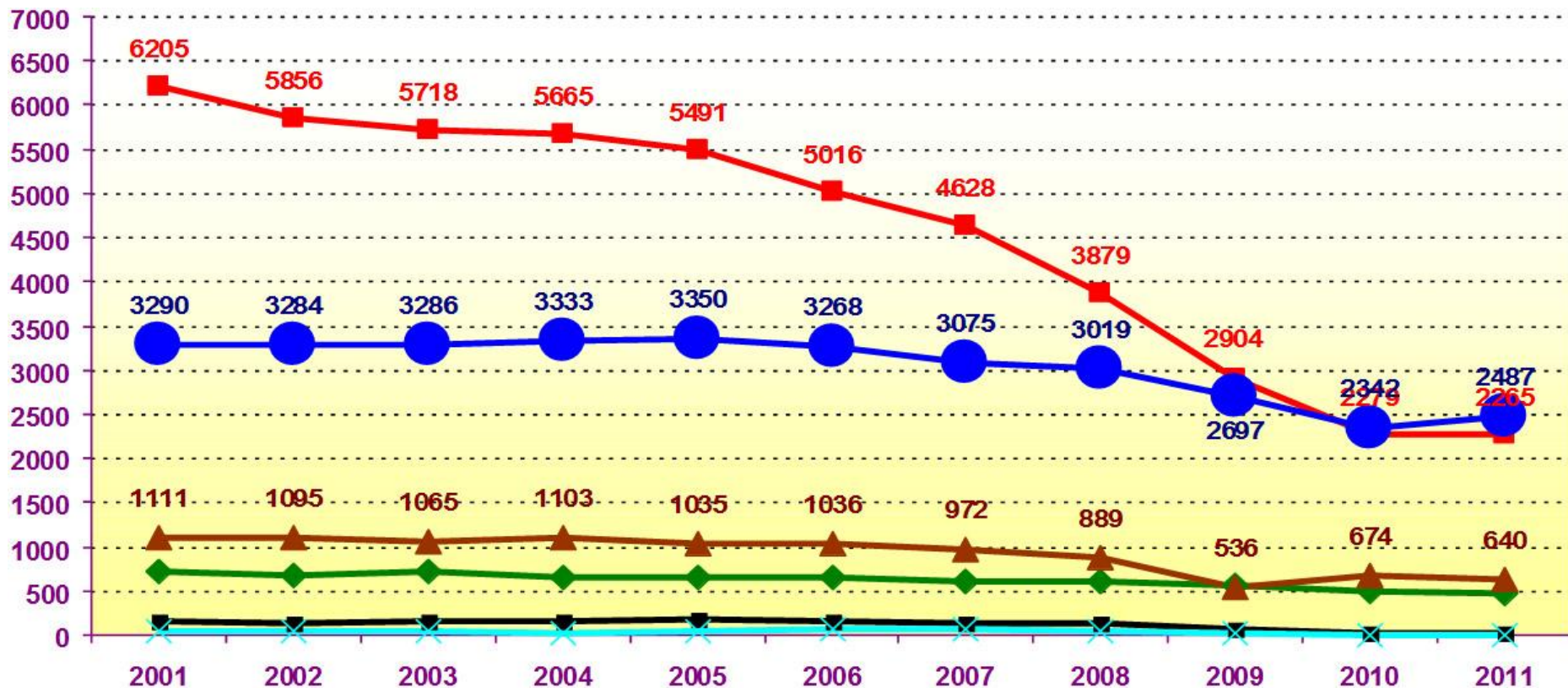
Year	Population >18 years	Population >18 in residential institutions
2002	1,009,046	13,486
2007	918,892	11,544
2011	745,606	5,813
2012	784,000	4,843

[1] UNICEF: Growing Up in the Republic of Moldova (2008)

[2] UNICEF: Children of Moldova Brief (2011) & population statistics from the National Bureau of Statistics

[3] Figures from MoE annual reports 2011 & 2012

Results in residential care system reform in figures (2)



- Baby homes
- Residential schools for orphan children and children without parental care
- ◆— Residential health-resort schools
- ×— Special residential schools for children with deviant behavior
- ▲— Special residential schools for children with physical and sensor deficiencies
- Auxiliary residential schools

Results – policy and legal changes

- National Strategy & Action Plan for Reform of the Residential Institution System (2007-2012);
- National Strategy on Integrated System of Social Services (2009 -2012);
- A National Child and Family Protection Strategy (2014-2020) is being developed and will provide strategic direction on further child care and child protection reform actions;
- Social Services Law (2009);
- Law on Social Aid (2008) – means-tested household benefit;
- Law on Special Protection of Children (2013);
- Regulations - gate-keeping, foster care, community social work;
- Standards for social care services (2007-2008);
- Professional supervision, referral mechanisms.

Results – systems and services

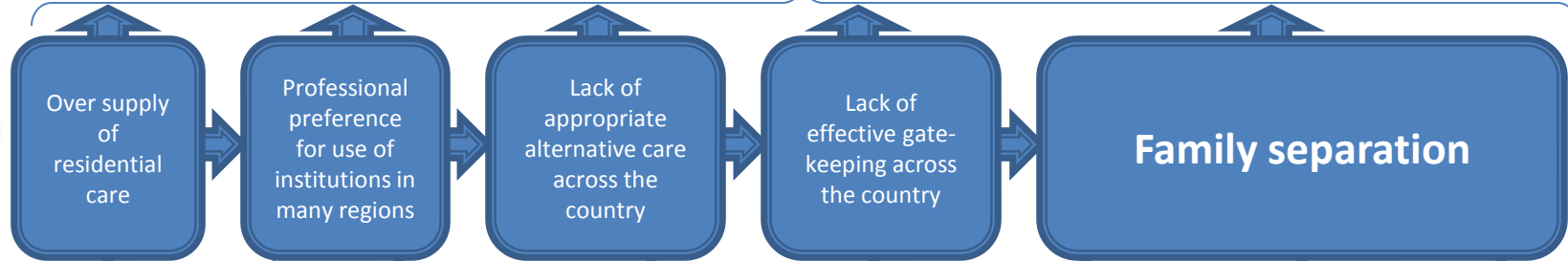
- Decentralization of the child protection system;
- Focus on primary (family support type services and specialized social services (family-based alternative care), and reducing reliance on highly specialized services (residential care);
- Network of community social workers (2007-2008);
- Network of community child protection specialists (2013-2014)
- Gate-keeping system introduced in 2008;
- Some level of family support and family-based alternative services.

An overview of the national alternative care system at the 1st of January 2013

- **Residential care:**
 - 49 large-scale residential institutions with 4,500 children (29 – special needs school)
 - 27 residential centers with 1,557 children.
- **Family based alternative:**
 - guardianship (or kinship) with 9,389 children placed with extended family members or family friends;
 - foster care with 207 foster carers caring for 320 children;
 - 86 family-type children's homes with 351 children.
- **Adoption** - annually 300 children are adopted nationally, and 100 internationally.
- **Community-based preventive services:**
 - include 25 day care centers assisting 3,359 children at risk and
 - 18 day care centers assisting 737 children with disabilities,
 - 89 community centers providing assistance to 11,126 children.

Children without parental care in long-term residential care

Immediate causes



Underlying causes



Quantity and quality of resources – human, economic and organisational

Lack of appropriate policies and legislations to prevent child-family separation and protection of children without parental care
Lack of parent's employment opportunities
Poor public health and mainstream education
Poor integration of child care into the wider child protection and social protection fields
Lack of financial resources; poor reallocation of finances from residential to community social and educational services
Low human and organisational capacities of local authorities, local communities to develop family based services to prevent family separation, develop family-based alternative care and to undertake reorganisation of residential care institutions

Basic causes

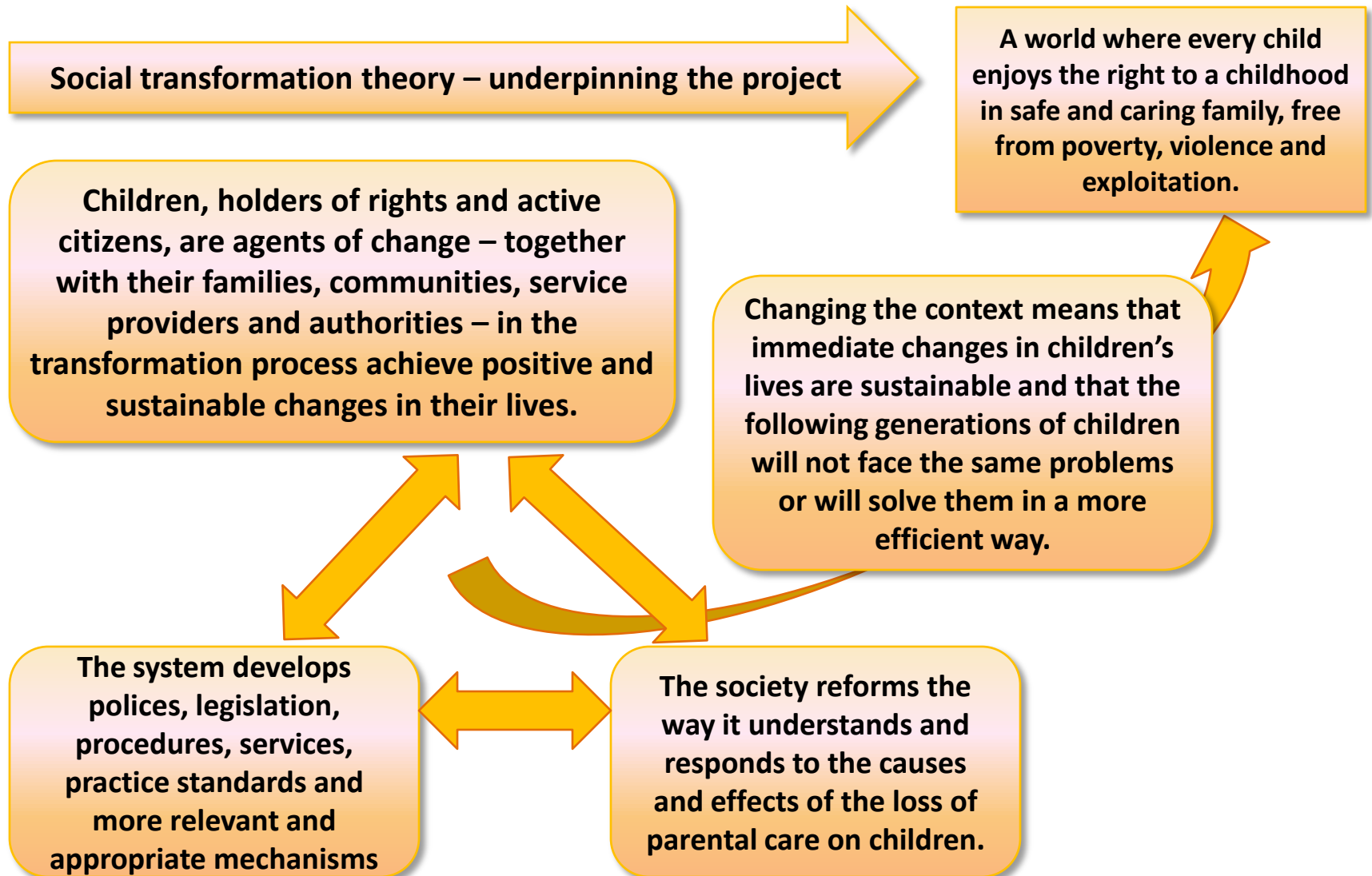
Political, economic and historical factors

Lack of political commitment to comprehensive child care reform in all regions of Moldova
Poor economic development and poverty
Historical massive use of residential care for children and lack of family support in many regions of Moldova
Lack of awareness of the effects of residential care on child development amongst public, professionals and decision-makers
Professional and public attitude supportive of residential care, tolerating child abuse and neglect

Key problems addressed by the Project

- Household poverty, alcohol abuse and violence - main factors for separation;
- Poor access of children at risk to appropriate care and educational services;
- Lack of a current policy to prevent family separation, protect children without parental care, and deinstitutionalize children from residential care;
- Undersupply of community family support and family-based care services, lack of effective gate-keeping and oversupply of old-style residential care;
- Low human and organizational capacities of LAs, service providers and communities to prevent separation and provide protection to children;
- Lack of a joined up approach between agencies with responsibilities for child protection to prevent separation and protect children;
- Lack of child participation in child care policy and service development and implementation.

P4EC's prevailing theory of change (1)



P4EC's prevailing theory of change (2)

- **A long-term impact of enabling every child to grow up in a family** requires a variety of approaches or strategic interventions at a number of different points and levels in the child protection system, all the way from the child and family to the policy level;
- **The approaches include:**
 - coordinated partnerships - public and civil society working together
 - building evidence bases to influence policy and practice development
 - policy development,
 - the development of a continuum of family- and community-based and child-focused services
 - direct work on residential care transformation
 - development of professional capacity,
 - dedicated resources,
 - a shifting public attitude,
 - giving voice to children & families

Policy and legal reform – key results

- Revision of the child care legislation in line with the IGACC, recommending policy and legal changes;
- Development of the action plan on IGACC implementation and its integration in the new Child and Family Protection Strategy (2013-2020);
- Development and approval by the Parliament of the Law on Special Protection of Children (June 2013);
- The National Regulations for the Reallocation of funding from residential care to community social and educational services were approved by the GoM (May 2012);
- Beginning of adjustment of the regulatory framework in compliance with the new Law and the IGACC:
 - reviewing the Foster Care Regulation and Standards,
 - developing the Regulation and Standards for Family Support Service

Policy and legal reform – key success factors

- Strong partnerships with national ministries;
- Providing technical expertise lacking in the policy development units of the government;
- Practice back up – results from practical implementation of services systems, approaches;
- Support of local authorities and front-line professionals;
- NGOs joining forces in policy advocacy and development;
- General public support to the new initiatives;
- Faith-based organisations understand and support the new policy and legislation.

Social and educational support services – key results

- **Social services** survey & development of social services development plans;
- Development / consolidation of a basic package of social services: family support & reintegration, foster care, gate-keeping mechanism;
- 3140 children have been prevented from institutionalization through primary and secondary prevention service; 2262 parents supported to strengthen parenting skills and practices;
- **Educational support services** developed and piloted: Regional level Psycho-pedagogical assistance service, school resources centers, teaching support staff;
- 200 mainstream schools supported to build organizational capacities to develop inclusive education programs and over 350 children were reintegrated into mainstream education and received training according to their individual educational plans.

Social and Education Services Development– key success factors

- Strong partnerships with LAs, service providers and schools;
- Providing technical expertise to cover gaps;
- Building capacities of decision-makers and professionals;
- Strengthening primary community social services;
- Using professional supervision to support capacity development for social workers and teaching support staff;
- Using good performing LAs to encourage practice development in other regions;
- Promoting children's positive case studies;
- Having finance departments on board;
- Working with politicians in the regional councils to increase their understanding of new services;
- Be around both at good and bad times.

Deinstitutionalization of children and reorganization of residential institutions – key results

- Project's Strategy of residential institution's reorganization/ closure - principles, objectives, and actions to be implemented, in stages, in clearly set terms, and its synchronization with national plans;
- 7 residential institutions assessed (children & human resources, financial resources, buildings) and transformation plans developed;
- 358 children were deinstitutionalized and reintegrated with their biological families or placed in family based;
- 5 residential institutions liquidated;
- for 2 institutions (1-for children infected with or affected by tuberculosis and 2- for children with hearing impairments) - recommendations on limiting new entries and reducing the existing number of children made to MoH and MoE.

Deinstitutionalization of children and reorganization of residential institutions – key components

1. Blocking new entries– moratorium on new entries and strengthening gate-keeping
2. Child and Family Assessment
3. Assessment of the school processes – training & education, extra-curricular activities, child care.
5. HR assessment – qualifications of the staff, on-going training, work experience - to assess chances for redeployment.
6. Financial resources analysis: current costs per articles – salaries, products and services, educational versus care costs
7. Buildings technical evaluation - determining the degree of technical wear and possibility of further use of the building
8. Analysis of social and educational services in the community and the region, in the context of deinstitutionalization
9. Conclusions and recommendations for the transformation

Deinstitutionalization of children and reorganization of residential institutions – key success factors

- Strong and committed NGOs taking over leadership at the start;
- Effective partnerships with national (ME, MLSPF) and local (LAs, SAFPD, residential schools administrations, community schools) stakeholders ;
- Designing, testing, evaluating and scaling up different elements and approaches, developing methodologies for all stages and aspects of the residential care reform process;
- Developing a comprehensive approach to the residential system reform, linking it to existing policies; making strong links between social services, social protection and educational systems;
- Mobilization of existing local resources to ensure efficient (re)integration of children into school and community.

Reallocation of funds – key results

- The regulation framework on the reallocation of funds approved by the Government in 2012.
- The LA's (Social Assistance Department) capacities strengthened to plan & justify new services or expansion of existing services
- The LA's (Finance Department) capacities strengthened to estimate services costs, justify and advocate with MoF
- The share of financing of services for families with children in the total amount of financing of social assistance increased :
 - Ungheni region – 28.2% in 2010, 44.7% in 2012, 46.1% planned for 2013.
 - Călărași region – 22.0% in 2010, 41.8% in 2012, 49.3% planned for 2013.
 - Falești region – 32.4% in 2010, 36.4% in 2012, 43.9% planned for 2013.

Reallocation of funds – key elements

- **Analysis and assessment:**
 - Analysis of the residential institution's budget
 - Assessment of the social and educational services existed in the district
 - Identifying the needs of the deinstitutionalized children in the social and educational services
- **Needs of the deinstitutionalized children**
 - Minimum package of social services: family support, foster care, family type home, small group homes
 - Minimum package of educational services: Psycho-pedagogical assistance service, at district level; support services at school level (teaching support staff, resource center for inclusive education)
- **Estimation of costs for social services** is based on: Nos of deinstitutionalized children, average cost per child for each type of social services
- **Estimation of costs for educational services** is based on: Nos of the deinstitutionalized children, average monthly salary per teacher

Reallocation of funds -roles & responsibilities

- **Local level:**

- Social Assistance Department – assessment of children needs and delivery of necessary social services
- Education Department – assessment of children needs and delivery of necessary educational services
- Finance Department – estimation of services' costs and funds reallocation
- District Council – coordination and monitoring of the DI process

- **Central level:**

- Ministry of Labour, Social Protection and Family – collecting the number of children and their needs in social services & presenting to MoF
- Ministry of Education – collecting the number of children and their needs in educational services & presenting to MoF
- Ministry of Finance – estimating costs for services and their acceptance in the relationships between central and local budgets
- Government – approval of regulation framework

Child participation – key results

- Child participation programs were developed at local level, empowering children without parental care and professionals to monitor and evaluate child care services;
- 3 Advisory Boards of Children established and trained (54 children);
- 210 children from residential institutions trained;
- 170 children from mainstream schools trained;
- Children developed a child-friendly version of the IGACC;
- ABC involved in M&E of services;
- Child care services delivery improved at local level.

Child participation – levels

- **Individual level:**
 - Assessing their own needs and situation;
 - Developing the individual care plan;
 - Implementing the individual care plan;
 - Identify people that they want to be involved in their case.
- **Service level:**
 - Assessing children's needs;
 - Identifying the need for social services;
 - Assessing the quality of social services by expressing their opinion on the perceived impact of these services;
 - Monitoring social services - tracking the dynamics of children's situation
- **Policy level:**
 - Problem identification;
 - Policy development;
 - Policy implementation;
 - Policy monitoring and review.

Child participation - approaches

Adults

- Raising awareness amongst professionals, decision-makers, politicians
- Developing local child protection and child participation policies
- Training of adults to take children seriously
- Professionals and decision makers make changes in local programs, services, systems, individual children case management.

Children

- Setting up Advisory Boards of Children (ABCs)
- Training of ABCs to participate at individual, service and policy level
- Children disseminating information amongst children
- Children influencing decision-making in gate-keeping commissions (regarding individual children), Regional Child Protection Council (local programs), service quality
- Children influencing national level policies

Child participation – monitoring and evaluation of social services

- Preparing children for M&E
- Involving ABC in the M&E processes (examples of undertaken work):
 - Identifying the need for developing the new social services – assessing the situation of children with disabilities from the communities
 - Improving the quality of existing social services: foster care, family-type children's homes, day care center for children with disabilities
- Developing and presenting M&E reports to professionals of the Social Assistance Department who are in charge for service delivery.
- **Key learning:**
 - Children and young people can be involved in evaluating any service.
 - Appropriate preparation is the key!
 - Children's recommendations must be taken seriously and considered in order to improve the services

Capacity building – key results

- Training delivered to:
 - 112 community social workers;
 - 24 decision makers and child protection professionals;
 - 300 school directors and deputy directors;
 - 302 teaching support staff and managers on inclusive education;
 - 146 residential staff;
 - 120 healthcare and police employees, 99 mayors trained.
- Considerable improvement was achieved in social workers':
 - competences in applying case management;
 - image and authority in the community;
 - collaboration with community actors;
 - knowledge of different services that can help solving various cases.
- The biggest impact – social workers have changed their attitude towards beneficiaries, their job responsibilities, and their colleagues.

Capacity building – key elements

- Analysis of project objectives and activities from the point of view of required competences;
- Identifying target groups for trainings: community social workers, SAFFPD specialists, social services staff, residential institutions staff, school staff, decision-makers, children and parents;
- Training needs assessment, drafting the training strategy and training program, developing training curricula & materials for various target groups;
- Planning training delivery:
 - formal (modules, flexible, according to levels of competence and specialization, adjusting the contents to the needs & job requirements);
 - informal (in seminars, discussions, guiding meetings, study visits);
 - initial trainings (for educational institutions and decision-makers, involved into the residential system reform, children members of ABCs);
 - in-depth training (for the rest - training for trainers;
- Developing tools to evaluate trainings (professional competences evaluation test, interview with supervisors question form, supervisor's checklist to appreciate professional skills of community social assistants, interview guide for beneficiary children and parents);
- Training evaluation to adjust strategy & approaches; impact assessment.

Capacity building – key lessons learned

- The existence of a training program and regularly planned supervision meetings produce demonstrated impact on the increase of professional performance of the staff;
- The training program should provide the participants with hands-on experiences, expose them to an enough level of activity and encourage them to develop and practice new skills;
- The follow-up sessions help sustain the effects of the original training, supporting the continued use of information and skills learned;
- Training evaluation and impact assessment is key in order to make sure that the invested resources correspond to the needs and expectations and ensure adequate quality of the activity, meeting the needs of the beneficiaries;
- Annual performance management of social workers should become a work practice, which will enhance professional growth and service quality;
- Professional supervision is important through the support provided in the conditions of intense case load and difficult tasks performed by the social worker.

Communication and Advocacy – key qualitative results

- Social workers, specialists, LA decision makers, representatives of line ministries consider that the best solution for the child is to secure a family-based care. General shared opinions:
 - Alternative forms are recommended, institutionalization is no longer a solution in cases when children have to be separated from families;
 - Child separation from family should happen only in severe cases when there is major risk for the child's life and integrity;
- There is a perception of a positive evolution in child protection: services, procedures, more actors involved; perception of the importance of prevention activities – because they facilitate further solution of cases;
- Both central and local decision makers recognize that school inclusion of children with SEN, including those from special needs schools, is a necessity;
- Representatives of national authorities became aware of the need to communicate and raise public awareness of the problems of children; most strategies and state policies are accompanied by communication materials;

Communication and Advocacy – key quantitative results

- 88% of surveyed population consider that raising and education of children should first of all be done in families, and only 3% consider that it is the responsibility of the state;
- The range of possible solutions for children in vulnerable families:
 - 36% opt for cash benefits;
 - 31% for community services (kindergartens, day-care, after-school),
 - 17% for family support services provided by social workers,
 - 7% suggest residential care as a solution;
- 62% of respondents consider that there is no excuse for child abandonment, and only 4% state that these parents have a reason;
- 26% believe that the state continues to favor residential care, while 48% do not agree with this statement;
- 60% consider that residential care produces negative and very negative effect on the child, while 13% believe that it has positive influence.

Communication – tools and approaches

- Developing and implementing a national communication campaign to obtain a shift in public and professional attitude toward residential care;
- Building capacities of policy and decision makers in communication;
- Developing a Common vision between MLSPF and MoE regarding DI and agreement to develop a new Child and Family Protection Strategy;
- **Communication tools:**
 - Weekly programs at national radio and TV Programs twice a month;
 - Audio and video clips;
 - Monthly newsletter for internal communication within the system;
 - Magazine for the general public and specialists in the area, twice a year;
 - Articles in the printed press, when necessary.
- **Building the mass media support group:**
 - Train in system reform and services development themes;
 - Establish and strengthen relations with media partners;
- **Additionally** - Identify supporters, opponents, risk-reduction strategies.

Communication - lessons learned

- Communication efforts that lack practical implementation of reform actions and positive practices and successful cases are not credible and sustainable;
- The communication component in such processes, was as important, as the training, child participation, services development, public finance components;
- The identification of opinion leaders in the system, who acted as reform promoters, ensured its efficient implementation and minimized resistance;
- Inevitable resistance to the reform should be seen as a learning opportunity, including for the residential institutions' staff, who can be redeployed;
- A reform project can be successfully implemented by an organization whose mission and vision identifies along with the reform objective;
- Information monitoring (collection and analysis of the information published in the printed press, audio, video, online materials) helps to identify early and prevent crisis situations, and transform them into opportunities;

Overall lessons learned (1)

- The project impact on children and families is significant and lasting;
- Full participation is building significant buy-in at all levels, changing mentalities, allowing for the expansion of alternative services, encouraging creativity and innovation in development of new services, and reaching vulnerable children and their families;
- Capacity building using a holistic approach and is improving skills, changing attitudes and behaviours, and increasing reform momentum;
- Changes in knowledge, attitude and practice are producing sustainable impact in child welfare reform; the impact includes a sense of improved quality of services expressed by the stakeholders;
- There is a strong need to continue efforts to get services and resources to the community level; continued effort is strongly needed to secure the allocation of budget funds for local services;
- The project has been successful in its ability to be flexible and shows a commitment to adapting and learning as it is implemented.

Success factors for the reform

- Donors' support to the Deinstitutionalisation process;
- Existence of strong NGOs to take over the implementation of the reform;
- Pre-reform pilots on developing alternative care system and inclusive education that were scaled-up and replicated;
- Commitment of the Ministry of Education – later on in the process;
- Establishment of the National Reform Coordination Council;
- Moratoria on new admissions to the designated institutions;
- Gate-keeping commissions – stopping unnecessary entries to residential care;
- Nationwide communication and advocacy to change public opinion on residential care and alternative ways to care for children;
- The cash benefit system (the means tested household poverty benefit) – a good measure to prevent separation due to poverty and supports family reunification.

Challenges

- Growing number of small group homes – that should be regarded as a form of residential care;
- Special needs schools for children with sensorial disabilities – there is no vision about the way forward;
- Sanatorium type institutions for children infected or affected by tuberculosis, or with chronic illnesses - used by interested people to bypass the official route into care;
- Decreasing fundraising opportunities for NGOs to support the reform; lack of in-country opportunities for NGOs to be contracted out;
- NGOs compete for funding – an obstacle for meaningful collaboration in advocacy;
- Financial crisis and political instability that do not allow for considerable investments into prevention programs;
- Further commitment of the GoM to and its capacities to manage deinstitutionalisation process.

Recommendations from the child care reform evaluation (2012)*

- Continue DI activity, with a particular focus on children with disabilities and young children living in institutions;
- Plan and implement the redirection of budget savings from DI to fund community-based services for vulnerable children and families;
- Examine social work information management systems in other countries to consider solutions appropriate in Moldova;
- Adopt an interim, low-technology process to monitor admissions and discharges from institutions;
- Responsibility to coordinate action on childcare reforms should be passed to the National Council for Child Rights Protection in the State Chancellery;
- Implement action to improve efficiency and effectiveness of the Social Aid;
- Improve the effectiveness of community social workers to manage DI and prevention plans for individual children by consolidating their training into a nationally regulated system.

Priority directions as set forth in the Strategy on Family and Child Protection 2013-2020

- Prevent child separation from the family;
- Gradually stop the institutionalization of children aged 0-3;
- Continue the reform of the residential childcare system;
- Prevent violence, neglect and exploitation of children;
- Giving a new dimension to the social meaning of motherhood and fatherhood and to both parents' role in raising and upbringing children;
- Promote support services for parents who are employed.

P4EC'S Short-term plans

- Focus the project intervention around primary and secondary prevention;
- Build capacities of the providers of social services to provide more child-centred and family-focused services;
- Boost the development of foster care services across the country as one of the most viable alternative care service for children without parental care;
- Disseminate lessons learned on the residential care transformation process and social services development, organise intensive stakeholders' consultation;
- Facilitate the development of effective inter-sectorial collaboration;
- Extend reform to 5 new LAs, strengthening their capacities to strategically plan appropriate care and protection; close 3 special needs institutions;
- Support national and local authorities to introduce child participation in policy development and service delivery.

P4EC'S Longer-terms plans

- Support the MoE with further DI and closing down institutions (6 new);
- Support MLSPF to develop, test and implement family strengthening programmes and psycho-social support programs for children in adversity;
- National roll-out of family support service;
- National roll-out of the inter-sectorial mechanisms for identification, assessment and intervention in child abuse and neglect;
- Diversification of foster care programmes at the national level;
- National communication and advocacy campaign to promote family values and family care for children through the establishment of a joint communication platform supported by many developmental partners.