

# Changing THE WAY WE care<sup>SM</sup>

în parteneriat cu



## Findings and recommendations from the evaluations of six residential institutions

Chişinău, 2022



MacArthur  
Foundation

This report is a result of the cooperation of many Changing the Way We Care (CTWWC) partners.

Changing The Way We Care<sup>SM</sup> (CTWWC) is a global initiative financed by the USAID, the MacArthur Foundation and the GHR Foundation, and implemented by Catholic Relief Services and Maestral International along with other global, national and local partners working together to change the way we care for children around the world.

National partners of the initiative are Child, Community, Family (CCF) Moldova, Keystone Human Services International Moldova Association, and Partnerships for Every Child (P4EC).

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This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of CTWWC and do not necessarily reflect the views of USAID or the US Government.

# **ACRONYMS**

ANAS	National Social Assistance Agency
AOAM	Mandatory Medical Assistance Insurance
APC	Central Public Authorities
APL	Local Public Authorities
APP	Professional Parental Assistance
ANOFM	National Employment Agency from Moldova
ASC	Community Social Assistant
CCTF	Family-type Home for Children
CPCD	Commission for the Protection of Children in Difficulty
CTWWC	Changing the Way We Care
CMI	Inter-school Multidisciplinary Commission
EMD	Community Multidisciplinary Team/s
EI	Inclusive Education
MEC	Ministry of Education and Research
MMPS	Ministry of Labor and Social Protection
OLSDÎ	Local Specialized Bodies in the Field of Education
OSC	Civil Society Organizations
PEI	Individualized Educational Plan
PIA	Individualized Assistance Plan
RI	Residential Institution/s
SAP	Psycho-Pedagogical Assistance Service
SS	Social Service/s
STAS	Territorial Structures of Social Assistance
STOFM	Territorial Labor Force Subdivision
UAT	Administrative Territorial Units

## Context

Changing the Way We Care (CTWWC) is a global initiative. CTWWC works with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments. In the Republic of Moldova, CTWWC aims to end the placement of children in residential care institutions, support children transitioning out of residential institutions, and ensuring that family support systems are strengthened, so children can continue to thrive in families.

### CTWWC Initiative objectives are based on:

- UN Convention on the Rights of the Child, according to which: a child has the right to grow-up in a family (art. 3); parents have the responsibility to raise and support their own children (art. 5); the state has the responsibility to support parents in taking care of their children (art. 18).
- The recommendations of the Council of Europe Cabinet of Ministries (2005)/5 on the rights of children placed in residential institutions include: a child can be placed in a residential institution in order to meet the needs that have been identified as imperative, based on the multidisciplinary assessment; the placement must not last longer than necessary and must be subject to periodic review, from the perspective of the child's best interests, the parents must benefit from all possible support to enable the harmonious reintegration of the child into the family and society; the child who leaves the placement has to benefit from the assessment of his/her needs and all necessary post-placement services, to support a proper reintegration into the family and society; if possible, the family and the child have to be involved in the planning and organization of the reintegration process, or in the family-type placement services.
- UN Guidelines on Alternative Child Care.

During 2021-2022, CTWWC in partnership with three civil society institutions: Keystone Moldova, Child, Community and Family (CCF Moldova) and Partnerships for Every Child (P4EC), conducted a series of assessments on the national level, including a complex evaluation of six residential institutions (RI). The assessments serve as a starting point to inform CTWWC's vision in Moldova. CTWWC Moldova will work in close collaboration with central and local public authorities and civil society organizations, through a collective approach with mutual support, consultation, and constant communication.

The residential institutions included in the evaluation process are subordinate to various central and local public authorities. As of January 1, 2021, the institutions had 200 children in their care.. These institutions include: (1) Placement and rehabilitation center for young children, Chisinau; (2) Temporary placement and rehabilitation center for children, Bălți; (3) Auxiliary boarding school, Bulboaca village, Anenii Noi district; (4) Auxiliary boarding school, Hîncești municipality; (5) Temporary placement center for children with disabilities (girls) from Hîncești municipality; (6) Temporary placement center for children with disabilities (boys), Orhei municipality.

These institutions were included in the evaluation process because they offer residential placement to groups of children with increased vulnerabilities, such as young children (2 RI), children with severe disabilities (3 RI) and children with learning difficulties (1 RI). The regulation of residential institutions for young children stipulates that children are placed under the age of 7, which is the official schooling age for children. Four other institutions are intended for children with disabilities, according to the regulation, however in the RI from Orhei and Hîncești, respectively, the adult residents represent the vast majority (about 80%).

The evaluation of the six RIs included four key steps:

1. Initial evaluation of children currently in the RI, but also children who "entered" the RI between July and December 2021.
2. Evaluation of families with children in the RI and assessment of the situation of children who, in the meantime, left the RI (post-placement monitoring).
3. Evaluation of the human resources employed in the evaluated RIs.
4. Evaluation of financial resources budgeted for every RI.

It should be noted that the components of this evaluation were identical to those applied in the case of about 40 other reorganized/closed institutions. However, this evaluation integrates the lessons learned over the years in the process of reforming the residential care system and emphasizes the needs of children with disabilities and of young children who are to transition out of institutions.

The evaluation results are going to support and boost the reform process of the residential child care system in Moldova. The results will be the basis for further actions to ensure a family environments for all children in the residential care system, but also for children who are at risk of separation from their families. At the same time, they will contribute to the development and provision of a framework of social services, necessary to finalize care reform and the transition from residential care to family and community care, with all related components including: services, institutions, and human and financial resources.

## Evaluation methodology

The Evaluation teams have used the following data collection and analysis methods, specific for every stage of the evaluation:

1. In order to carry out the individual evaluation of children, a series of assessments (child and family) were conducted by local teams of specialists who were trained and benefited from mentoring sessions from the partner organizations. The questionnaires included best practices previously developed, but also some questions specific to the group of evaluated children. Discussions with the staff who have the closest contact with the child and discussions/observation of the child (depending on age or developmental level) completed the methodological framework of the assessment. The final report, including the conclusions and recommendations for every child, were made within a multidisciplinary team. The assessment focused on the child's social, medical, and educational situation, contacts with family/relatives and development peculiarities, as well as support needs and opportunities for reintegration or family placement.
2. In the context of the evaluation of families with children in the RI, assessments were used for the complex assessment of families, developed on the basis of the social service family support forms, forms for monitoring the situation of children released from residential institutions between July and December 2021, and forms for mapping the relevant services for the child reintegration into the family environment. The evaluations were carried out with the involvement of partner organization teams and local teams made from specialists from the Territorial Structures of Social Assistance (STAS) and community social workers with experience in child care reform. The teams of evaluators were supported through training and mentoring sessions. We note that in some cases, in addition to the biological family, extended families were also evaluated to identify opportunities for foster care.
3. In order to evaluate the human resources, the team of evaluators applied the following methods and techniques: documentary analysis of the legal framework on the institution's organization and operation, the organizational chart and staffing scheme, job descriptions, institution's staff training plan, and other relevant documents; The data collection sheet that was used for information gathering on the staff age, length of service, education, qualifications of the institution's employees, other relevant information, etc.; Statistical analysis of the collected data reflecting a series of indicators (for example, the number of units/employees in the institution, the ratio number of staff/number of children, turnover of employees, etc.); Semi-structured individual interview with the staff based on the guide interview consisting of 22 questions structured in 3 modules.
4. The methodology for evaluating financial resources included the collection of data on the budget execution, in particular the personnel expenses, services payments, procurement of circulating materials, circulation of stock of materials, circulation and wear and tear of fixed assets, and depreciation of intangible assets. The period subject to evaluation was 2018 – 2020. The year 2021 could not be analyzed because the report on the execution of the budget for the first 9 months of the year (existing at the time of the evaluation) did not reflect a complete picture of expenses, the costs regarding the wear and tear of fixed assets is reported only at the end of the year. In the case of governmental and staff expenses, the analysis also included existing data for the first nine months of 2021.

The cost analysis of providing services for a beneficiary by the evaluated residential institutions in comparison with other institutions or social services was carried out for the year 2020. The analysis of the institution's infrastructure was carried out on the basis of an observation questionnaire. The working methods that were applied included the analysis of financial documentation, quantitative data collection, questionnaire, and interviews. The basic sources for data collection were the residential institution's reports presented to the public authorities, staff statements and staff remuneration, and other financial documents. The study also includes a comparative analysis of the costs of having a child in the residential institution and, respectively, the costs allocated per child in general education institutions or social services.

This summary consolidates the findings and recommendations of all four thematic evaluation reports per institution, that can be presented upon request.

For the development of the consolidated reports for every residential institution, experts were contracted to analyze the thematic reports for each institution and a participatory workshop in each RI was organized between April and May 2022, after which the main recommendations and formulations for the transformation plan were validated.

The collection, processing and analysis of personal information was carried out in accordance with the provisions of Law No. 133/2011 on protection of personal data. At the same time, the evaluation team complied with all protective measures against COVID-19 in accordance with the Decisions of the Extraordinary National Public Health Commission and the policies for the protection of children's rights.

### Limitations in the evaluation process

The COVID-19 pandemic influenced the process of planning visits and the actual assessment of both children and families. To overcome these obstacles, data were collected by local teams gathered by RI specialists and/or local structures that had access to children and families. Other limitations in the evaluation process were the insufficient human resources in some RIs (lack of social workers, psychologists, and doctors) to be included in the evaluation team; reduced possibilities of the mentor team to verify and validate the data transmitted due to the COVID-19 restrictions; the fluctuation of children from two IRs for children aged 0-6 years, which led to the resumption of the evaluation process as the child entered the institution, and to the continuous adjustment of the data; the mismatch of the data regarding the biological/extended family included in the children's files in the RI with the real data collected at the family assessment stage; lack of knowledge by some ATTs and ATLS about the child placement and lack of information about the biological or extended family; and reluctance or unavailability of some families for assessment and communication with experts.

Despite all these limitations, the report presents valuable data regarding the main causes of children's placement, their place of origin, relations with the biological family, child's status, length of stay in the RI the social, medical and psycho-emotional support needs for children and their families, preliminary recommendations regarding the

Ethical considerations included the ethical principles and norms promoted by the United Nations Evaluation Group [1]. The research protocol, developed for this purpose, included: (i) aspects related to ensuring protection of specialists' identity, research participants and (ii) protection of collected data. The evaluation principles included: (a) respect for dignity and autonomy; (b) the best interest of the child; (c) non-discrimination; (d) compliance with ethical standards; (e) informed consent; (f) confidentiality issue; (g) child rights-based approach and (h) child participation and inclusion.

Research management: ensured by CCF Moldova, P4EC and Keystone Moldova in six stages: (i) development of research protocol and instruments; (ii) selection and training of local evaluation teams; (iii) data collection; (iv) control and data quality assurance; (v) analysis and elaboration of research report; (vi) validation and communication of key research findings and recommendations.

## General Findings

CTWWC has formulated the following findings based on the evaluation of the six institutions:

1. The RI regulation is not always followed: in four of the six IRs, the age of beneficiaries does not correspond to the profile in the regulation, in two institutions for children with disabilities, about 80% of beneficiaries are adults, and in two RIs for children aged 0–6 there are 17 children over the age of seven; 15 of these children do not have access to education; 65% of children in residential care did not have a determined status, which represents a violation of the legislation in force; for 86% of children in residential care, the period of institutionalization often exceeded the maximum permitted 12-month period (according to HG 432/2007, section 3, art. 25).
2. About 65% of children (120 out of 184) in residential care do not yet have an established status, which is contrary to the legislation in force, which stipulates that every child separated from their family is to be determined as a child temporarily left without parental care or child left without parental care[2].
3. The clarifications made by the evaluation team regarding the causes that led to an imminent life and health risk among children that are placed in institutions were the following: alcohol abuse by parents, family conflicts/domestic violence, parents not fulfilling their parental obligations (neglecting parental obligations), children do not attend school, kindergarten, children left without supervision (medical, educational neglect, neglect in supervision), lack of a place to live, lack of income, precarious living conditions and others. STAS specialists mention the lack of services for these groups of children as one of the main causes of children in residential care for indefinite/unjustified periods and exceeding the maximum permitted age, contrary to the regulations.
4. There is a correlation between the location of an RI in an administrative-territorial unit (UAT) and the placement of children from that UAT in the RI. Although in the six RIs there are children from 28 districts and municipalities, as well as repatriates from other countries, however, more than 62% of evaluated children are from four UATs where 5 IRs are located.

[1]UNEG Code of Conduct for Evaluation in the UN system <http://www.unevaluation.org/document/detail/100>

[2]According to art. 16 of Law 140/2013 on special protection of children at risk and children who are separated from their parents, para. (1), the territorial guardianship authority in whose records the child is, in cooperation with the territorial guardianship authority, undertakes the necessary actions for the (re)integration of the child into the family or establishment of the child's status, actions which, cumulatively, will not exceed 6 months.



5. The three main causes for children placed in residential care are: the child's disability (almost 50%), the presence of an imminent risk<sup>[3]</sup> (about 22% of children) and parents' abandonment or refusal to take care of their child (about 15%). Poverty and financial problems of families are some of the underlying reasons why separation has not been prevented.
6. Around 36% of children could be reintegrated into their biological family and for around 60% of children the recommendation for family-type placement was made (placement in the extended family, foster care).
7. From those 134 evaluated families (located in 30 UATs), more than 41% of families prefer the reintegration of children from the RI and about 42% of families do not want the reintegration of children.
8. The evaluators found that only in the case of about 1/3 of 134 families there are high and medium possibilities for reintegration, while in 2/3 of families reintegration is not possible or the possibility is reduced.
9. Although the average annual number of children in the 6 institutions is continuously decreasing, the average annual cost of maintaining a child is increasing and varies from about 81 thousand Moldovan Lei (MDL) to 338 thousand MDL. In some institutions the cost of maintenance has increased by more than 50% or has even doubled.
10. The biggest costs are found in institutions for young children (0-6 years old) from Bălți and Chișinău- between 244,646 MDL and 338,990 MDL per child.
11. The largest share of expenses in the expenditures structure belongs to the personnel costs and represents about 60% - 80% of all expenses.
12. The average annual cost for the provision of educational services in auxiliary schools from Bulboaca and Hîncești exceeds 2-3 times the average annual cost in other general primary or secondary educational institutions. The cost per student is higher even compared with the average cost for maintaining a student with special needs in the "Petre Ștefănuță" Theoretical High School from Ialoveni, where the model of educational inclusion of children with severe disabilities is implemented.
13. In the case of institutions for children with severe disabilities from Orhei and Hîncești, the largest share in the average annual cost for the provision of services belongs to care services (66-68%); the cost of medical services constitutes about 23-26% of the average annual cost, the cost of skills development services 5-11%, and the cost of rehabilitation services represents only about 0.4-1%. A comparative analysis of the costs indicates that the average annual cost for the maintenance of a beneficiary in these institutions is lower than the average annual cost for the maintenance of a beneficiary in the group home and higher than the average annual cost for the maintenance of a beneficiary in the Protected Housing services and Personal assistance – services provided by STAS.
14. Most of the employees from the residential institutions do not participate in initial and continuous professional training (except for medical personnel) and there are no training programs for different personnel categories, including auxiliary personnel.

[3] The clarifications made by the evaluation team on the causes that led to an imminent risk to the life and health of children placed in institutions were as follows: parents alcohol abuse, family conflicts/domestic violence, parents not fulfilling their parental obligations (neglecting parental obligations), children do not attend school, kindergarten, children left without supervision (medical, educational neglect, neglect in supervision), lack of a place to live, lack of income, poor living conditions and others.

15. Insufficient qualified personnel in institutions affects the quality of rehabilitation, assistance, psycho-pedagogical counseling and care services, family integration/reintegration, counseling and support for parents and it also creates difficulties in providing for the individual needs of children in residential care.
16. About half of the interviewees from the 6 RIs (total of 79 interviews) would not accept retraining to engage in community social services, because of advanced age, health problems or they consider that their profession is needed everywhere (in particular, for the medical personnel). In case of reorganization/closure of the institution, some employees could do retraining courses to be able to work in different services, both educational and social, but they would need support.
17. About 90% of the interviewed employees mentioned that they would not take a child in foster care, due to various reasons, such as advanced age that does not allow them to take a child in foster care, lack of living space, health situation, or the fact that family members would not accept a child into foster care.
18. The majority of employees from the residential institutions face various problems, the most acute being low salaries, the use of old methods in the rehabilitation of children, insufficient specialists training within the institution to work with disabled children, the large number of children in the group, difficulties in working with parents, and poor collaboration with APL and the community social worker.
19. Most of the employees see the institutional reorganization from the perspective of its closing or liquidation and are against this change because they believe that children will be exposed to segregation, stigmatization, discrimination, and exclusion in the community.

All the recommendations below are based on the provisions of the United Nations Guidelines for the Alternative Care of Children , which states that efforts should be directed in particular to ensuring the necessary conditions for a child to stay with the parents or return to them or, where it is imposed, to other close family members. If, however, children must be separated from their families in order to ensure their best interests and protection, then this decision must take into account the importance of providing a stable home for the children and meeting their basic needs for secure and continuous attachment from caregivers, and permanency, generally, being a primary goal.

## General recommendations

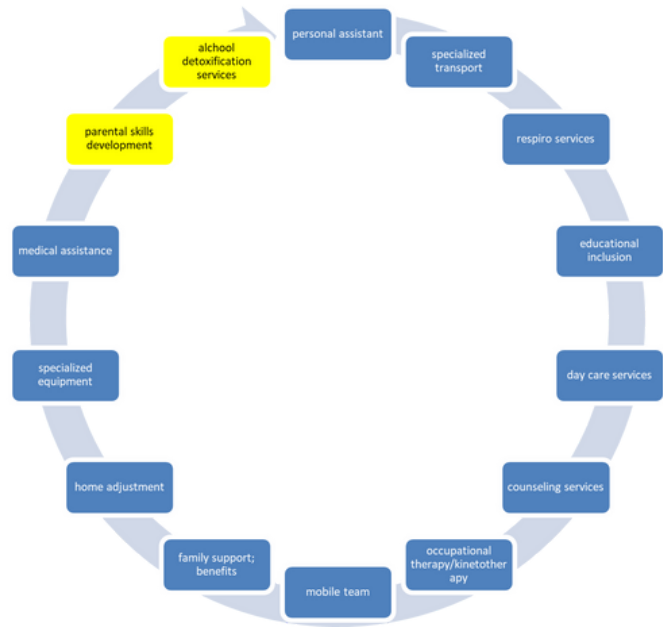
The evaluations came up with the following recommendations for child care reform:

- Establishing a moratorium on the placement of children in residential institutions and prioritizing family-based care.
- Expanding the support network for families, including empowering them to take care and ensure the well-being of children.
- Developing social services at community or district level, depending on identified needs and causes of separation.
- Planning, if necessary, regional-level services with inter-budgetary funding.
- Developing an intersectoral financing mechanism for integrated services for children.
- Expanding the minimum package of services to include foster care services and sustainable financing.
- Ensuring the functionality of the policy regarding the intersectoral risk prevention mechanism and ensuring the well-being of children (HG143).
- Approving the intersectoral policy on the assistance of children with disabilities.
- Training of human resources involved in the residential care system reform (AS, Health, Education, IR, APL).
- Redirection of financial resources from the residential care system to integrated community services.

The specific recommendations regarding the reintegration of children from the six residential institutions and the stages of institutional reorganization are presented in the consolidated reports for each residential institution.

# Evelina's story

How would the above recommendations affect the life of a real child? Evelina[1] is 7 years old and has been in a residential institution from the age of 6 months. The causes of family separation (according to the file) were multiple and complex – the child's disability, a single mother without a support network, the mother's alcohol abuse, intellectual disability, and lack of a place to live. The mother and the little girl lived in a district in the center of the country. From 2015 (when she was placed in residential care) until March 5, 2020, the mother visited the little girl EVERY MONTH. From March 2020 until June 2021 she called frequently because visits were prohibited due to Covid-19 restrictions. Since November 2021, the mother has not initiated any contact with the girl or the institution's employees.



At the moment, the authorities are trying to identify the mother's location in order to rescind the mother of her rights to the child. Evelina spent most of her life in a residential institution, one of her basic rights being violated – to grow up in a family environment. Since less than 1% of the institutions' budgets are directed towards rehabilitation, the girl could not fully benefit from these services. Although the assessment showed that Evelina could learn to walk with a walker, and that this would open up more opportunities for her to develop her independence, she was not given the chance.

**What can we do for Evelina AT THIS MOMENT?** She should be placed in foster care, while specialists can continue to evaluate the possibility of reintegration with the mother. Evelina and the family (either biological or foster family) need services and benefits[2]. Evelina waited 7 years for adults to come up with a better and more humane proposal for her. During this time, hundreds of thousands of Moldovan Lei were spent every year. Her life did not change for the better, in fact she lost precious time for rehabilitation and the relationship she had with her mother.

It is time for us to work together using all resources we can to support Evelina and the other 184 children, so they can grow-up in supportive and nurturing family environments with all necessary support services. **This cannot wait.**



[1] Changed name  
 [2] The additional services that might be needed by the mother are marked with yellow.

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