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Changing THE WAY WE careSM

Understanding Caregiver Protective Factors
and Child Well-Being Amongst Families with
Experience of Alternative Care

Household Survey Summary - Moldova

Changing the Way We Care: promoting care reform

Changing The Way We CareSM (CTWWC), launched in 2018, aims to promote safe, nurturing family care for children by supporting the reform of national care systems. CTWWC focuses on preventing child-family separation, transforming residential care and developing family-based alternative care. Implemented by Catholic Relief Services (CRS) and Maestral International, the initiative collaborates with donors like the MacArthur

Foundation, USAID, and the GHR Foundation, and partners with entities such as national governments and civil society organizations, and international agencies such as the Better Care Network.



Residential care's detrimental impact on children's development has driven many governments to adopt family care reforms. This movement is supported by global investments and advocacy from civil society and individuals with lived experience, promoting family-based alternatives and strengthening care systems. CTWWC operates within this context to enhance capacity and resources, demonstrating care reform components and family care models across diverse settings.

CTWWC's demonstration efforts focus on Guatemala, Kenya, and Moldova – each with its own unique mix of drivers of separation, types of care systems, histories of reform and levels of political commitment. This diversity has allowed CTWWC to compare across contexts and generate learning and evidence to inform for national, regional and international stakeholders.¹

Care reform in Moldova and CTWWC's role

In 2022, Moldova's Ministry of Labor and Social Protection, supported by CTWWC Moldova and UNICEF, launched the National Child Protection Program (NCP). This five-year plan aims to build on past reforms to ensure inclusive social services and family care for all children, focusing on preventing family separation and supporting children with disabilities. The NCP is complemented by efforts like the June 2023 conference on Financing Family Strengthening, which emphasized reducing reliance on institutional care and increasing budgets for social services. A key finding presented at the conference showed that Moldova can support 14 children at home for the cost of caring for one child in an institution.

CTWWC Moldova collaborates closely with the government and partners such as Keystone, CCF, and P4EC. Their core activities include strengthening the social service workforce, improving case management practices, and fostering family care for children with complex needs. They aim to decrease reliance on institutional care by assessing the remaining institutions and supporting the reintegration of children into family-based care. So far, 146 children have been reintegrated or placed in alternative family care. Post-reintegration services, like social and psychological counseling, have improved family and community relationships. The CTWWC household survey includes all families in Moldova involved in the case management process for children reintegrating from residential care.

Methods

A key feature of CTWWC's theory of change is building evidence on children's care and reform, particularly regarding reintegration from residential care, transitions to family-based care, and preventing separation. Therefore, CTWWC has undertaken surveys with families supported by CTWWC's demonstration efforts, with the aim of providing insights for policymakers and practitioners on the impacts of interventions to support reintegrating families and those at risk of separation. To this end, the survey addressed the following research questions:

- What aspects of family strengthening support do caregivers think have affected (negatively and positively) their ability to care and provide for their children?
- What proportion of children and caregivers report selected protective factors (see box 1) in their life?
- What proportion of children at risk of separation from their families or who have been reunified or placed in family-based care are experiencing positive well-being (see box 2)?
 - How might caregiver protective factors correlate with child well-being?
 - How has the perceived well-being of children changed after their engagement with CTWWC?

Box 1: What do we mean by protective factors?

Evidence suggests that a range of drivers, both push and pull factors, result in children separating from their families and ending up in alternative care. Although poverty, abuse and neglect are the main reasons for children's entry into alternative care, most families in poverty and most families in which there is abuse and neglect do not separate. It is the presence of protective factors that enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences when a family is exposed to risks or shocks. Protective factors are divided into five core areas:

- **Caregiver resilience:** Managing stress and functioning well when faced with challenges, adversity and trauma.
- **Social and emotional competence:** Caregiver-child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.
- **Social support and connections:** Positive relationships that provide emotional, informational, instrumental and spiritual support.
- **Access to concrete support in times of need:** Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
- **Responsive caregiving:** Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

Adapted from the Center for Study of Social Policy. About Strengthening Families and The Protective Factors Framework. cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf

The survey tool was developed in 2021, combining validated measures (including on disability, parenting skills, protective factors, hunger etc.), with a new measure on child well-being with input from children and young people in Guatemala and Kenya (see box 2). For Moldova, the tool was adapted to fit the local context by adjusting terminology and phrasing of some questions and responses, and removing questions that were not relevant, such as those about school fees. The survey was translated into Romanian and Russian.

There were three main components to the survey:

1. a section for primary caregivers to respond to about themselves and their household covering demographics, protective factors, parenting and economic stability,
2. a section for caregivers to respond to about the child in their care who had been reunified or placed in their care from residential care, or a randomly selected child if the family was receiving support to prevent separation covering child's demographics, disability, care history, health and education, and
3. a section for children aged 11 years and older to respond to about their health, education, well-being, and family and community acceptance.

Selection, invitation and informed consent procedures were undertaken in line with approved protocols (Boston College Institutional Review Board). In Moldova, 68 households were identified as eligible to be surveyed, of which 42 (85%) participated in the survey. Data was collected between 18 August - 12 September 2023. Data was provided on 70 children by 42 caregivers. Sixteen children aged 11 and over were identified to participate as respondents themselves, of whom 14 (87%) completed the survey.

Amongst the 42 caregivers, who participated: all but one were female, 69% were aged 30-49 years (figure 1), 64% were married and 12% had a disability. Just over 50% of caregivers had completed primary school, with another 40% also finishing secondary school (figure 2). Amongst the 70 children, 46% were female, 50% were aged 6 years or younger but ages ranged all the way from one to 18, 56% had a disability, and 44% were living with their biological mother with another 37% living with a foster carer.

Figure 1: Number of caregivers per age group

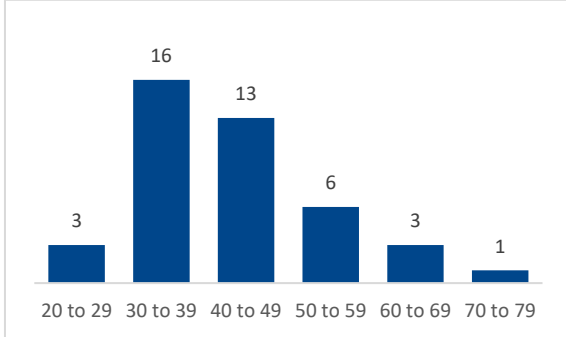
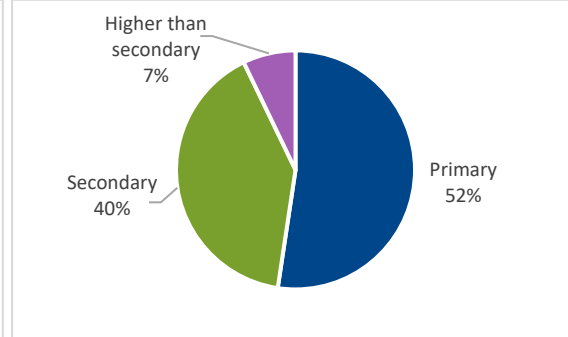


Figure 2: Caregiver education status



Box 2: What do we mean by child-wellbeing?

The field of well-being research has seen two important developments in thinking in recent years:

- human well-being is multifaceted, made up of various aspects and domains, and
- the salient domains of well-being may differ by context and life circumstances.

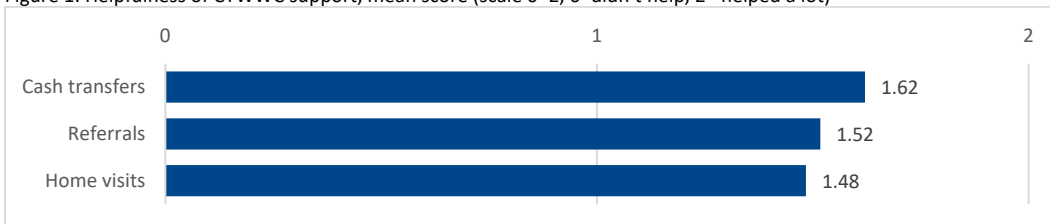
For this reason, CTWWC sought to combine several measures of well-being and to be guided by children and young people who themselves had experience alternative care and reintegration. Workshops with them highlighted the need to consider both common domains of well-being such as health, happiness, basic needs and education, as well as other which are sometimes overlooked by adults or those without experience of alternative care such as freedom, choice of food, family belonging, community support, and feeling safe and peaceful at home.

For more information on how the child-wellbeing tool was developed please see: bettercarenetwork.org/library/social-welfare-systems/data-and-monitoring-tools/child-and-adolescent-defined-well-being-designing-a-household-survey-with-children-and-young-people and further analysis in the linked journal publication: "Development of a Child-Informed Measure of Subjective Well-Being for Research on Residential Care Institutions and Their Alternatives in Low- and Middle-Income Countries" in Child and Adolescent Social Work Journal doi.org/10.1007/s10560-024-00968-x

Findings

The support received was helpful in the care of children. Caregivers in Guatemala were very positive about the services they received, with nearly all caregivers participating in case management saying that they were helpful in the care of their children (figure 2) and caregivers receiving just positive parenting giving a mean score of 1.89 out of 2 (where 2 means helped a lot). Most caregivers (78%) who participated in case management also reported feeling fully prepared for case closure, which had happened a year earlier.

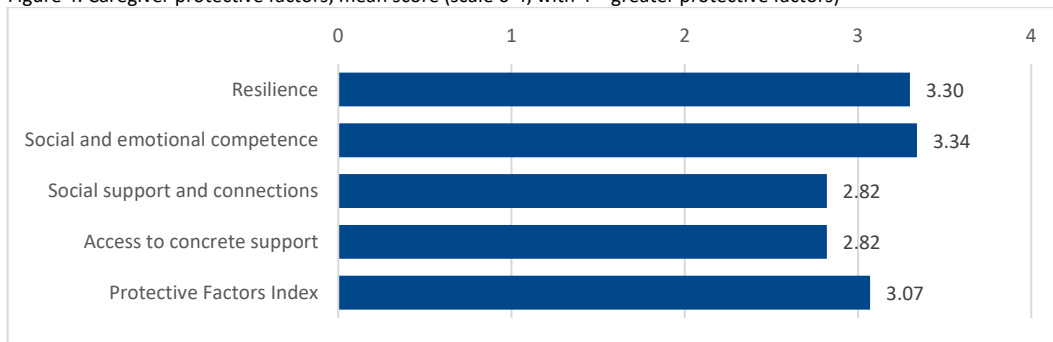
Figure 1: Helpfulness of CTWWC support, mean score (scale 0–2, 0=didn't help, 2= helped a lot)



Protective factors were generally high amongst caregivers but indicated areas for additional support.

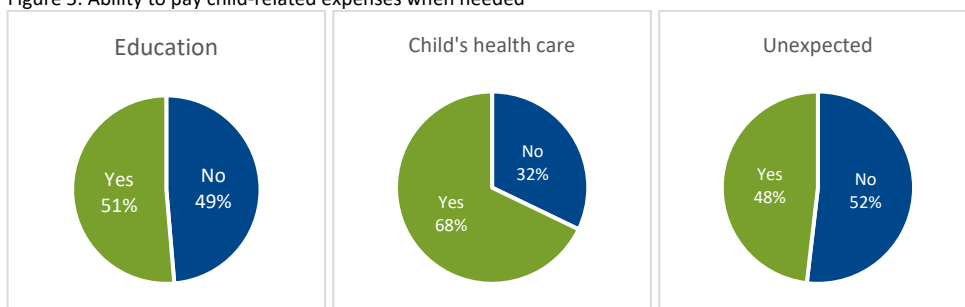
- Caregivers reported a high sense of internal resiliency and social and emotional competency, with slightly lower levels of the external-facing social connections and ability to get concrete assistance (figure 4). Older caregivers had significantly lower protective factors, especially access to concrete support. Caregivers need continued support to access services, build supportive networks and overcome stigma towards their families. This is particularly true of older caregivers, including grandparents.

Figure 4: Caregiver protective factors, mean score (scale 0-4, with 4 = greater protective factors)



- There was a very high frequency of practicing positive parenting, both positive reinforcement (average score of 19 out of a maximum of 24) and involvement (average score of 21 out of 24). Undertaking special activities and playing games were the only aspects with room for improvement. Caregivers reported very little use of corporal punishment, with over 90% of caregivers reporting never hitting a child with an object or slapping him in the face. Although some occasional use of spanking with hand (not on face) was reported. Alternative discipline measures should be emphasized in interactions with families, and caregivers should be encouraged in their continued use of positive parenting strategies.
- Most families, when needed, were able to meet the costs of children’s school, health care and other expenses (figure 5). The majority believed they could also meet emergency costs (81%) although some would find it hard. There is, however, a high level of worry about money (52% often worry and 21% sometimes worry about money) and little ability to save - just 17% of caregivers reported that they had managed to save money in the past month. This could be addressed through offering financial education to caregivers and exploring easily accessible savings schemes with them, which would be a good complement to the cash transfers already offered which are intended to support the more immediate costs of a child’s placement.

Figure 5: Ability to pay child-related expenses when needed



Children are doing well with their health and education, but disability inclusion needs continued support. Most children are attending school and have good health, but there are clearly some children struggling. For instance, caregivers of children aged 2-10 scored their child’s health on average as two, meaning good, on a scale from zero to four. However, children with a disability had a significantly lower average score of 1.2 compared to those without a disability who scored 2.7. Additional support is needed for families caring for children with a disability.ⁱⁱ

Children are experiencing generally positive well-being, but there are some concerns about friendships, freedom and acceptance from the community. Children aged 11+ years reported a high level of satisfaction with their life (figure 6) and high levels of well-being, especially around care and safety and basic needs (figure 7), aligning with their caregivers reports on positive parenting and economic stability. However, children reported their well-being linked to leisure and freedom to be lower, especially in relation to friendships and freedom to go out. It should also be noted that children with a disability ranged in their assessment of their life satisfaction from four to nine (on a scale from one to ten), whilst all children without a disability rated their life a 10. Children also reported a high sense of family acceptance, but a much lower sense of community acceptance (figure 8) and a neutral sense of school belonging (average score of 2 on a scale from zero to four).

Reintegration and placement into foster care from residential care involve difficult transitions, and there is often stigma toward children who have been in the care system and/or those with disabilities. There is a need to strengthen efforts to facilitate greater community acceptance as part of family strengthening and foster care service delivery. Whilst families in Moldova are doing well providing children’s basic needs and creating a stable and loving home, there is a need to ensure that the wider community also welcomes these children and provides accommodative spaces and support for children and caregivers alike. CTWWC is exploring ways to engage with civil society structures in Moldova, including faith-based organizations, to promote family strengthening and support for all families. It is important that this is inclusive of children with disabilities and those living in foster care.

Figure 6: Child overall life satisfaction (11yrs+), mean score, self-reported (scale of-100, 10=greater satisfaction)

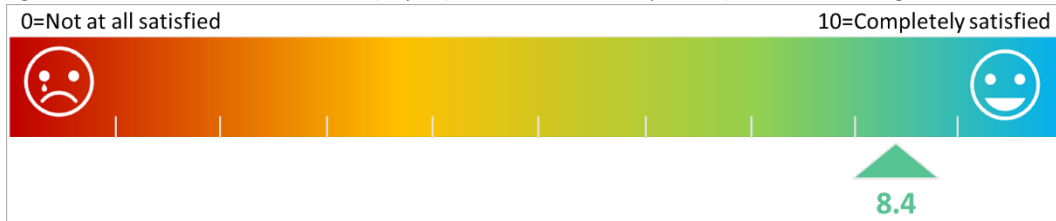


Figure 7: Child well-being sub-scales and overall (11+ yrs), mean scores, self-reported (scale of 0–2, 2=greater well-being)

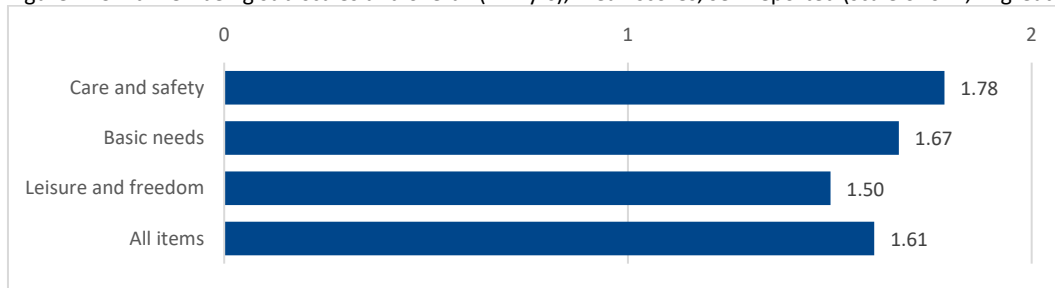
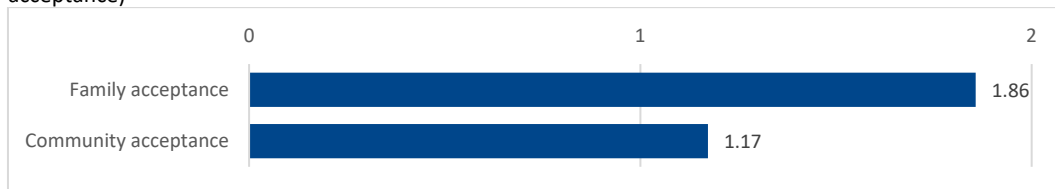


Figure 8: Child sense of family and community acceptance (11yrs+), mean scores, self-reported (scale of 0–2, with 2 = higher acceptance)



Caregiver protective factors are significantly linked with children’s well-being. Although the Moldova sample size was not big enough to explore these linkages, the CTWWC survey results from Kenya and Guatemala showed significant correlations between all protective factors and positive parenting skills and children’s well-being, overall life satisfaction and sense of family and community acceptance. This shows the importance of investing in family strengthening and support as a critical part of undertaking reintegration from residential care, alternative family-based care and prevention of family-child separation.

Recommendations

Initial recommendations that have emerged through engaging with the survey findings include:

- **Disability inclusion must be prioritized** in the design and implementation of family care and strengthening services to ensure children with disabilities are not left behind during the transition away from residential care.
- **Community engagement can strengthen reintegration and family care** efforts by building understanding of the experiences of children in care amongst communities, schools, faith leaders, and service providers to reduce stigma and promote acceptance, particularly for children with disabilities.ⁱⁱⁱ Group interventions like parenting schools and savings groups can help build key skills as well as social connections amongst families.
- **Case management remains crucial** in providing alternative family-based care, reintegration, and family strengthening, especially for those at high risk of separation. This approach enables social workers to address the diverse strengths and needs of children and caregivers.
- **A protective factors framework and strengths-based approach** is critical to empowering families and has been shown to be strongly linked to child well-being. They should continue to frame care reform policies, practice and research.
- **Investment in evidence-generation alongside practice is needed** to inform care reform practices and policies. This should include dedicated research projects, centered on the experiences of children and their families, as well as through routine administrative data and national surveys. CTWWC should aim to undertake another round of their household survey to understand the situation of children and families further into their reintegration and foster care journey and to measure change in outcomes over time.



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Cross-Country Conclusions

CTWWC undertook this survey in three countries: Guatemala, Kenya, and Moldova. Looking across the different contexts revealed some interesting conclusions.

- **Women hold the responsibility for child rearing:** In all three countries, women overwhelmingly serve as primary caregivers, underscoring the need for programs that support women in these roles and promote equitable male involvement in caregiving.
- **Caregiver education level is often low:** Many caregivers have only primary education, plus lower education correlated with lower financial stability. This suggests a need for parenting materials and economic strengthening approaches to be targeted for those with lower education levels.
- **Disability plays a significant role:** Outcomes vary significantly for children and caregivers with disabilities, including lower community acceptance and economic stability and greater isolation – highlighting the need for inclusive support and family-based care.
- **Local context can make a difference to protective factors:** In Kenya, social isolation was felt more by caregivers in urban areas than rural areas, while in Moldova and Guatemala, social connections were higher in urban areas. Family strengthening approaches must be tailored to urban and rural settings within each country.
- **Navigating case closure needs special attention:** Families’ sense of preparation for case closure varied widely, indicating a need for a focus on this critical point of a case management process, with more enhanced and consistent processes needed.
- **Drivers of separation must be addressed across the continuum of care:** Children often enter residential care due to factors like education access and disability, emphasizing the need for targeted early intervention, cross sectoral efforts and accessible family-based alternatives.
- **Family strengthening support is valued:** Varied family strengthening strategies were highly appreciated, including parenting support and cash transfers in all three countries. Integrated case management and service referrals, where consistently implemented, also show positive outcomes for families.
- **Research on children’s care is complex and needs investment:** Research on care outcomes is complex due to individualized case management processes and ethical constraints. Involving children in the process has provided valuable insights. This underscores the need for creative, well-resourced approaches to generate reliable evidence for care strategies.

Detailed reports on both rounds of the survey - in Year 3 (2021) and Year 5 (2023) of the CTWWC initiative, can be found in the Better Care Network library at:

- <https://bettercarenetwork.org/library/social-welfare-systems/data-and-monitoring-tools/year-3-review-guatemala-and-kenya-household-survey>
- <https://bettercarenetwork.org/year-5-household-survey-understanding-caregiver-protective-factors-and-child-well-being-amongst>

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Notes

ⁱ Please visit changingthewaywecare.org and bettercarenetwork.org/about-bcn/what-we-do/organizations-working-on-childrens-care/changing-the-way-we-care for more information

ⁱⁱ The role of disability is explored in: Insights from Moldova: Role of Targeted Economic Support in Reintegration of Children, available at: <https://bettercarenetwork.org/library/principles-of-good-care-practices/leaving-alternative-care-and-reintegration/insights-from-moldova-role-of-targeted-economic-support-in-reintegration-of-children>

ⁱⁱⁱ See Guillermo, V., Santos de Ucles, S., & Bunkers, K. (2022). The critical intersection between child reintegration and community connectedness: An experience from Guatemala. *Global Studies of Childhood*, 12(1), 70-82. <https://doi.org/10.1177/20436106221082666>



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Changing The Way We CareSM (CTWWC) is 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. Our principal global partners are the Better Care Network and Faith to Action. CTWWC is funded in part by a Global Development Alliance of USAID and the GHR Foundation.

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