



GOOD PRACTICES OF FOSTER CARE FOR CHILDREN WITH COMPLEX NEEDS

*Findings from a rapid review of the literature to
inform programming in Moldova*

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Need to know more? Contact Changing the Way We Care at, info@ctwwc.org or visit changingthewaywecare.org.

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Background

International child rights instruments, such as the UN Convention on the Rights of the Child (1989)[1] and the UN Convention on the Rights of Persons with Disability (2006) [2], underscore the significance of children being raised within a family environment. In cases where children are unable to remain with their biological families or should not do so, it is imperative to provide alternative care, preferably in a family setting. The UN Guidelines for the Alternative Care of Children (2010)[3], the UN Convention on the Rights on People with Disabilities, and the UN General Assembly Resolution on the Rights of the Children (2019)[4] explicitly delineate the role of the State in ensuring that a continuum of alternative care options is accessible to all children. Article 35 (b) states: *Ensuring the availability of a comprehensive range of quality accessible and disability-inclusive alternative care options, in the best interests of the child and on a case-by-case basis, in line with the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities and by taking into account the Guidelines for the Alternative Care of Children, for emergency, short-term and long-term care.*[5] Furthermore, these options should primarily involve family-based care, and placement decisions must be guided by the principles of necessity and appropriateness, while also being sensitive to the distinct needs of each individual child.

Recognizing that children with disabilities have all the same rights as children who do not have disabilities, the right to family-based alternative care also applies to them. Family care for children with disabilities is crucial because institutional care can have significantly adverse effects. Children with disabilities often have high physical dependency, making them more vulnerable to abuse or neglect. Moreover, their disabilities might isolate them from social interaction and play opportunities, leading to under-stimulation and potentially causing further developmental delays.[6] These considerations are especially true for children with severe disabilities and other complex needs.

Evidence also regularly demonstrates that disability is a primary reason that children are placed in institutional care globally.[7] This is also true in Moldova. Furthermore, children with disabilities are more prone to violence and abuse, including in alternative care.[8]

[1] UN General Assembly (1989). Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3. Retrieved from <https://www.refworld.org/docid/3ae6b38f0.html>

[2] UN General Assembly (2007). Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106. Retrieved from <https://www.refworld.org/docid/45f973632.html>

[3] UN General Assembly, Guidelines for the Alternative Care of Children (2010): resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142. Retrieved from <https://www.refworld.org/docid/4c3acd162.html>

[4] UN General Assembly, Resolution on the Rights of the Child (2019). Retrieved from

https://bettercarenetwork.org/sites/default/files/2020-01/A_RES_74_133_E.pdf

[5] UN General Assembly, Resolution on the Rights of the Child (2019). Op cit.

[6] Rosenthal, E (2019) Position paper: The right to live and grow up in a family for all children. Disability Rights International European Network on Independent Living Validity and TASH

[7] van Ijzendoorn, M., Bakersmans-Kranenburg, M.J., Duschinsky, R., et al (2020). Institutionalisation and deinstitutionalisation of children. A systematic and integrative review of evidence regarding effects on development. The Lancet. Aug;7(8):703-720. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32589867/>

[8] Human Rights Watch (2017). <https://www.hrw.org/news/2017/03/07/children-disabilities-deprivation-liberty-name-care-and-treatment>; World Health Organisation. (2014). Injuries and violence: The facts.

Children, including children with disabilities, benefit from safe, secure, and consistent care within a family.

It is therefore not only a right, but also a need, that children with disabilities be able to live and thrive, in the care of a family committed to their wellbeing and protection. Safe, secure, and consistent care within a family contributes to the wellbeing and development of all children, including children with disabilities. Evidence illustrates that children with disabilities cared for in a family show physical, cognitive, and emotional benefits.[9]

On March 3, 2022, the Government of Moldova applied for EU Membership. On June 23, 2022, the European Council granted Moldova candidate status. The European Commission's *Opinion on the Republic of Moldova's Application for Membership of the European Union* (June 2022) highlighted the importance of Moldova's continued progress on deinstitutionalization and on securing other rights for children.[10] The recommendations specifically mentioned that the number of babies and children with disabilities in institutional care in Moldova is a concern.[11]

Moldova's legal framework aligns with these fundamental rights-based instruments through various legislative acts, including Law no. 338/1994, the Family Code no.1316/2000, Law no. 140/2013, and Law no. 123/2010 on social services. Recently, the Government of Moldova has articulated its commitment to translating these legal provisions into practical implementation through the National Program for Child Protection (2022-2026).[12] This program is designed to conclude over 15 years of deinstitutionalization efforts and to reorient the child protection and social service systems towards a family-centered approach.

Objective 3.3 of the National Child Protection Program, along with its corresponding Action Plan, prioritizes the enhancement of family-type alternative care services and aims to make them accessible to every child. The specific target is to raise the percentage of children in family-type foster care from 83.4% to 95%. Moldova has made remarkable progress in reducing the dependence on institutional care, significantly reducing the number of children in institutions from a peak of 17,000 in 2003, to 11,544 in 2007[13] and most recently to 617 children in 2022.[14] Of these children, 104 or 17% had a disability, of which 66 or 64% of that total were diagnosed with a severe disability.[15]

[9] Committee on the Rights of the Child and Committee on the Rights of People with Disabilities (2022). [Joint Statement on the Rights of Children with Disabilities](#); McConkey, R., O'Hagan, P., & Corcoran, J. (2023). Parental Perceptions of Family-Centred Supports for Children with Developmental Disabilities. *International Journal of Environmental Research and Public Health*, 20. <https://doi.org/10.3390/ijerph20054205>; IJzendoorn, M., Bakermans-Kranenburg, M., Duschinsky, R., Fox, N., Goldman, P., Gunnar, M., Johnson, D., Nelson, C., Reijman, S., Skinner, G., Zeanah, C., & Sonuga-Barke, E. (2020). Institutionalisation and deinstitutionalisation of children I: a systematic and integrative review of evidence regarding effects on development. *The Lancet. Psychiatry*. [https://doi.org/10.1016/s2215-0366\(19\)30399-2](https://doi.org/10.1016/s2215-0366(19)30399-2); Almasri, N., An, M., & Palisano, R. (2018). Parents' Perception of Receiving Family-Centered Care for Their Children with Physical Disabilities: A Meta-Analysis. *Physical & Occupational Therapy In Pediatrics*, 38, 427 - 443. <https://doi.org/10.1080/01942638.2017.1337664>;

[10] European Commission (2022). Communication from the Commission to the European Parliament, the European Council, and the Council. Commission Opinion on the Republic of Moldova's application for membership of the European Union. COM (2022) 406. Final.

[11] Ibid.

[12] Government of Moldova, National Program for Children Protection (2022-2026). Retrieved from https://www.legis.md/cautare/getResults?doc_id=131899&lang=ro

[13] National Bureau of Statistics, Moldova. <https://statistica.gov.md/ro>

[14] Ministerul Muncii și protecției Sociale. [Raport-statistic-anual-nr.-103---Copii-aflati-in-situatie-de-risc-si-copii-separati-de-parinti-in-anul-2023.pdf](#). (gov.md).

[15] Ibid.

In 2021, the Changing the Way We Care initiative, with approval from the Ministry of Education, Culture and Research; Ministry of Health; and Ministry of Labor and Social Protection, conducted individual assessments of 184 children residing in six residential institutions. The results of the assessments revealed that approximately 60% of these children would most likely require specialized foster care as a means of securing family care.[16] According to 2023 statistics, of the 1,095 children in forms of foster care in Moldova, 130 children (approximate 12%) had a disability, of which 35 (or 3% of the total) had a severe disability.[17]

In response to these findings, in October 2022, the Ministry of Labor and Social Protection (MLSP) established a working group tasked with developing and validating policies, organizational procedures, and ensuring the functionality of family-based alternative care services. This initiative aims to facilitate access to family care, particularly for the most marginalized and vulnerable categories of children. It also aligns with Moldova's overarching goal of reaching zero children in institutional care in the coming years.[18]

To support this objective, the Government of Moldova, with the technical expertise of Changing the Way We Care, has designed and will pilot a model of specialized foster care for children with complex needs. Recognizing that this type of specialized foster care exists in other countries and wanting to leverage this experience, information and lessons learned in the design of the pilot in Moldova, a rapid desk review was conducted. The review aimed to gather information about recruitment strategies, including key messaging and foster caregiver profiles, specific training for caregivers of children with complex needs, financial allowances, services, and support to encourage and sustain this type of foster care.

Editor's Note:

In 2024, Changing the Way We Care, at the request of the Ministry of Labor and Social Protection, carried out a rapid assessment of all children in residential care facilities in the Republic of Moldova. According to the evaluation results, 587 children remain in 44 residential care facilities. Of the total number of children in residential care, 112 (or 19%) have a disability, and 58 (or 10%) have a severe disability. [19]

[16] Changing the Way We Care, (2021). Findings from Child Assessments in Six Residential Institutions. Received from authors.

[17] Ministerul Muncii și protecției Sociale. Raport-statistic-anual-nr.-103---Copii-aflati-in-situatie-de-risc-si-copii-separati-de-parinti-in-anul-2023.pdf (gov.md)

[18] Changing the Way We Care (2023). Investing In Family Care For Moldova's Future The Case For Meeting Moldova's Human Capital Needs. Received from author. Information also found in Changing the Way We Care (2023) Investing in Family Care for Moldova's Future: The Case for Meeting Moldova's Human Capital Needs. Retrieved from <https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova%E2%80%99s-future-the-case-for-meeting-moldovas-human-capital-needs>

[19] Ministry of Labor and Social Protection (2024). Rapid Assessment of Children in Residential Care Facilities in the Republic of Moldova: Study carried out by the Ministry of Labor and Social Protection of the Republic of Moldova in collaboration with CTWWC Moldova, UNICEF, Partnership for Every Child, CCF Moldova, Keystone Moldova. Received from authors.

METHODOLOGY

The rapid desk review focused primarily on the experience of public and private foster care programming for children with disabilities within the European Union and/or within contexts in Eastern Europe. It included peer reviewed articles, grey literature, and website reviews. A total of 50 documents were included in the desk review but only half had information that informed the findings highlighted in this document.

Online searches were conducted using the key terms foster care for children + complex needs/ foster care for children + disabilities/ and then combined with the names of specific countries including but not limited to: UK, Scotland, Germany, the Netherlands, Lithuania, Sweden, Finland and Romania. When documents were identified, additional references included in the bibliography were then scanned and searched if relevant. Specific documents about foster care from the EU library were also searched for directly on the EU website. UNICEF country office websites were scanned for information about foster care and programming for children with disabilities. Documents were also scanned from Maestral's online library, including previous literature reviews on different aspects of foster care. Specific websites of government and NGOs offering foster care services were scanned for information. Furthermore, direct contact and request for information was made to various UNICEF offices, the Martin James Foundation, and NGOs focused on disability and care, including the Executive Director of CTWWC's partner in Moldova, Keystone Moldova.

Additional searches were conducted online and using ChatGPT to gather specific information about foster care allowances, training content, profiles of caregivers and recruitment strategies.



Photo: Schimbator Studio for CRS

KEY FINDINGS

Recruitment strategies and professional support

Several documents mentioned that the best recruitment tool is another content foster family. Testimonials from experienced foster parents[20] are often the best motivators for families who might be interested.[21] The literature noted that in most cases, successful and satisfied foster caregivers feel that they are positively supported and well prepared to care for a child. Satisfied foster caregivers also noted the importance of transparent communication about the placement including length of time, children's needs, and skills required. They noted that clear communication before, during and after placement helped facilitate a feeling of preparedness and ongoing support. Finally, being treated by professionals in a matter that recognizes the foster carers as partners was also a contributing factor to a feeling of satisfaction.[22] [23]

To ensure that foster carers are satisfied requires that the professionals working with them are well trained and supported (i.e., supervised), have a manageable caseload to enable proper time and attention to each family, and has clear processes and procedures to his or her work. This is an important point to consider when designing foster care programming, especially foster care for children with complex needs.

Foster carer satisfaction and commitment are linked to clear and regular communication, proper planning, and ongoing support from the professionals working with them.

Clear communication between, proper planning and preparation, ongoing support, and regular contact with the professional team is required to foster a sense of commitment and satisfaction by foster carers of children with disability.[24]

Evidence also highlights that most foster carers of children with disabilities are not motivated by money or other benefits, but by an innate desire to help. Informed by this, several documents included in the desk review highlighted that most foster caregivers of children with disability do so for one or several of the following reasons:

- They have a personal experience of disability.
- They have raised their own biological children but want to continue parenting and are ready for something more challenging.
- They are motivated by their faith.
- They do not fear the stigma that often comes with disability.
- They have professional experience working with people, including children, with a disability.

[20] In this document, the terms foster parent(s), foster caregivers, and foster families are used interchangeably.

[21] European Commission (2021). Directorate-General for Employment, Social Affairs and Inclusion Peer Review on Furthering quality and accessibility of Foster Care service. Retrieved from <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

[22] Ibid.

[23] Tullberg, E., Vaughn, W., Muradwij, N., & Kerker, B. D. (2019). Unpacking "support": Understanding the complex needs of therapeutic foster parents. *Children and Youth Services Review*, 105, 104420. <https://doi.org/10.1016/j.childyouth.2019.104420>

[24] European Commission (2021). Op Cit.,

This information should inform recruitment strategies. CTWWC should target communities or individuals familiar with or engaged with children or adults with disabilities within their recruitment campaigns. This could include, but should not be limited to, NGOs or community groups of persons with disability or parents of a child with disability, teachers with experience in inclusive education, health professionals, especially nurses or physical, speech, or occupational therapists, and faith-based organizations.

Considerations when preparing professional staff

- Is there specific training for professional staff about the unique needs of foster care for children with disabilities?
- Do the professional staff have a manageable caseload?
- Are there appropriate supervision structures in place? Is the case manager receiving regular supportive supervision?
- Are sufficient time and support committed to preparing the foster family and the child prior to placement? Is this included in a standard operating procedure?
- Is the pilot designed to integrate a partnership approach, recognizing foster caregivers as equal and not less than?
- Are feedback mechanisms in place to ensure that foster caregivers can provide regular feedback or ask for help? Is there a standard operating procedure for responding to that feedback?

Specialized training content

The literature review found consistent evidence that all foster caregivers should receive a standardized pre-service training. Training should be designed to include theoretical content but be very practical and include many opportunities to apply knowledge through different activities such as role plays, case studies, and group work. The most effective training is delivered on an ongoing basis, through individual days, half days or evenings spread out over time, not just in one-off courses (e.g. one week or one weekend courses).[25] One article included in this review mentioned studies showing that many foster carers, especially of children with disabilities, often felt unprepared to meet the needs of children in their care. It also noted findings that enhanced training was related to and positively influenced willingness to foster children with complex needs.[26] It is important that accommodations be made to support child care if the foster caregivers have children in care. One option is providing onsite childcare or a stipend to pay for a sitter, if needed.

[25] Kaasbølla, J., Lassemo, E., Paulsen, V., Melby, L. Solveig O.O (2019) Foster parents' needs, perceptions and satisfaction with foster parent training: A systematic literature review, in Children and Youth Services Review <https://doi.org/10.1016/j.chidyouth.2019.03.041>; Jenny, M. and Romanens-Pythoud, S. (2016) A Better Future is Possible: Promoting Family Life for Children with Disabilities in Residential Care – Manual for Professionals. International Social Service (ISS), Geneva. <https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/a-better-future-is-possible-promoting-family-life-for-children-with-disabilities-in-residential-care>; Maestral International on behalf of UNICEF Turkiye (2019). Literature Review Of Good Practice In Specialised Foster Care For Children With Disabilities.

[26] Tullberg, E., Vaughn, W., Muradwij, N., & Kerker, B. D. (2019). Unpacking "support": Understanding the complex needs of therapeutic foster parents. Children and Youth Services Review, 105, 104420. <https://doi.org/10.1016/j.chidyouth.2019.104420>

Most programs included in this review, have a foundational foster care training component covering common themes related to child development, positive parenting, trauma informed care approaches, the child protection system, roles, and responsibilities, etc. Examples of content are provided below.

Introductory or pre-service (meaning pre-placement) training typically includes the following topics:

- The importance of family care on children’s development
- Roles and responsibilities of foster carers, case managers, and service providers
- Children’s identity development (including language, racial identity, culture, and religion)
- Attachment theory including attachment to parents and carers, the causes and effects of insecure attachment
- Coping with the impact of separation and loss, mourning, psychological first aid
- Preparing for sexual and reproductive health, including puberty
- Working in collaboration, including with service providers, biological families, and others
- Self-care of foster carers: healthy lifestyle, including physical, emotional, social, intellectual, and spiritual dimensions.

This initial training should be followed-up and complemented by specific training content covering unique issues specific to children who have experienced violence, including physical, emotional, and sexual abuse, and children with disabilities or chronic health needs. The following topics are important to cover for foster carers who will be caring for children with disabilities including those with complex needs. These topics can be provided in a one-off training, although several programs included in the review, suggested that they be provided as in-service training once the child has been placed, as the content will have more relevance once the foster carer is caring for the child and issues arise.

Suggested content for in-service training includes, but is not limited to, the following:

- A basic primer on the rights of children with disabilities and the concept of inclusivity.
- Different types of disability and their causes.
- The impact of disability on the needs and development of the child. This should include physical, cognitive, and social emotional development of the child.
- Children’s health and safety: should address health, safety, and hygiene considerations, first aid, suitability of the home environment and any adaptations needed, administering, and storing medication.
- Practical aspects of care including toileting, bathing, and feeding.
- Communication this includes positive, strengths-based, non-violent communication considerations for children with sensory impairments or other issues that make verbal communication difficult.
- Use of assistive devices and resources.

- Child protection – keeping children safe from abuse. This will provide similar information to when the topic is covered in general foster care training, but with information on the greater vulnerability to abuse of children with disabilities[27], and the precautions and steps to protect such a child and enable them to tell someone if they have been abused or if anyone has done anything with them that makes them feel uncomfortable.
- Access to services in the community.
- Preparing for and addressing stigma and discrimination against children with disabilities.

Considerations when designing training approach and content

- Is the training a mix of theoretical and practical, with ample time to discuss, practice, reflect, and question?
- Is the training provided in a manner and at a time and place that is accessible to the foster caregivers? Is childcare offered in the caregiver’s absence?
- Is the training designed to also help facilitate peer support amongst training participants?
- Is the training provided over a period of time to allow ample time for the caregiver to think about, absorb, and apply information to his or her situation?
- Does the training content include basic information about child development, foster care, trauma informed approaches, and self-care but also specifics related to the unique needs of children with disabilities and their foster caregivers?
- Is the program flexible enough to respond to training needs or topics that might arise during placement? Is the professional able to quickly develop a short training on the topic and deliver it during a home visit, for example?

Benefits including allowances, services and other support

The review included a specific focus on information related to the financial allowances provided to foster caregivers of children with disability and/or complex needs. It also explored any additional supports such as health insurance, child allowances, transportation costs, specialized equipment, or construction to ensure accessibility, and tax credits. Successful foster programs for children with disabilities also have financial allowances and social supports that acknowledge the unique time, energy, and resources it takes to care for a child with disabilities. Typically, foster caregivers of children with disabilities receive additional financial support, which often increases depending on the complexity or degree of the disability.

[27] Children with disabilities are three to four times more likely to be victims of violence, owing to their social isolation (including in residential care, and isolation from other children), communication barriers, their reliance on adults for physical and intimate care, the additional stresses faced by their parents or caregivers.

UNICEF (2013) The State Of The World’s Children 2013: Children with Disabilities. pp 44 - 51.

https://www.unicef.org/sowc2013/focus_violence.html

A recent global review found that very broadly speaking, additional expenses can be around the equivalent of a country's GDP per capita. For the purposes of illustration only, this would be equivalent to US\$6,410 (IMF, 2023) per year, or about US\$535 per month equivalent (MDL 9,486 at the 12/23 official exchange rate). The actual figure could only be determined through a needs assessment of households with children with disabilities covering their income and consumption patterns and the costs of their unmet care needs. Such an assessment would ideally be adjusted for different levels of complexity of need, from less severe to more severe, to generate a range of what these households require under different contexts.

Shahat, ARS & Greco, G. (2021). The economic costs of childhood disability: a literature review. *International journal on environmental research on public health* 18(7). Retrieved November 20, 2023: [The Economic Costs of Childhood Disability: A Literature Review - PMC \(nih.gov\)](#).

The purchase of assistive devices, financial support to ensure the house is accessible, transportation of the child (and caregiver) to and from services (if needed), and regular access to social services and peer support are often common expenses that are covered. While these “packages” of allowances vary depending on the country, increased financial and social service benefits for foster caregivers of children with disability are found to be consistently provided,[28] with consideration given to ensure that financial benefits were proportional to mitigate any risk of benefits being seen as a sole or primary incentive to care for foster children with disabilities.

The EU summary of foster care specifically mentioned that the importance of material help, including special equipment, is provided in a manner that is not bureaucratic, that critical situations are identified and managed quickly, and that respite and other forms of support are not only provided but easy to access.[29] The following text includes a summary of the different types of support identified in the literature as being important to include in the provision of foster care for children with disabilities.

Specialized Support Services: Foster care agencies and organizations often provide specialized support services for children with complex needs. One thing that was highlighted throughout the literature was the importance of a dedicated professional managing the case. It is important that this professional be well trained, have a caseload that allows for regular and close coordination or contact with the foster carers, and clear strengths-based communication.

The professional must be familiar and engage with a wide range of service providers to ensure that the child and the foster carers are able to access the types of services needed. These services can include access to medical services (specialized doctors), therapists (physical, occupation, speech), psychologists, educational specialists, respite care providers, and assistive technology resources, including home renovations to ensure accessibility.

[28] European Commission (2021). Op Cit.

[29] Ibid.,

Given the challenges, including physical and emotional stress, that can accompany foster caregiving of a child with complex needs, many programs include respite care, now commonly referred to as short-break care. Short break care gives their parents/caregivers time to recharge their batteries.[30] It varies in duration from a few hours to up to a week, depending on the nature of the break.

As of 2007, short break care was available in more than half of European countries for individuals with intellectual disabilities according to the World Health Organization;[31] this figure has undoubtedly increased and demonstrates that short break care is a critical care option within a comprehensive continuum of care. Short break care plays a pivotal role in supporting parents and caregivers of children with disabilities by offering them a temporary break from their caregiver responsibilities. Caring for a child with disabilities can be a rewarding experience, while also being emotionally and physically taxing, and contribute to stress and burnout, which increase the risk of separation. Short breaks allow parents and caregivers of children with disabilities the opportunity to recharge physically and emotionally, to attend to their own needs, and balance their caregiving responsibilities with other aspects of their lives, such as social activities (preventing social isolation), work, and self-care.[32] By affording parents and caregivers the opportunity to care for themselves, short breaks can help to prevent burnout and encourage caregivers to approach their responsibilities with renewed energy and resilience, thereby reducing the risk of separation and fostering a sustainable caregiving environment.[33]

The rest that short break care affords parents and caregivers of children with disabilities may also enhance the quality of care they provide. Parents and caregivers who are well-rested are better able to emotionally regulate – a key element of positive parenting practice. When parents and caregivers are better able to regulate, they are more likely to provide patient and nurturing care, spending time to understand the child's needs, and participating in persistent problem solving to meet their needs, ensuring a higher standard of care.

Ultimately, short break care promotes the concept of self-care amongst parents and foster caregivers, especially those caring for children with special needs. By emphasizing the importance of taking breaks and attending to their own well-being, short breaks empower caregivers to prioritize their physical and mental health, contributing to a more sustainable and supportive caregiving environment. This will be especially relevant for the pilot given that the children in care will have complex needs. In the case that children's needs require them to remain home this will be especially important to consider allowing for the caregiver to have time to do chores, shopping, gardening, and have time to him or herself.

[30] Retrieved from [https://www.barnardos.org.uk/get-support/support-for-parents-and-carers/short-break-care#:~:text=Short%20break%20care%20\(previously%20called,time%20to%20recharge%20their%20batteries](https://www.barnardos.org.uk/get-support/support-for-parents-and-carers/short-break-care#:~:text=Short%20break%20care%20(previously%20called,time%20to%20recharge%20their%20batteries).

[31] WHO. (2007). Atlas. Global resources for persons with intellectual disabilities. WHO.

[32] Health and Social Care Board. (2017). The effectiveness of short breaks in families where there are children with disabilities: A systematic review of the evidence.

[33] Collins, M., Langer, S., Welsh, V., Wells, E., & Hatton, C. (2014). A break from caring for a disabled child: Parent perceptions of the uses and benefits of short break provision in England. *The British Journal of Social Work*, 44(5), 1180–1196. <https://doi.org/10.1093/bjsw/bcs209>

Considerations about support services

- Does the professional know the types of services required for each child and foster family and is this clearly documented in the individualized case plan?
- Does the professional have an established network with a wide range of service providers in the community? I.e., has a community mapping been conducted and does the professional have that information readily available?
- Are there established protocols or standard operating procedures (SOPs) for how the professional introduces and facilitates access to services for the child and foster caregiver?
- Are there established feedback mechanisms to provide feedback to service providers about quality, accessibility, etc.?
- Does the professional also consider the needs, especially the emotional needs, of the foster caregiver(s) and facilitate access to support, including peer support?
- Moldova has respite care as a recognized service; however, it is primarily available for biological caregivers of children with disabilities. Given the demands of caring for a child with complex needs, it will be extremely important to consider expanding respite care to include foster caregivers. Ideally, given the complex, often medical needs of the children, it is encouraged that the respite caregivers have special training, and that the job profile perhaps be expanded to include health care professionals.
- It is also recommended that respite care be regularly scheduled for foster caregivers to facilitate continuity for them and the child, and to help the caregiver plan their time accordingly.

Financial allowances

It was somewhat challenging to identify specific financial amounts of allowances or salaries provided to foster carers in the online search. However, some figures were found for some countries. Focus was on countries in the European Union. It should be noted, however, that most of the amounts provided were the base amounts for regular foster care. In all cases, there is mention of additional funds for specialized foster care (i.e., for children with disabilities), but this was not always clearly articulated nor consistent across all. As such, the following are general numbers and could be different now given inflation, etc. It is clear, however, that specialized foster care is recognized as having additional responsibilities, risks, etc., and so there is an increased or supplemental amount added to the base amount in most situations. The author has provided the amount in Moldovan Leu as of December 08, 2023. Calculations into Moldovan Leu are only done for the lowest amount mentioned in the local currency.

- In the **Czech Republic**, monthly foster care remuneration ranges from 4,950–7,260 (**3,900–5,575 MDL**) based on the needs of the child (i.e., dependence on foster caregiver which assumes that caregivers of children with disabilities would be on the higher end). One-off support also includes 10.000 CZK (**7,817 MDL**) at time of placement, and contributions to a motor vehicle for those caring for three or more children over five years, although the specific amount is not available.[34]
- In **Hungary**, foster parents have an employment status which provides all foster parents with an indexed remuneration corresponding to the national minimum wage and reflects the number and needs of the children in care. Remuneration also includes paid leaves and social insurance (i.e. health insurance and old age pension). Caregivers of children with special needs receive an extra 7%. The average financial “package” for a foster care giver is approximately 300 Euro per month [35] which would make the average for a caregiver of a child with disabilities 321 Euro or **5,800 MDL**. All foster parents are eligible for tax credits and are the recipients of child benefits (e.g. childcare benefit for parents with children aged up to two years old, free use of public transport 16 times a year / child) and all foster parents are permitted to have another employment.
- The same is true in **Lithuania** where foster caregivers receive the minimum national wage. In addition, the child receives a child allowance of 160 Euro (**3,052 MDL**) a month, as do the foster caregivers. Caregivers of children with disability receive an additional amount and families taking infants or more than one child also receive more. Specific amounts are set by the municipality overseeing the placement.[36]
- In **Germany**, foster carers receive a monthly allowance for basic care, which can range from around €700 to €1,200 per month (**13,526–22,890 MDL**). Additional financial support is provided for children with complex medical needs and disabilities, and the amount varies based on the level of care required.
- In **Ireland**, foster carers receive a weekly allowance for basic care, which can be in the range of €1,300 to €1,408 per month for a standard placement (**24,797–26,858 MDL**). Additional allowances for children with complex needs are provided, and the amount can be higher, but it varies based on the individual child's requirements.
- In **Sweden**, foster carers receive financial support for the child's care, with the allowance typically ranging from SEK 8,000 to SEK 10,000 per month (**13,544–16,930 MDL**). Additional funding is allocated for children with complex medical needs and disabilities, and the exact amount depends on the child's specific requirements.

[34] Trubacova, K., Juzova Kotalova, K., and Svobodova, A. Unit of social and legal protection of children, Ministry of Labor and Social Affairs, Czechia (2021) for DG Employment, Social Affairs, and Inclusion. Peer Review on “Furthering quality and accessibility of Foster Care service” Peer Country Comments Paper – Czechia

[35] Sitkei, P., for DG Employment, Social Affairs, and Inclusion (2021). A parallel way – a limited comparison of foster parenting in Croatia and Hungary

[36] Stepanova, K. of Ministry Social Security and Labor of Lithuania (2021), for DG Employment, Social Affairs, and Inclusion. Ensuring safe home for children: foster care that meets the best interest of the child.

- In the **Netherlands**, Dutch foster carers receive a monthly allowance for basic care, which can range from around €585 to €720 (**11,159–13,734 MDL**) per month depending on the age and needs of the child. Additional funding is provided for children with special needs, including those with complex medical conditions and disabilities, and three or more children. Foster parents can also be compensated for extraordinary costs (such as incidental medical costs, a new bicycle, etc.). The foster care provider determines if these costs are necessary in raising the foster child.[37]
- In **Türkiye**, the average monthly allowance for regular foster care is 6,000 Lira plus insurance. For children with special needs, it is 8,000 Lira plus insurance (**4,919 MDL**).[38] As of August 2023, 9,335 children were cared for by 7,817 foster families. Furthermore, 1,051 children with special needs and 652 foreign children were also in foster care.
- In the **United Kingdom**, all foster parents, not just those who care for children with disabilities, are entitled to a base monthly allowance to cover the cost of caring for a child, as well as additional supplements depending on the number of children being fostered, if the child has specific needs (e.g., additional Carer's Allowance if the child is eligible to receive a Disability Living Allowance), and based upon the foster parents' skills, level of experience, and duration of fostering service. Foster carers can register as self-employed and claim an annual tax exemption as well as tax relief for every week of fostering provided and may be entitled to national insurance credits, which count towards a state pension.

Considerations for pilot in Moldova

- Is the financial allowance in line with at least a minimum salary? I.e., does it recognize the full-time responsibility of the foster care? Are considerations made to increase the amount based on the unique needs of the child and care responsibilities?
- Are additional financial allowances such as health insurance, transportation reimbursements, assistive devices, and support services such as respite care, considered?
- Is financial support planned for and provided for housing reconstruction to ensure accessibility?
- Is financial compensation a range to allow for differentiation depending on age and unique needs of the child in care?

[37] Lammers, P. of the Ministry of Health, Wellbeing and Sports (2021), for DG Employment, Social Affairs, and Inclusion. Foster Care in Croatia and the Netherlands: lessons to learn from each other.

[38] Information received from UNICEF Türkiye.

RECOMMENDATIONS TO CONSIDER FOR PILOT IN MOLDOVA

The following are key recommendations, informed by the desk review, to consider in the design and implementation of the pilot program of foster care for children with complex needs in Moldova. These suggestions are provided with the caveat that they be considered and used to inform decisions, but that each decision be contextualized to reflect the context of Moldova, staff, foster caregivers, and children. It is also strongly recommended that attention be paid, and intentional efforts be made, to document learning from the pilot. Documentation, reflection around, and discussion about learning, including mistakes or adaptation, will be a valuable outcome of the pilot and will contribute to a growing evidence base on the topic.

Specific planning around regular reflection and ways of documenting learning, and by whom, should be identified and discussed before the pilot starts. Clear roles and responsibilities and suggested templates or topics should be clarified with all actors, so it is clear who does what and when. Finally, learning should be a regular topic of discussion in supervision meetings between the professional and his or her supervisor, as well as amongst CTWWC team members.

The rapid desk review provided useful insight into the types of families that programs recruit as foster caregivers, as well as the necessary programming aspects, especially staffing, that contribute to foster care satisfaction and program success. Many of the documents included in this review, mentioned the **importance of having adequate number of professional staff, with the right training and skill set** to support foster care programming, and especially foster carers of children with disability.



Photo: Diaconia for CRS

There was acknowledgement across documents that foster care for children with disability or complex needs require significant preparation, ongoing support, a partnership approach, and regular engagement with the professional team. There was also mention that the **professional staff themselves benefit from regular supportive supervision, including a focus on adequate caseload, and a general partnership and strengths-based approach to the service.** These are important elements to consider in the planning of the pilot. While no specific numbers were provided in terms of recommended caseload, given the complexities of the case and the need to provide sufficient and regular support to families in a new service in Moldova, it is recommended that caseloads be kept to a minimum, and a strong supervision structure, focused on regular reflection, learning, and self-care be integrated into the design.

The documents reviewed also illustrated the need to **design training that was inclusive, accessible and a combination of theory and practice.** Most programs required a foundational foster care training of 40–60 hours as part of becoming a foster family with an additional set of modules for foster caregivers of children with disabilities. The literature stressed that training should be designed to include reflection, discussion, and participatory methods focused on practice and everyday experience as a foster care. As such, while an introductory course is important, it is also important to design in-service (short target specific) training based on the needs that arise in the provision of foster care. This will require clear communication and an environment where foster caregivers feel safe and encouraged to share their concerns, training, needs, etc. It also requires a level of flexibility and creativity to develop training content as the need arises. It was also noted that training should be delivered in a manner and at a time and location that facilitates access by caregivers. This includes having **shorter, half day trainings, compensating for transport and child care to enable foster caregivers to leave their home and fully participate in the training.** These elements should be considered in the design of training content for the pilot as well as budgeting considerations.



Photo: Schimbator Studio for CRS

The literature is consistent in stating that the best recruitment strategies are **positive testimonials of existing foster caregivers**. Broad based campaigns can bring new families, but most are inspired by hearing from others who have lived experience of care. **Easy to find information, including websites, QR codes, or social media tags** should be included in any campaigns. **Foster caregivers of children with disability are also motivated by their own experience as a parent or professional** working with children or people with disabilities, so forums or platforms where those people might engage or gather should be included in any campaign. **Similarly, foster caregivers are often motivated by their faith**, so specific targeting of faith-based groups, ideally with testimonials from existing foster carers, is a strategic recruitment strategy. Utilizing the videos and other materials designed by CTWWC illustrates this strategy and should be disseminated to faith-based groups, and others engaged in disability work or advocacy efforts as a first step in the process.

The literature highlighted the link between a **sense of partnership and satisfied foster caregivers**. Clear and frequent communication is an important part of this. Having clear protocols and response mechanisms when challenges or crises occur was also part of a foster caregiver feeling satisfied. Given this is a pilot, and learning will be important in terms of revision and adaptation, it is important that **safe feedback mechanisms be established**. It is important that foster caregivers are provided with information about how to provide feedback on different elements of their experience, including training, placement, ongoing support, allowances, and communication. This will enable the pilot, and all involved, to reflect and make any necessary changes with the aim of strengthening the service and enhancing the experience of the child and the foster caregiver.

It is important to plan for **financial allowances that recognize the time, energy and costs involved in caring for a child** with a disability, health insurance, coverage of assistive devices, including funds to adapt the home, if necessary. Reimbursement of transportation costs to social services, education facilities, health care, and meetings or trainings were commonly mentioned benefits or costs covered by different foster care programs, in recognition of the unique needs of children with disabilities. Provision of respite or other care when needed, including to allow participation in training, and support groups will be important and should be planned for and adequately budgeted.



Photo: Schimbator Studio for CRS

Regular documentation of the pilot, including lessons learned, will be essential to inform programming in Moldova and in other countries. Intentionally documenting every stage of the pilot will be important, not just to help inform the establishment of this service in Moldova, but also to provide information and learning to other countries in the region. For example, Ukraine is currently embarking on a national care reform effort which will include developing specialized foster care for children with disabilities. The literature on foster care for children with complex needs is limited, and anything that the pilot can contribute will be valuable to the sector.

Finally, the learning from the pilot will influence not only foster care for children with complex needs but also the social services required by the children and families engaged in this. For example, the design of respite care for this pilot will be useful to help inform how it might be adapted for specific groups of children and caregivers.



Photo: Schimbator Studio for CRS

ANNEX 1: SUMMARY OF SPECIFIC FOSTER CARE PROGRAMS FOR CHILDREN WITH DISABILITIES

The below are short summaries of specialized foster care programs for children with disabilities. They are not meant to provide details but rather a high-level summary of the program. There are related websites where more information can be obtained. These examples are not exhaustive but rather provide examples from a handful of countries in Europe.

The Netherlands

Samen wonen, samen leven or "Shared Living" in the Netherlands: The Netherlands has implemented a program which aims to provide family-based care for children with severe disabilities. This program matches children with foster families who receive training and support to meet the unique needs of these children. The focus is on creating a nurturing and inclusive home environment where the child can thrive.

In "Shared Living," children with disabilities are placed with carefully selected foster families who undergo specialized training to meet the unique needs of the child. The foster families receive ongoing guidance and support from professionals who help them create an environment that promotes the child's development, well-being, and inclusion.

The program emphasizes the importance of stability and continuity in the child's life. Foster families in the "Shared Living" program commit to providing long-term care, often until the child reaches adulthood. This stability allows the child to form secure attachments and build meaningful relationships within the foster family.

"Shared Living" recognizes the importance of collaboration and cooperation between the foster family, professionals, and the child's biological family. The program encourages open communication and involvement of all parties to ensure that the child's needs are met holistically. Moreover, "Shared Living" strives to provide a range of specialized support services to foster families. This may include respite care, therapy services, and access to assistive devices or adaptations to the home environment. The aim is to ensure that foster families have the necessary resources and assistance to provide high-quality care to children with severe disabilities.

More information on "Shared Living" in the Netherlands can be found at:
<https://www.pleegzorg.nl/bibliotheek/43-pleegkind-en-eigen-broer-of-zus/380-broers-en-of-zussen-bij-elkaar-plaatsen-in-pleeggezin>

Finland

Finland has a foster care program called "*Perhehoito*," which includes specialized foster care for children with severe disabilities. Foster families in this program receive extensive training and support to care for children with complex needs. The aim is to provide a nurturing and stimulating environment where children with disabilities can develop and thrive.

Perhehoito, which translates to "foster care" in English, is the term used for the foster care system in Finland. *Perhehoito* aims to provide a safe and nurturing family environment for children who are unable to live with their biological families. While the focus is not specifically on children with severe disabilities, the system is designed to accommodate children with diverse needs, including those with disabilities.

In the *Perhehoito* system, children are placed with carefully selected foster families who undergo thorough assessment and training. The matching process considers the unique needs and circumstances of the child, including any disabilities or special requirements they may have. Foster families receive ongoing support and guidance from social workers and other professionals to ensure that they can meet the child's needs effectively.

In Finland, foster families in the *Perhehoito* system are provided with financial support to cover the costs associated with caring for the child, such as housing, food, and other necessities. Additional support services, such as respite care, counselling, and specialized therapies may also be available to foster families and the children in their care.

More information on "*Perhehoito*" in Finland can be found at:
<https://www.hel.fi/en/health-and-social-services/child-and-family-services/child-welfare-services>

Romania

In Romania, there are specialized foster care programs that focus on providing care for children with severe disabilities. These programs aim to match children with foster families who have the training and resources to meet their specific needs. Foster families receive support, guidance, and specialized training to ensure they can provide appropriate care for children with disabilities.

Support Services: Various organizations and non-profits in Romania provide support services to foster families and children with severe disabilities. These services can include therapy sessions, respite care, counselling, and educational support. These services are designed to enhance the well-being and development of children with disabilities and aid foster families in their caregiving role.

Germany

Pflegekinderhilfe, also known as *Foster Care Assistance*, is the general foster care program in Germany. It provides placements for children who are unable to live with their biological families and aims to ensure their well-being, development, and safety within a family-based setting.[39] While the program is not specifically designed for children with severe disabilities, it can provide support for children with various needs, including those with disabilities.

Under the *Pflegekinderhilfe* program, children are placed with foster families who can meet their individual needs. The selection process involves careful matching to ensure a suitable and supportive environment for the child. Foster families receive training, guidance, and ongoing support from social workers and other professionals.

Foster families in the *Pflegekinderhilfe* program are expected to provide a nurturing and stable home environment for the child. They are responsible for meeting the child's day-to-day needs, including education, healthcare, and emotional support. The program also emphasizes maintaining connections between the child and their biological family whenever possible, while ensuring the child's safety and well-being.

While the *Pflegekinderhilfe* program may not be specifically tailored to children with severe disabilities, it can be flexible and adaptable to the needs of individual children. Support services, including therapy, educational assistance, and specialized medical care, can be provided in collaboration with relevant professionals and institutions.

Specialized Care Services, or *Spezialisierte Pflege*, in Germany refers to foster care programs that specifically cater to children with special needs, including those with severe disabilities. These programs aim to provide tailored care and support to meet the unique needs of these children. While the specific details may vary depending on the region, the goal is to create a supportive environment that promotes the well-being and development of the child.

Under the *Spezialisierte Pflege* program, foster families receive specialized training and ongoing support to provide care for children with special needs. This training may cover topics such as disability awareness, medical care, behavioral management, and communication techniques. The foster families work closely with professionals, such as social workers, therapists, and healthcare providers, to ensure that the child's needs are met holistically.

Spezialisierte Pflege programs may also offer additional resources and assistance to foster families, such as respite care, therapy services, specialized equipment or adaptations for the home, and access to support networks or support groups.

[39] See website for more information:

https://www.lvr.de/de/nav_main/jugend_2/jugendmter/allgemeinersozialerdienst/pflegekinderdienstfamilirebereitschaftsbetreuung/pflegekinderhilfe.jsp

Scotland

In Scotland, there are specialized foster care programs and initiatives that cater to children with complex or severe disabilities. These programs aim to provide tailored care and support within family-based settings. While the specific details may vary, the overall goal is to create a nurturing and inclusive environment where children with disabilities can receive the specialized care they require.

One example of foster care for children with complex or severe disabilities in Scotland is the *Shared Care* service provided by Shared Care Scotland. *Shared Care* involves short breaks or respite care for children with disabilities, providing them with opportunities to stay with foster families on a regular or occasional basis. This service aims to support both the child and their families by offering a temporary break from caregiving responsibilities while ensuring the child's well-being and development.

Moreover, the Fostering Network Scotland is an organization that provides resources, training, and support for foster families across Scotland. While not specifically focused on children with disabilities, they offer guidance and assistance to foster families who care for children with a wide range of needs, including complex disabilities.

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