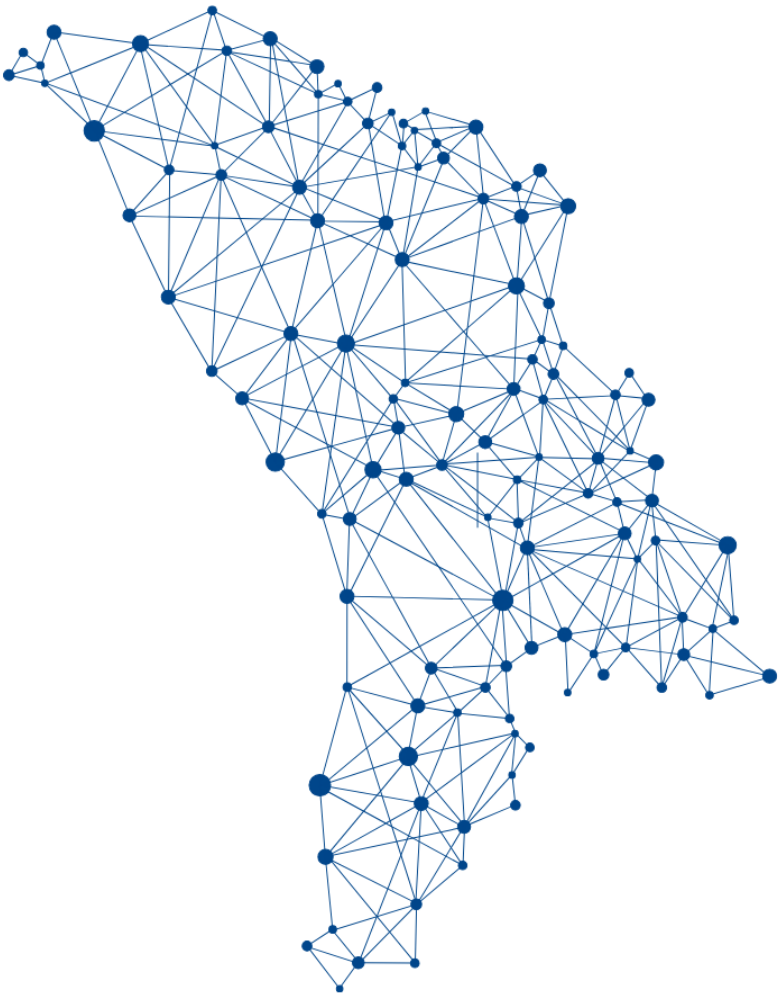
MINISTRY OF LABOUR
AND SOCIAL PROTECTION
OF THE REPUBLIC OF MOLDOVA

Transformation of Residential Care Facilities for Children in the Republic of Moldova

GUIDANCE FOR PRACTITIONERS, PUBLIC AUTHORITIES & CIVIL SOCIETY ORGANIZATIONS



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Acronyms

ATAS	Territorial Agency for Social Assistance
CBO	Community-based organization
DI	Deinstitutionalization
EU	European Union
GOM	Government of Moldova
LPA	Local Public Administration
MDL	Moldovan leu (currency)
MLSP	Ministry of Labor and Social Protection
NCPP	National Child Protection Program
NGO	Non-Governmental Organization
RCF	Residential care facility
STAS	Territorial Structure for Social Assistance
UNICEF	United Nations Children's Fund

Introduction

More than eight decades of research documents the adverse effects of child separation and institutionalization on children and finds strong negative associations between institutional care and children's development, physical growth, cognition and attention, socio-emotional and mental health.[1] Experts also find that leaving institutions for foster or family care is associated with significant recovery for many children and most developmental outcomes.[2] Recent work by organizations in Moldova and beyond, as well as global care reform working groups, provide evidence on effective care reform that includes divestment from and comprehensive transformation of residential care services to community-based family support.[3]

Moldova has been reforming its child protection and care system[4] since gaining independence from the Soviet Union and with remarkable achievements, particularly around the deinstitutionalization[5] of children from large-scale residential institutions. A strong legal and policy framework supporting family care and social services, and strengthened and expanded alternative family-based care, are in place.[6] The number of children in residential institutions has been reduced from 17,000 in 1995 to less than 600 children in 44 public and private institutions in 2024.[7]

CURRENT ESTIMATIONS FIND

- **60% (354)** of the children in institutional care are between 7-15 years old.
- **22% (127)** are under six years old.
- **19% (112)** are children with disabilities.
- **52% (58)** of those have severe disability or complex care needs.
- **25% (147)** have been recommended for reunification with their families of origin.
- **16% (93)** children are eligible for adoption.
- **78% (341)** have been in residential care for six months to three years.

However, insufficient family strengthening, and other support services continues to result in children being vulnerable to separation from their families due to poverty, migration of one or both parents for better paid work, and/or the child's developmental difficulties that can result in behavioral and mental health conditions and/or severe disability. While deinstitutionalization has been an important focus of care reform efforts to

[1] Van IJzendoorn, Marinus H, et al. (2020). "Institutionalisation and deinstitutionalisation of children 1: A systematic and integrative review of Evidence regarding effects on development." The Lancet Psychiatry, vol. 7, no. 8, 2020, pp. 703–720. Retrieved from: https://doi.org/10.1016/s2215- 0366(19)30399-2.

[2] *Ibid.*

[3] This evidence is available through the Better Care Network global Transition Hub: https://bettercarenetwork.org/practitioner-library/care-reform/residential-care-service-transition

[4] This reform process is referred to as "care reform," defined as the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children, and ensure appropriate family-based alternative care options are available.

[5] The term deinstitutionalization refers both to the return of children to the community from institutional settings and the prevention of entry to institutions. The definition can include boarding schools and small group homes. UNICEF. (2019). Deinstitutionalization for Children with Disabilities: Technical guidance for UNICEF's engagement in national care reform efforts.

[6] Changing the Way We Care. (2021). Situational Analysis of Care Reform in the Republic of Moldova: Report 1. Analysis Focused on Vulnerable Groups of Children and the Prevention of Child-Family Separation. Retrieved from: https://www.changingthewaywecare.org/wp-content/uploads/2022/07/report-1-care-assessment-ctwwc-md-eng.pdf.

[7] Rapid assessment on children in residential institutions (May 2024), prepared by CTWWC, in collaboration with UNICEF, P4EC, Keystone, and CCF Moldova for the Ministry of Labor and Social Protection of Moldova.

date, there is a critical need to secure robust family support services aimed at prevention of separation and expand family-based alternative care options with a strengthened approach to ensuring that temporary placements remain so and lead to the end goal of permanent care in safe and nurturing families.

Transformation and the care reform framework

Unlike deinstitutionalization, which is primarily focused on children's placement, the ***transformation of care services*** is the holistic process of changing the model of care or service provided by a government or organization from one that is primarily residential-based to a non-institutional, non-residential service or model of care.

Transformation involves change at all levels of government authority or organization and includes, but is not limited to, the safe reunification and long-term reintegration of children to family and community.[8]

Transformation plays a critical role in reducing the number of children in residential care; reducing the number of residential care facilities in operation; and increasing non-residential and community-based services. Ideally transformation of individual residential care facilities results in:

1) safe reintegration of children back into families and communities;

2) divestment of resources from residential care;

3) increased community-based family-strengthening and family-based alternative care.[9]

The transformation highlights outcomes at both levels: institution level and systems level.

See Annex 1. ***Key definitions used for transformation process.***

INSTITUTIONAL LEVEL OUTCOMES	SYSTEMS LEVEL OUTCOMES
Safe reintegration of children in the institution back into families and communities	Reducation in the overall number of children institutional care
Divestment of human, financial, and material resources from an individual institution	Reduction in the overall number of institutions in operation
Reinvestment of human, financial, and material resources in family strengthening services or family-based alternative care	Development of non-institutional services as alternatives

[8] Adapted from Better Care Network, ACCI-Kinnected and Changing the Way We Care, 2020, *Transitioning Models of Care Assessment Tool.* Found at: https://bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/transitioning-models-of-care-assessment-tool

[9] Ibid.

Core principles of transformation[10]

- Family care and family-based alternatives are the priority for all children, regardless of age, gender, religion, nationality, ethnicity, health and abilities. No child should be moved from one institution to another unless this is in their best interest and is temporary. Do no harm.
- The best interests, safety and wellbeing of the child are paramount at all times and should always be at the core of all actions and activities, in accordance with the United Nations Convention on the Rights of the Child (UNCRC). Every effort should be made to secure the most suitable care for each and every child, beginning with reunification with the birth family.
- Transformation should include, whenever possible, reinvestment in or transition to family- and community-based services.
- Transformation is understood as a process not a one-time or one-off activity and, therefore, requires time, coordination, planning and monitoring.
- Transformation is a critical part of holistic care reform but is not, by itself, care reform.
- Deinstitutionalization is a critical part of the transformation process but is not, by itself, transformation.
- There is no one size fits all: the starting point of each institution or organization is different, just as each context of each region and community is unique. Tailored strategies need to be developed for each transformation process, taking into account unique dynamics and contexts.
- Transformation must link to Moldova's national priorities and strategies, and more directly with the mandated government authorities and their procedures.
- Transformation is about all residential institutions and other forms of residential care, regardless of whether the provider is a public authority, non-governmental organization, faith-based organization etc.
- Transformation should reduce the number of residential care facilities and the number of children in residential care and increase family-based alternative care models and community services that strengthen families. Residential care facilities should not transform into other type of residential institutions.

[10] Informed by the UN Guidelines for the Alternative Care of Children, the United Nations Convention on the Rights of the Child, and the Families Not Institutions document by Hope and Homes for Children, 2022.

Purpose, scope and audience

Goal of the guidance

This technical guidance aims to support the transformation process of residential care facilities (RCF) to models that promote family support and community-based services, or to safely close them and redirect their resources. The transformation process involves multiple steps and has been informed by international child rights instruments, global best practices, and existing Moldovan legal frameworks, tools and practices. This guidance aligns with Moldova's efforts to ensure that all children have their right to family environment respected[11], including moving those from residential care facilities to family[12] care and to meet obligations related to strengthening families, in line with the Ministry of Labor and Social Protection's (MLSP) vision and objectives.

What's included, what's not

This guidance provides a shared understanding of the transformation process for all involved parties. It includes tools for different phases of the process, instructions on their use, and job aids addressing topics such as safeguarding, resistance to change, and self-care. Each transformation process may vary, and this guidance does not cover the entire care reform process but rather focuses on transforming residential care facilities and moving children back to their families or into more appropriate and less restrictive alternative care (ideally family-based) suited to their needs and situations.

Who it's for and how to use it

The guidance is intended for government authorities at all levels with responsibility for child placement, social services, and alternative care. National and local authorities can use this guidance to design, plan, budget, communicate, and coordinate transformation at both individual and system levels.

It also serves professionals involved in specific phases or steps of transformation, such as social workers, child protection specialists, psychologists, and technical assistance staff from government and non-governmental organizations. Residential care facility staff, including directors, administrative, operational, programmatic, and support staff, can benefit from it. The guidance supports the design of communication strategies and messaging, coordination mechanisms and working as a team, child and family assessments, reintegration and family placement efforts involving health, education, justice, social protection, and social services sectors.

This guidance can be used by non-governmental organizations who operate private residential care facilities in Moldova and are transitioning to community-based family support.

What it's not

This guidance is not intended for communities, mass media, or those not directly involved in the transformation process in understanding care reform. It is not a broad systems-wide care reform guidance and is not written in family- or child-friendly language, and therefore is not a guidance for young people or others with lived experience.

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[11] Art.8 din Legea nr. 370 din 30-11-2023 privind drepturile copilului Publicat : 21-12-2023 în Monitorul Oficial Nr. 488-491 art. 864.

[12] Art 12 din Legea nr.140/2013 din 14.06.2013 privind protecţia specială a copiilor aflaţi în situaţie de risc şi a copiilor separaţi de părinţi

Overview of the process of transformation

In reforming the childcare system, transformation of residential care, as per global guidance, applies to all types of residential-based care including large residential institutions and temporary placement centres. These may be public or state-run, under national ministries or local authorities, or privately operated by not-for-profit, for profit, faith institutions or non-governmental organizations. **The vision of transformation is family care for all children.**

Phases of transformation

Transformation of care services is not only about the moment of placement and longer-term reintegration of children into families and community, nor is it only about shifting the resources, public or private, to family care. Transformation involves every level of government authority or organization and changes to the structures of children's care, including policies, procedures, programming, services, and human, financial, infrastructure and other material resources. Ideally and, when appropriate, it involves transformation into different services relevant to the community rather than complete divestment/closure of an institution. These services should ideally be designed to meet an identified need and promote and contribute to safe and nurturing family care and community support.

All of this must also be accompanied by a change in culture and mindset towards a belief in and promotion of family care for all children. This mindset is needed from national and local government leaders and child protection specialists, social workers, managers and staff of residential care facilities, community members, and the families and children. Non-governmental organizations also need to uptake a shift in mindset and promote consistently and intentionally the care of all children within the family.

Transformation is not a linear process but does have several phases:

1) Engagement and Agreement
2) Preparation and Planning, and
3) Deinstitutionalisation and Active Transformation with two options, full transformation to a different service or safe closure/divestment of the institution.

Stakeholders involved in transformation

A stakeholder is anyone with an interest or concern in transformation of residential care or being impacted by the process. Residential care in Moldova has many different stakeholders, often nuanced depending on the type of residential care, who holds the authority for the institution/facility, whether or not it is a local or a national institution/facility, and whether it is public or private. In transformation of public residential care facilities, multidisciplinary teams consisting of government authorities, RCF key managers or staff, health and/or disability specialists, social workers, education and social protection specialists and others are involved in the transformation process, from raising awareness and garnering agreements to assessments and active transformation.

Social workers and child protection specialists play a critical role in assessing children and families and preparing for reunification and monitoring the reintegration or placement in alternative care. Private RCFs must work with public authorities who regulate the activity of the social service providers and also with the representatives of the territorial guardianship authorities who exercise the functions of legal representatives for children temporarily or permanently deprived of parental

protection.[13] Some of the most influential stakeholders include national government representatives, or local authorities and other political leaders, and the organizational leadership (management and boards of directors), founders and donors to privately-operated residential care.

See Job Aid 1: *Crafting Key Messages*

STAKEHOLDERS INCLUDE:

- **Influential actors**: Government authorities (the Ministry of Labor and Social Protection, Territorial Agencies for Social Assistance, General Directorate for the Protection of the Child's Rights Chisinau, General Directorate of Health and Social Protection UTA Gagauzia, local public authorities), political figures with interest, and organizational leadership who have direct influence over the RCF's vision, strategy, budget and activities. For example, mayors, budget holders, or, in the case of private organizations, sponsorship donors and founders.
- **Directors:** Those who occupy the leadership position in the RCF.
- **Coordination/multidisciplinary teams:** Those with responsibility to support the planning and implementation of the transformation. These team members usually have certain expertise such as in the assessment of children and families and are not directly connected with the transforming RCF.
- **Children:** The ones who are placed in the residential care facilities.
- **Families:** Those of the children placed in the residential care facilities.
- **Direct service staff:** The people who work in social work, psychology, pedagogy, nutrition and daily care and education of the children in the facility.
- **Community:** Members of the community surrounding the RCF are also important to consider given that the facility may be seen as offering important services and employing local community members. Equally, the community members and leaders may feel an interest in what the facility transforms into or what happens to the infrastructure.
- **Non-governmental organizations:** The NGOs in Moldova played and play an essential role in transformation, being actively involved in policy development, advocacy for family-based services and deinstitutionalization, designing and piloting the new services, disability inclusion and partnership with public authorities.
- **Mass-media:** National and local mess-media play a crucial role in shaping public perception and amplify advocacy efforts for transformation by disseminating key messages to a broader audience.

STAKEHOLDERS FOR PRIVATE RESIDENTIAL CARE FACILITIES ALSO INCLUDE:

- **Boards of Directors:** Group of individuals that make up the formal leadership of the organization. They can be within or external to Moldova or a combination. In most cases, the board functions at the top of the organizational chart and has legal responsibility for the organization and its activities.

[13] Legea nr. 140 din 14-06-2013 Privind protecţia specială a copiilor aflați în situaţie de risc şi a copiilor separate de părinți, modificată LP 256 din 17.08.23, MO341-342/06.09.23 art.603; în vigoare 01.01.24

- **Donors:** Individuals, companies, foundations, or organizations that collaborate with the organization through monetary or in-kind donations. Sometimes includes individuals who sponsor children in the RCF.

Potential barriers

Transforming residential care facilities and developing community services for preventing family-child separation and alternative family-based care has many positive outcomes, benefits and advantages, but there are also pitfalls, risks, challenges and barriers to be aware of. Having awareness of what they are helps to ensure a comprehensive and successful process from beginning to end.

STIGMA AND DISCRIMINATION: Stigma and discrimination are factors that challenge the strength of families and drive children into alternative care and can be barriers to safe and long-term reintegration of children from alternative care. Stigma refers to negative attitudes or unfair beliefs attached to a characteristic or attribute. Social stigma implies social disapproval and can lead to exclusion and discrimination against the individual or a group of people. In care reform, stigma, self-stigma and discrimination affect the full participation of children, youth and families in the transformation. For example, children with disabilities may not have equal access to family-based alternative care because of beliefs about their abilities. There may be a belief that they are best cared for in institutions. Families with children with disabilities may feel stigmatized in the community and fear judgement when accessing services. Other commonly stigmatized groups are minority populations such as Roma, adolescent parents, parents with disabilities, families with multiple vulnerabilities, immigrants/refugees, and children connected with the streets. Stigmatizing behaviours can be found in social, health and educational services and should be identified and addressed in planning for transition of children from the institution. *See section on safeguarding for more information on safeguarding concerns, including possible stigma and discrimination and suggested risk mitigation responses.*

LIMITED COMMUNITY SERVICES: Transformation, particularly the reintegration of children, relies on the availability of and access to community services. When basic services like health, inclusive education, housing, family support services or specialized services like early childhood intervention or rehabilitation, are not available it can be hard for families to provide sufficiently safe and nurturing care. Children often enter the care system because there are no services to meet their needs close to home. One barrier to transformation is a lack of access to the services required by the children exiting residential care causing reunification or family placement to be difficult. For this barrier to be fully addressed, service development and addressing access is needed simultaneously to the transformation process. This includes addressing any disability access barriers such as the physical environments and infrastructure, systems of transport, communication approaches and limited access of children with disabilities to individual assistive technology.

LIMITED COVERAGE OF SUPPORT SERVICES FOR INCLUSIVE EDUCATION: In 2023, the Ministry of Education and Research developed the Inclusive Education Development Program (2024-2027) approved by Government Decision No 950/2023. All children have equal rights to benefit from education and care in mainstream educational institutions. Yet, for many children with disabilities, inclusive education remains out of reach. Many obstacles remain, including issues related to infrastructure, transportation, access to assistive technologies in kindergarten and in-school support for children with different needs. Further development of inclusive education and ensuring access for all children who need it, is key to transformation of several of the remaining residential care facilities.

RESISTANCE: Resistance, whether subconscious or intentional, can compromise the whole process of transformation. Resistance can come from residential care facility directors or managers, direct care or support staff, government leaders or social workers, NGO leadership or donors (in private

facilities), community members, and the children and families themselves. Identifying the motives of these different players and exploring alternate means of meeting their motivational goals is part of engaging, planning and implementing the transformation efforts. Residential care facilities can be the main employer in a local area, especially if they are large and in remote locations where there may be few other employment opportunities. Closing can impact the local economy and lead to job losses. Social or political obligations can extend to the relationship between the government leadership, director and staff. This can exacerbate the resistance. Good communication and the engagement at various stages of transformation will help minimize resistance and ensure that personnel performance does not deteriorate during the transformation process, when children still need to be cared for.

See Job Aid 2: *Addressing resistance*

COMPLEXITY: Transformation is a complex process, including several phases, many variables and countless different actors. Moldova has been transforming large-scale residential institutions for children and auxiliary boarding schools for almost two decades now and has this experience. There is the need to ensure safe and nurturing family placements, availability and access to mainstream services and specialised services, while other services need to be altogether created. For transformation to new services, there is need for the government authority or organization to change. Often in change processes there is a desire to take a prescriptive approach, but this does not work for transformation. No two residential care facilities are alike. 'Cookie-cutter' approaches such as transforming all residential institutions into community-based centres misses the individuality of the government authority/organization, the children and families, and the community. Planning for complexity within the given context is needed to avoid conflicts and inefficiencies.

See Job Aid 3: *Child, Youth and Family Participation in Transformation*

COST BARRIERS: Provision of services for children and families has costs, and yet is often under resourced. While evidence is clear that family strengthening and family-based care are more efficient in both the short- and long-term, including from the *Investing in Family Care for Moldova's Future,*[14] there are additional costs associated with transformation that can make the reforms and changes costly in the immediate term. Not considering these costs can cause barriers to transformation. It is important for the government authorities, financial officers (in case of private institutions), and any donors to understand this and be brought into the transformation process. Rigidity in moving funding toward community-based services, questions of cost efficiency, lack of bridge funding to sustain transformation, and limited levels of funding need to be considered in order for barriers not to be created.

[14] Changing the Way We Care. (2023). Investing in Family Care for Moldova's Future: The case for meeting Moldova's human capital needs. Accessed at: https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova's-future-the-case-for-meeting-moldovas-human-capital-needs

LIMITATIONS IN DATA AND INFORMATION: The transformation process requires detailed analysis of the situation and challenges facing children in alternative care and children at risk of separation, and existing or needed community services based on the best available evidence. Data provides a shared understanding about the problem and the solution. Information is needed on the economic, social and environmental drivers of family separation, and how stigma and discrimination compound these challenges.

POLITICAL WILL plays a crucial role in transformation and community service development as it determines the allocation of resources, determines priorities and the implementation of policies. The Ministry of Labor and Social Protection has stated its commitment to transforming residential care facilities, including baby homes. When political leaders are committed to transforming residential care and strengthening systems they can advocate for funding, create supportive legislation, and mobilize public and private sector cooperation. This can lead to the development of conducive processes needed for successful transformation. Moldova's EU accession discussions are, in part, driving high political will for child care reforms. 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.[15]

The *Investing in Family Care for Moldova's Children* findings suggest a 16.6% internal rate of return if the country implements the minimum package of services, which includes family support, foster care, personal assistance, mobile teams, and respite care.

At the same time, reinvestment of the resources currently spent per child on residential care into a spectrum of programs and services to prevent child placement in residential care, support families, and transform facilities could benefit 14 x more children than currently served in residential care.

[15] European Commission (2022). *Op.Cit.*

Implementation guidance

PHASE ONE: Engagement and Agreement

Raising awareness – governance structures, staff and community

Purpose

- To understand key stakeholders (relevant national authorities, Territorial Agencies for Social Assistance (ATAS), local authorities, RCF managers/staff, community leaders, families, children) involved in the transformation process and their motivations, and to develop and share evidence and messaging to effectively engage them in the transformation process, including reintegration of children, redirection of resources, and development of relevant community services.
- To prepare relationships and establish common understanding needed for transformation steps.
- To gain an understanding of the situation and perspective of children in residential care – number of RCFs, type of RCFs and number of children.
- To gain an understanding of the causes of institutionalisation, health, educational and psychological individual needs of children, the situation of their families and community level of preparedness for social inclusion.
- To help actors understand the positive impacts of the transformation process on children's wellbeing, rights and future lives, and ability to live independently.

Outcome: Readiness of key decision-makers to participate in the transformation process according to their responsibilities and authority.

KEY MESSAGES

- Every child deserves a family.
- Children need to be part of the community.
- Children grow best in the love and care of families.
- A safe and nurturing family is the most essential source of belonging, emotional support, and physical and mental development for children.
- Children in residential care have parents and other family members – they are not orphaned.
- Children with disabilities, like all children, have the right to grow up in a family.
- Supporting families in difficult situations is the best way to support children who are without parental care.
- Any form of residential care should be a last resort and a temporary solution.
- Transitioning children from residential care to family care is achievable.
- The Government of Moldova has a vision for no children in residential institutions by 2027.
- In Moldova, 14 times more children can be serviced by family support services for the same cost as serving one child in residential care.

To create a conducive context for transformation planning and implementation, it is necessary to develop both relational and more formal frameworks oriented to change. Often, those who are linked to residential care *(see section on Stakeholders involved in transformation)* feel strongly identified with and committed to the work they do and communication is crucial in developing their understanding of family care, its benefits, what transformation and care reform mean, and government vision and strategies. Messaging should help the actors to understand why transformation is important. This can include information about the benefits of family care and information about government policy and strategy.

The development of trusting relationships with the local government, directors and staff of the residential care facilities, and community are of utmost importance. This should be done well before the active transformation begins. Awareness is needed with managers, administrators, directors, day-to-day staff, child protection specialists, social workers, relevant regional and local government entities, and if a private facility, with founders and private donors. Raising awareness with children and families is also important and is part of preparing them for the changes to come. Awareness building is the first step in developing the necessary relationships that are anchored in a common understanding and mutual trust. In order to build this trust, it is important to recognize that stakeholder concerns are valid and need to be heard, understood and considered in the planning. By feeling heard and understood, trust increases, key messages about the change can be taken in, and actors will be better able to express concerns, doubts and fears in an honest and clear way so that they can be addressed. Building trust takes time – many residential care facilities in Moldova have been operating for many years or even decades. While change is at an organizational level, empathy is needed for strong interpersonal relationships throughout the transformation.

See Job Aid 1: *Crafting Key Messages*

The leadership established at regional levels, supported by multidisciplinary teams and advisors with experience in transformation of Moldovan residential institutions, will be leading the transformation. This leadership should be identified and established early, and the same people should remain engaged throughout the entire process so that strong interpersonal relationships bring stability in times of doubts and challenges, and as awareness continues to build over time. The transformation leads (Territorial Social Assistance Agencies, General Directorate for the Protection of the Child's Rights Chisinau and General Department of Health and Social Protection UTA Gagauzia) should be engaged in collecting baseline and initial data on the children in care. This information should include the number of children, disaggregated by gender, disability and age, ideally including the raion and locality from where the child originates and the initial plan for their placement. This information will be complemented by in-depth child assessments completed in phase two. The transformation process will be coordinated and monitored by the MLSP.

To continue deepening knowledge regarding the transformation process including the practical next steps, it is important to consider the personal and emotional aspects of those who will be directly involved in and affected by the change. This includes families, local authorities, directors of RCFs, social workers and other staff of public residential care facilities and founders, managers and donors (when the RCF is privately operated). The goal is to create awareness and foster commitment to the process by providing support and counsel in defining the transformation plan. There are many different actors involved in the provision of residential care. It is critical to consider their role in every aspect and step. Specific activities, like group discussions, individual meetings, and mass media messaging can be used to deliver key messages, provide information and answer questions.

See Job Aid 4: *Managing Stress and Promoting Self Care*

Establishing the national coordination working group

Purpose

- To coordinate the transformation process at the national level by supporting and monitoring the implementation of the **National Deinstitutionalization Plan** (DI Plan).
- To provide technical assistance and support to regional coordination working groups, record the gaps faced by them and recommend solutions to advance deinstitutionalisation and transformation process.

See Annex 2: *Illustrative National Deinstitutionalization Plan*

Outcome: Establishment of a national coordination working group by the MLSP – the lead authority for transformation and DI. The national coordination working group involves professionals, representatives of the national and local authorities, NGOs and donor organizations.

See Annex 3: *Regulation of the National Coordination Working Group*

Establishing the regional coordination working group

Purpose

- To coordinate the transformation process at the regional level by supporting and monitoring the implementation of the Regional DI Plan and transformation process of RCFs.
- To facilitate the dialogue and cooperation between multi-disciplinary teams and RCFs during the assessment of the child and family and institutional assessment process.
- To partner with RCFs founder on institutional assessment process and development of the Transformation Plan of the institution or divestment/closure of the RCFs.
- To provide technical assistance and support to multi-disciplinary teams in child and family preparation for deinstitutionalisation, family reintegration and community inclusion.
- To plan for development and financing of the social services for family and child (family support and alternative care services at the regional level).

Outcome: Establishment of 12 regional coordination working group for implementation of the Regional DI Plans. The regional coordination working groups involve professionals from the Territorial Agencies for Social Assistance and their structures at raion level, LPA from Chisinau municipality and representatives of the Directorate for Protection of the Child's Rights, LPA from UTA Gagauzia and the representatives from General Directorate of Health and Social Protection, managers of the RCFs, local NGOs active in child protection and donor organizations (in case of private RCFs). Capacity building program supported by technical advisors consisting of experts and NGOs representatives with expertise in the field and national coordination working group will focus on common understanding of the transformation of RCFs, its role in overall care reform and transformation. The training program will ensure clarity of roles and responsibilities of Regional Coordination Working Group in relations with National Coordination Working Group and multi-disciplinary team in transformation process.

See Annex 4: *Regulation of the Regional Coordination Working Group*

PHASE TWO: Preparation & Planning

Forming the core multi-disciplinary team

Purpose

- To identify members of the core multi-disciplinary team, at regional and municipal levels who will be responsible for conducting the comprehensive assessment, which includes child and family assessment, infrastructure and human resources assessments of the RCFs.
- Capacity building of the multi-disciplinary team on Transformation approach and DI, assessment tools application.
- To build the dialogue among multi-disciplinary teams and regional coordination working groups to advance implementation of the Regional DI Plan and Transformation plans of the RCFs.
- To prepare the core multi-disciplinary team and regional coordination working groups to begin to undertake the planning phase.

Outcome: Establishment of trained core multi-disciplinary teams in 12 regions.

Establishing the core multi-disciplinary team involves assembling a diverse group of professionals from various fields who will carry out child, family and institutional assessment and preparation of the transformation process. The team involved in child and family assessment can include health and/or disability specialists, social workers, child protection specialists, psychologists, psycho-pedagogues, etc. The team involved in institutional assessment can include engineer, financial specialist, human resource specialist. The team's establishment begins with clearly defining the shared goals, roles, and responsibilities to ensure alignment and a shared understanding of the objectives. Effective communication channels are essential to facilitate the team's work. Initial training and capacity building, supported by technical advisors and regional coordination working group will focus on developing both technical and soft skills, such as teamwork, problem-solving, addressing resistance, safeguarding and conflict resolution. Regular meetings of the team will foster cohesion and enable the team to leverage collective expertise and address challenges efficiently. Expert technical support will be coordinated and available through the MLSP, UNICEF, CTWWC and civil society partners to support specific areas/phases of the transformation process.

See Annex 5: *Regulation of the Multi-Disciplinary Team*

Conducting comprehensive assessments

Purpose:

- To complete a comprehensive assessment of the RCF, community service context, and the situation and status of children in the facility's care, in order to inform the transformation planning.
- To understand and mitigate the potential challenges and risks related to the RCF transformation.
- To continue raising awareness, building buy-in and preparing stakeholders involved with and impacted by the transformation.

Outcome: Comprehensive institutional assessment reports for each RCF that included summary of completed child and family assessments for each child in the care of the RCF, institutional assessment findings, and mapping of community-based services in the community surrounding the RCF. Secondary outcome is updated case files for each child and preliminary finding on most suitable family type services option.

Key to developing a strong transformation plan is having all the information and data needed to develop that plan and begin making decisions about the future of the children and the institution. This involves several layers of assessment including of the residential care facility's human resources, finances, management structures and infrastructure/equipment, as well as multi-disciplinary assessments of the children currently in care to begin planning their placements and understanding what family services and/or family-based alternative care will be needed. Information on the available community services as well as gaps in services aids planning for what the authority or organization might use the infrastructure for, what transformation to new services could look like, and/or how divestment can happen.

Child & family assessments

Child and young person assessments are carried out by the multi-disciplinary teams, consisting, at least, of the responsible social worker/child protection specialist, psychologist and a paediatrician or disability/ developmental specialist. Other specialists and those who know the child best, such as primary caregivers or teachers, may also give input. Every child in the RCF will be assessed at this stage of the transformation. They themselves should also be consulted and give input into their situation and future. Children with disabilities, like all children, have the right to be heard on matters that affect them, their views being given without discrimination on the basis of ability or gender. No child or young person should be left out during the assessment process. Standard assessment tools should be used and include areas of health and development, learning/schooling, self-care, developmental difficulties and/or disability, family history and connection.

Tips for talking with children & families about transformation

As soon as assessments get underway, it is critical to know how to speak honestly and openly with children and family members about the impeding changes.

- Use child-friendly language, adapt communication to be accessible for children with disabilities.
- Make it non-threatening by playing games, talking during art activities, and using other recreational activities.
- Organize discussion and support groups.
- Engage the help of caregivers and teachers who are closest to the child – make sure they know the right messages to give.
- Provide honest information on what the child can expect – share the unknowns with plans to figure it out.
- Ensure someone is available to answer questions and address fears – if needed engage a professional child psychologist.

The information from the assessments will aid in appropriate placement decisions, individual case planning and the entire case management process, and in the overall transformation plan in terms of the time needed for transitioning children and planning for provision of new services. At the same time, known family should also be preliminarily assessed to understand the ability of the family of origin (parents and extended family) to provide the child with safe and nurturing environment to meet their individual needs. Families are an essential partner in the process of transformation, particularly in reintegration of children and identifying necessary community services needed to support children in families and communities. Assuming willingness, they will participate in the assessment of their own situation and in determining the necessary support for the child's reintegration or family-based alternative care if is necessary.

Standard tools for assessing children and identifying and assessing family members are used as found in the Moldova Case Management Guidance.[16]

In case of children with disabilities and/or with developmental difficulties (0-5 years), the multi-disciplinary team will cooperate with Early Childhood Intervention Centers for assessment of the children and families using the standardized tools on child development and family assessment recommended in Annex 3 of the Framework Regulation on organization and functioning of the ECI services approved by Governmental Decision no 816/2016.[17]

In case of children with Autism Spectrum Disorders, the multi-disciplinary team will cooperate with Community Mental Health Centers from the regions for using screening tools from the National Clinical Protocol 348 (PCN -348) approved by the Ministry of Health.[18]

Guidance on managing the child and family assessments: Children should be assessed by the multidisciplinary assessment team in the region/raion where the RFC is located, with support from community social workers where the family is located.

See Job Aid 5: *Quality Child Assessment*

See Job Aid 6: *Family Protective Factors*

Assessing availability of local services and family-based alternative care

The service mapping will include additional information about the list of services available in the community where the child will be reintegrated, as well as the services available at the district/municipality or region level. Through the mapping tool, information will be collected on available family-based alternative care, social services, early childhood intervention, rehabilitation and educational services, including support for inclusive education. The multidisciplinary team in the mapping process will include specific information about the availability and accessibility of the above-mentioned services, whether the providers are public or private. The information collected in the mapping process will be used by multidisciplinary teams in the process of case planning and preparing the child's transition from institutional care to family-based care.

Mapping should cover where the services are located, who provides them (government, non-government), how they are accessed (including assessment of accessibility for disability, costs, hours of operation, referral requirements). If possible, it is useful to get information on how many children/people the service can provide for and if they have available space for new children/people.

- **All family strengthening and prevention of separation services, including:**
  - early childhood education and kindergarten
  - early childhood intervention programs and services for children with developmental difficulties

[16] Sursa: MMPS (2023) Ghid de suport pentru implementarea practică a Managementului de caz în domeniul protecției copilului-2023.pdf

[17] Government Decision nr.816 from 30.06.2016 on Early Childhood Intervention Services (see Annex 3) available at: https://www.legis.md/cautare/getResults?doc_id=138646&lang=ro#

[18] National Clinical Protocol "Autism Spectrum Disorders in Children and Adults" (PCN-348) approved by Order of the Minister of Health, Labor and Social Protection no. 343 of 19.03.2019, available at: https://msmps.gov.md/legislatie/ghiduri-protocoale-standarde/psihiatrie-2/

- childcare programs and daycare services for children with special educational needs and children with disabilities
- parenting support and training programs
- support and care services for children with disabilities, including early identification and assessment services, information and referral, access to assistive technology, rehabilitation, respite services, personal assistants, mobile teams, peer support for children and adolescents, support groups for parents/other childcare givers
- support and reasonable accommodation for parents with disabilities to take care of their children

- **All basic universal services and their access points, including:**
  - early childhood education
  - primary and secondary schools
  - continuing or vocational education
  - health, including mental health, services
  - housing support
  - employment services
- **Family-based alternative care services**
  - kinship care support services
  - guardianship
  - foster care services
  - family-type homes
- **Care leaving services**
  - supported or supervised independent living
  - carrier guidance and vocational education
  - bursaries or social protection schemes for care leavers
  - targeted housing and employment support

See Job Aid 10: *Service Mapping Tool*

Institutional assessments

The institutional assessment helps determine the feasibility of successful transformation or safe closure by identifying the positive indicators and the risk factors. It helps those planning, implementing and managing the transformation to analyse the critical information to: 1) inform the approaches to take, 2) make the plan the most strategic possible, and 3) budget for the change process.

Because each transformation is unique and there is no one-size-fits all process, the institutional assessment, combined with the child and family assessments and the review of community services, help the public authorities/organization in case of private RCF to tailor the strategy for each RCF. The institutional assessment looks at human resources (management, care staff, medical staff, teachers, cooks, administrators – all staff) including numbers, positions, and capacity. Management structures including what authority the RCF comes under, its relationship to local, regional and national government structures, administrative and budget decision making, and human resource management are reviewed and noted.

As the transformation or closure starts there is a risk that the resources locked up in the RCF are seen by the budget holder as potential for savings rather than essential funds to be reinvested in developing and sustaining new services needed by children and families. In addition, to plan for and implement the transformation well, a good understanding of the funding (both where it comes from and what it is used for) is needed. The assessment of financial resources should include all categories of expenditure and sources of income. In planning for the transformation, the money should follow

the children, so resources should be reallocated to ensure that children and families have access to services they will need. Infrastructure and equipment assessment should include review of current inventories and checking for accuracy. Such inventories should be updated, if necessary, to include all buildings, equipment (furniture, vehicles, school or medical equipment, assistive technology, recreational equipment, etc.) and land. These should each be assessed for approximate market value.

The core multi-disciplinary team will work with RCF management team, financial managers and operations teams to undertake the institutional assessment using the tools that have been established and tested.

Note: considering that much of the information on the public residential care facilities has been collected in preparation for the Restart Reform, it is recommended that the assessment team reviews that information first to determine if additional information is necessary.

See Job Aid 11: Institutional Assessment Tool

Remember: The finances for operating the RCF and caring for the children in care is needed during the transformation process. There will be additional costs associated with safe and quality transformation on top of those operating costs.

Developing the Transformation Plan

Purpose: To develop and agree on a transformation plan that can guide the Phase 3 – implementation of the transformation, including the reintegration/placement of children and the transformation into new services or closure/divestment.

Outcome: An actionable transformation plan of the RCFs located in the region.

In transforming residential care facilities, planning is critical due to the fact that it impacts on children and families.

A successful strategy should include a detailed action plan that outlines activities, deadlines, responsible individuals, resources, costs, and all necessary steps to achieve the final goal, whether that is a new service or closure and divestment. As such, it should address the various needs of those involved in and affected by the transformation, considering RCF staff, managers, the community, children and families. Engaging service providers from the community in planning can help identify existing services and gaps and plan new services.

See Job Aid 7: *Designing New Service Models*

Ideally, the transformation team will seek meaningful ways to engage children, young people and family members in the planning process.

The strategy should articulate a clear future vision and incorporate a monitoring and evaluation framework to track progress and a plan for addressing issues along the way.

The transformation plan is based on analysis and reflection on all the information gathered during the assessment activities – with consideration for the transition of children, preparation of families, transition of staff, development of any new services, redirection of financial resources and other assets, and ongoing community awareness raising.

During the development of the transformation plan, careful consideration and time should be given to what further information is needed for the case management process with children *(see Phase 3)*, when the transition of children might begin, what needs to happen in preparation, and planning for

the ongoing monitoring of children once they are transitioned. Within the timeline, ample time should be allocated to well-planned transitions, preparation of children and families, and follow up. It would be expected that a transformation plan has a timeline of no less than two years.

The child and family assessments conducted during the comprehensive assessment step will provide the basis for additional information gathering that might be needed for the development of a case plan for each child. The child's case plan will include the placement decision, required support services, child and family goals, referrals to required services, and the placement preparation and monitoring activities. During the transformation planning it may be necessary to organize case management team meetings to discuss the children's placements and bring the social work perspective into planning. The role of social workers and development of individual case plans are further discussed in the next section.

Phase THREE: Deinstitutionalization and Active Transformation

Purpose: To develop and implement the transformation plan for each RCF towards a full transformation into new services or safe closure/divestment of the resources and operations.

The transformation process can result in two outcomes: 1) change of mission, mandate and services provided by the RCF, including reorganization of the infrastructure and redirection of all resources; or, if that is not feasible, possible or relevant, 2) closure and full divestment with redirection of assets to another authority, service provider or organization.

While the transformation plan may outline steps towards one outcome, this is possible to change during implementation. For example, the plan can be for a new service, only to discover during implementation that the service is not really needed, therefore moving to closure. The concrete steps of changing or transforming the residential care model to services that support families or closing and divesting involves two critically important aspects: organizational process and social work or case management process. The latter is critical for either transformation outcome and involves the quality management and safeguarding of children as they move to new placements (back to families of origin or other family-based alternative care) and monitoring for safe and sustainable reintegration.

Outcome: New family support, community-based and family-based alternative care services developed. All children back into safe families and communities.

Organizational / institutional process

Transformation is a change management exercise, regardless of whether the outcome is a new service or safe closure. This includes managing change for the current (and any future) staff, management structures, infrastructure and equipment, redirection of financial resources, and, often, development of a new organizational mission and vision that fits with the standards of practice for the new service. The process of change implementation is guided by the transformation plan, with adjustments made along the way (see monitoring section).

Remember: Transformation is not new in Moldova. Learn from those processes that have gone before. Networking and exchange with former operators of residential care facilities can enable cross-learning on how to close or repurpose assets and resources and redesign services.

Transformation to a new service

The aim here is to explore what types of services could be offered instead of residential care and begin the process of designing the new services. The goal of the exploration aspect of this stage is about looking at a range of factors that should influence the decision-making about what services to develop. Design is about developing the concept for the new services. It should ideally involve relevant stakeholders in a co-design process, including children and families (end-users) and local community/community leaders. It is also about making sure new services are designed to be rights-based and take into account core principles of sustainability, strengths and empowerment. It assumes the authority or organization is able to identify an appropriate alternative to residential care services that they are well suited to run and that are appropriate for the infrastructure, location and community needs. New services should be rights- and evidence-based, and firmly aligned to national policy and standards. The local authority or organization's capacity should be strengthened

in preparation for running new services. The transformation plan guides the transition to the new service.

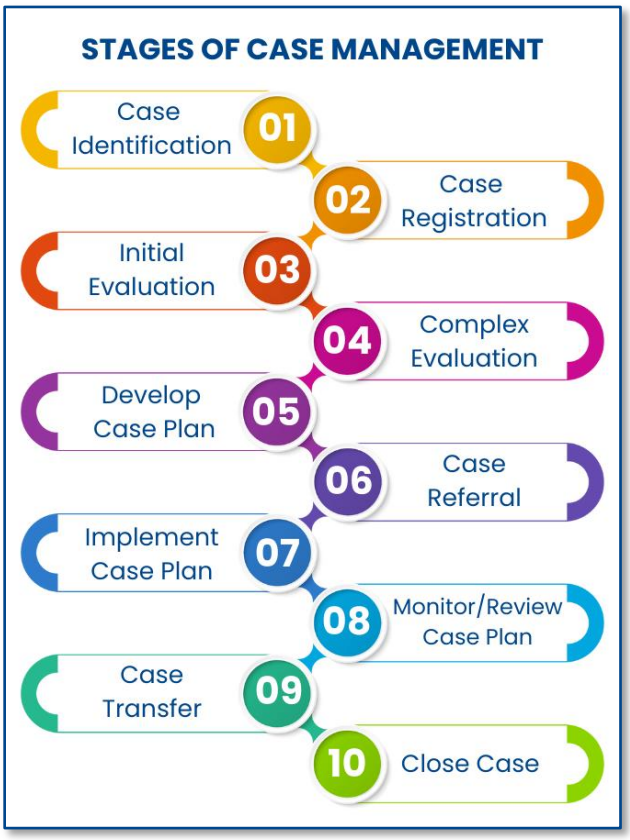
See Job Aid 7: *Designing New Service Models*

Safe closure / divestment

The goal here is to implement the transformation plan developed in phase two, aiming for a safe closure and divestment. The decision to close is based on the assessments completed and/or by decision of the responsible authority. Divestment involves a phased financial withdrawal that ensures quality care of the children until they are moved. Safe closure/divestment means the residential care institution is not transitioning to a new service. Process involved in closure can vary significantly depending on the mandate and the responsible authority.

Case management in transformation [19]

In the transformation process the regional coordination groups and multi-disciplinary teams will apply the case management tool approved by the MLSP.[20]



The movement of children to alternative placements must be carried out in a programmed and phased manner. Timescales must be realistic but also flexible, since any manner of unforeseen problems can occur.

Children should not be moved until all concerned are sure that the time is right and the necessary support services are in place.

Case management is a step-by-step process and approach that enables child protection specialists or social workers to work with children in the process of being reintegrated, including to their biological family, extended family, or in other family- or community-based care (e.g., foster care, guardianship, supported independent living, small group home). It includes tools and processes for work with children and families, recognizing all of their strengths and any risks they face in successfully reintegrating.

Case management is the responsibility of the case worker, who might be a social worker within the multi-disciplinary team, the child protection specialist or the community social worker, or some combination of these specialists. The case workers should be trained in the case management for child protection and evaluation tools application. **The end goal of case management is that children**

[19] This section has been informed by guidance and resources from Hope and Homes for Children, Changing the Way We Care, and Better Care Network and the Moldova Case Management Guidance found here: https://social.gov.md/wp-content/uploads/2023/10/Ghid-de-suport-Management-de-caz-in-domeniul-protectiei-copilului-2023.pdf

[20] Order of MLSP nr. 134 from 15 September 2023, available at: https://social.gov.md/wp-content/uploads/2023/09/Ordin-nr.-134_Management-de-caz.pdf

are safe and nurtured within a family that is able to care for them, and access needed services that address risks and increase resilience.[21] The process of case management is the same regardless of whether the outcome for the RCF itself is a new service or closure. Case management begins as soon as the transformation process begins, starting with the assessments of children and families done during Phase 2. The visual, above, shows the steps of the case management process.

Family Group Decision Making (FGD)

Families can be involved in decisions about the care of the child. FGDs ensure family participation and ownership of decisions. When families feel they are in charge regarding planning for the child, they are more likely to remain committed and carry plans forward. To conduct a FGD:

- Set a day and time with the family and ask them to invite family members and others of influence.
- Explain that the purpose of the meeting is to make plans for how the child/young adult can be brought into the family's care.
- Facilitate the discussion, allowing the family to discuss and make decisions.
- Record agreed actions in case plan.

Person-centred approaches in transformation

In adjusting the landscape of available services and support for children, especially those with disabilities, person-centred approaches are a priority. Person-centred approaches place the child and the family at the centre of the services, safeguarding children' choice and control over who is supporting them and ensuring better access to tailored support and a higher degree of coordination of service provision. Person-centred funding models, often referred to as individual budgets or personal budgets, can facilitate the tailoring of funding to the individual needs of children and care leavers. They can enable children with disabilities and their families and care leavers to arrange their own support, including personal assistance, preventing their institutionalisation and providing them with choice and control over which services they use, how and where.[22]

See Job Aid 8: *Gatekeeping*

Case Planning

To determine the best placement for a child, it's essential to have a thorough understanding of the child's needs. Consideration is given to the suitability of the placement to meet those needs. The Gatekeeping mechanism will be used to create demand for and divert resources toward family strengthening services, and high quality, family-based alternative care options. It includes policies, systematic procedures, services and decision-making processes which ensure that alternative care is used only when **absolutely necessary,** and that children receive the most suitable support to meet their unique individual needs. Throughout gatekeeping processes, the best interests of the child should be the determining factor of all decisions in gatekeeping.

For any child any move can be traumatic. Multiple relocations can be avoided by carefully assessing and considering all factors. While an assessment was completed in Phase 2 of the transformation process, any additional assessments should be done, if necessary, to aid in the case planning. These can include additional assessment of disability or special education needs, more discussion with the

[21] From the CTWWC Case Management Resource Page: https://bettercarenetwork.org/case-management-for-children-reintegrating-into-family-and-community-based-care

[22] Adapted after European Commission (2024). Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding, available at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C_202407188

child about their wishes, and additional family visits. Good assessment leads to individual and personalized case plans.

Based on the assessments, case plans outline the timeline, goals, and plans for preparing children and families for reunification or placement in family-based alternative care and any services or family support plans that are needed. The case plan will be different for each child and could include reunification with parents, reunification with extended family (guardianship), foster care, adoption, supported or supervised independent living, or small group home. Case planning helps to anticipate and plan for as many areas of potential risk or challenge as possible. Careful planning will ensure that there will be as few disruptions as possible to the child.

Compiling the plan requires professional skills, experience and, last but not least, willingness to help and support the child and the family. The plan should be discussed and agreed with all professionals involved, the parents, unless the child is without parental care, the extended family if they are known, identified alternative carers, and the child, based on their age and capacity. The case plan becomes a contract between all those involved to meet the child's needs.

Remember: Each child is unique, having their own personality, history and story, identity and complex set of needs. No two case management processes should be alike. No two case plans are the same. Every family, whether biological, adoptive or foster is also unique.

Placement decision making

Making decisions about the best way to support a child in difficulty requires careful consideration of many factors, including the child's own viewpoint and opinion. The role of the social worker/child protection specialist is essential to evaluating and documenting all factors and perspectives, including the child's strengths, likes/dislikes, needs, the family's willingness and capacity to care for the child, family history, the child's placement history, assessment reports, any allegations of abuse in the family, and additional factors like illnesses, disabilities, or behavioural issues. The case manager (social worker/child protection specialist) must balance these elements to create a plan that aims to meet the child's needs while respecting their right to family life and upbringing. In case of referral the child to family-based alternative care, the placement should be supported by evidence from the different assessments and case plan and presented to the Gatekeeping Commission for approval. Once the decision is made the child's case file is transferred to the relevant guardianship authority for placement preparation. In case of reintegration of the child in biological family, the Gatekeeping Commission approval is not necessary.

See Job Aid 6: *Family Protective Factors*

See Job Aid 8: *Gatekeeping*

Preparing children for transition

Moves for children can be highly traumatic. Many of the children in institutions have already moved several times and this has negative effects on self-confidence and self-esteem, and the ability to form trusting relationships. Children can feel very insecure. Even if the change has been looked forward to, there are often elements in the new situation that may be difficult to adjust to. Children may experience a sense of loss in relation to familiar environments, carers, friends, and teachers. Preparation for the move needs to be individualized since every child is different. Children with disabilities are no exception. Activities of preparation can include group or individual sessions, goodbye parties, visits to new schools, visits with family members at the RCF or at the family home, and preparation of books of the child's story (often called "life books").

See Job Aid 9: *Tips for Working with Children with Disabilities and their Families*

Family support services for reunification and prevention of child' re-separation

Readiness of parents/carers to take the child into their care is very important. They should have prepared everything they will need to care for the child, including preparing the home, clothing and hygiene supplies, any special foods, equipment or supplies needed to manage any special needs, school supplies, etc. Their preparation for receiving the child includes visits to build or rebuild the relationship with the child. If the child will be adopted or enter a foster family it is important to ensure that the social work process has included appropriate matching, training and preparation.

Remember! Reunification should not be attempted if there is risk the child will be in danger of abuse or exploitation. Safeguarding the child is always superior. Additional work may be needed to ensure these risks are reduced and the family is capable to provide a safe environment for the child.

Because these children have spent time in RCFs, it is important to prepare the family for what that means in terms of the child's potential behavior. Any family, whether biological, extended, foster or adoptive should be provided with honest information so that they can not only prepare themselves, and their home, but also feel prepared to access relevant services and support. Preparation is a key part of the placement process and investing in time and facilitating honest communication contribute to positive placement outcomes.

All families can benefit from support from time-to-time, but an event like reunifying or bringing in a new child is a stressful situation for the family, including for the child and other children in the home. Efforts should ensure the family is resilient and can manage the stress. Family strengthening services and support help to prevent placement breakdown and re-separation or another move for the child. These may include family strengthening services, including economic resources (reunification kits, access to social protection schemes, employment services), parenting training and counselling, referral to services such as mental health or disability rehabilitation, linking the family to childcare, day programs and inclusive early childhood education, support groups and other facilitated community connections.

Post-placement support and monitoring

Post-placement support and monitoring are essential to ensure the quality of care for children transitioning out of residential care facilities. Once a child is placed, attention must shift to ongoing support for the child and caregivers, regular monitoring visits, referral to services, reintegration in community schools, etc. Regular visits and interactions with families should be planned for at least 18-24 months. The monitoring and support are provided by the social workers/child protection specialists based on the national case management guidance. Support packages should be provided for the placement as needed, including potential additional support for families taking children with disabilities to make house accessible, assistive technologies, materials for special education, medical costs coverage, and other needs. Children should be monitored for well-being in all areas: education, health and development, household economic stability, parent or caregiver and child relationship and attachment, psycho-social well-being and community belonging, and protection and safety.

Monitoring the transformation

Monitoring is essential to track progress against the transformation plan, reflect and learn from implementation and to make informed adjustments. Monitoring processes also ensure that issues, including safeguarding concerns or protection violations, are caught and addressed in timely fashion.

Monitoring involves tracking the indicators established in the transformation plan to evaluate the effectiveness of the transformation processes including the children's placements, staff transitions, and new programs and services. Information from tracking helps in understanding the outcomes for

children and families, learning from both successes and failures, and improving future practices. Resources should be allocated for monitoring the child well-being. The effective case management system described under the prior section should utilize agreed national tools and connect to data information systems to track placements. Consultations and feedback mechanisms for children and families should also collect data on quality of interventions and services.

Safeguarding throughout the transformation process

Safeguarding is everyone's responsibility to ensure that authorities or those in charge, RCF staff and managers, core multi-disciplinary transformation team members, social workers, families and others involved in transformation always honor and protect the rights and dignity of all people — especially children, their families or caregivers and, in general, vulnerable adults — to live free from abuse and harm.

Safeguarding refers to the actions taken to promote the welfare of children, protect them from harm and provide support and safe interventions when safeguarding cases are identified. It encompasses:

- **Prevention**: Ensuring safe environments.
- **Protection**: Taking action to prevent harm.
- **Support**: Providing help to children who have been abused.
- **Empowerment**: Educating and enabling children to protect themselves.[23]

Effective safeguarding in the context of care reform, broadly and the transformation process, specifically, requires a comprehensive, multi-faceted approach that addresses the unique vulnerabilities of the population of children and young people impacted by the process.

Every actor engaged in the transformation process should have a shared understanding of safeguarding, understand what safeguarding risks exist, agree to codes of conduct and receive training on their responsibilities, know how to identify a safeguarding concern and be clear about the reporting pathways. A safeguarding approach should be cross cutting and apply to every step of the transformation process, and every placement of the child or young person including but not limited to residential care facilities, biological, extended or foster family placement, independent living or other community-based care options. Those working in the residential care facilities or otherwise engaging, interacting or contacting with children will have background check clearances and reference checks showing no prior issues with safe and appropriate work with children.

Key principles in any safeguarding approach, activity or interventions include the following:

- **Best Interests of the Child**: Always prioritize the child's well-being and safety.
- **Non-Discrimination**: Treat all children equally, regardless of their abilities, background, race, gender, parental status, etc.
- **Survivor**-centred approach: the survivor's needs and interests must be at the forefront of any safeguarding intervention process.
- **Need-to-know principle**: only essential information must be shared with the necessary people, in an effort to protect the confidentiality and safety of all parties involved in a safeguarding case.
- **Participation**: Involve children in all decisions affecting them.
- **Holistic Approach**: Consider all aspects of the child's life and needs.

[23] This section is informed by Changing the Way We Care (2021). Safeguarding Toolbox. Retrieved from www.bettercarenetwork.org/sites/default/files/2022-01/Safeguarding%20Toolbox.pdf and Hope and Homes for Children (2022). Families Not Institutions. Retrieved from https://www.hopeandhomes.org/news/families-not-institutions/

Ensuring that safeguarding risks are identified for each step of the process, before initiating the transformation process, is a critical first step.

Risk assessment involves identifying potential risks to children's safety and taking steps to mitigate them. During a transformation process, risks to children and vulnerable adults can occur at every stage of the transition process. It can also be a time where previous abuse can be uncovered. As such, it is necessary that a risk identification, mitigation and reporting plan be a formal part of the planning process and aligned to Government Decision no. 270/2014[24], which outlines reporting pathway, roles and responsibilities in any case of abuse, neglect, violence, exploitation of children. It requires that everyone who is engaged in some stage of the process be aware of risks, roles and responsibilities in terms of reporting both risks as well as actual abuse. This information can be provided in an initial training, and also addressed during regular meetings or technical check ins.

Once risks have been identified, they should be considered and mitigated in planning and during implementation. Risks can happen even during the assessment and planning process. Any activity related to the institution, human resources, or individual or family assessment that would expose the child to the presence of others, may expose them to risk. For example, during the assessment phase, clear procedures for how to safeguard children and vulnerable adults should be understood and practiced by anyone entering the residential care facility. During the exit from residential care, it is important to be extra sensitive to potential risks and prepare mitigation strategies to address them. Finally, during ongoing monitoring of the child placement, safeguarding must be a priority and integrated into the individual case plan and monitoring activities.

Examples of safeguarding risks to children and young people during the transformation process include the following:

1. **Violence, Abuse, Neglect, and Exploitation**:

   Children in residential care are often at high risk of experiencing violence, abuse, neglect, and exploitation. This is often due to the isolated and regulated environment, the nature of rotating staffing, staff without necessary training in discipline, challenging behaviours and complex trauma exhibited in children, and lack of adequate supervision. All of these can facilitate harmful behaviours by staff, officials, peers, volunteers, and visitors. Similarly, violence and abuse, gender-based violence can occur in family settings, including family-based alternative care. As such, it is always important to discuss safeguarding with everyone involved in the transformation and with families of all types, ensure that everyone understands the zero-tolerance policy and consequences if safeguarding issues arise. It is also important to share information in a user-friendly manner with everyone involved to ensure they also know how to identify and report any safeguarding concern related to the child or young adult in their care or contact.

2. **Inadequate Preparation and Planning**:

   Without thorough planning, the move from residential care to family-based or community-based care can result in children or youth being subject to trauma, even gender-based violence, abuse, neglect of exploitation. This is especially true if adequate assessment, planning, preparation and follow-up of both the child or young adult and the family or caregiver does not occur or is done too rapidly and without enough attention.

[24] https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro

3. **Insufficient Support Systems**:

   Lack of adequate support systems for children and their families can lead to family breakdown, placing the child or young person at risk of violence, abuse, or change in placement which can also cause trauma given their vulnerable backgrounds.

4. **Stigma and Discrimination**:

   Children who have spent time in residential care often face stigma and discrimination, which can exacerbate their vulnerabilities during the transformation process. This can lead to exclusion from essential services and supports, community activities, including school, health care, and play/recreation, which are safeguarding issues.

5. **Loss of Monitoring and Accountability**:

   The shift from institutional care to family-based care can result in reduced oversight and accountability by the responsible guardianship authorities, if proper monitoring mechanisms are not established for the whole transformation process and the reintegration of children, specifically.

Risk Mitigation: To address safeguarding risks during the transformation process, the following safeguarding approaches should be integrated across the process.

1. **Comprehensive Planning and Assessment**
   - Conduct thorough assessments to understand the specific vulnerabilities and needs of children and young people who are moving from residential care into family or community care.
   - Develop detailed individualized case plans for each child that identify any safeguarding risks and outline plans to mitigate them. Ensure that the family and the child or young people are made aware of these plans and their contents.
2. **Awareness raising and training of all teams engaged in the transformation process**
   - Design and deliver a mandatory training on safeguarding that includes identifying, mitigating and reporting safeguarding risks or events.
   - Promote awareness of the reporting process for any safeguarding concern.
3. **Strengthening Family and Community Support Systems**
   - Invest in building robust support systems that include social services, healthcare, education, and psychological support for children and their families.
4. **Anti-Stigma and Discrimination Initiatives**
   - Implement public awareness campaigns to reduce stigma and discrimination against children and young people entering family care and communities from residential care. Pay specific attention to caregivers, extended family, education and health facilities.
5. **Monitoring and Evaluation Mechanisms**
   - Establish robust monitoring and evaluation systems to track the progress of transformation efforts and the well-being of children and that include specific indicators related to safeguarding.
   - Include reporting mechanisms to continuously improve safeguarding practices and address emerging issues, including accessible and friendly reporting mechanisms for children.

6. **Training and Capacity Building**

   - Provide ongoing training and capacity building around safeguarding for social workers, caregivers, and other stakeholders on safeguarding principles and practices. In case conferences or coaching, raise safeguarding as a topic of discussion and provide a platform to discuss any concerns, ask questions, or solicit advice.

In Moldova, there are several options for making reports of any type of abuse, exploitation, neglect, violence:

Child's Hotline – 116111 (24/24), http://telefonulcopilului.md/

CNPAC - National Child Abuse Prevention Centre: 022 75 88 06 / 022 75 67 87, office@cnpac.md office: Chisinau, 61/2 Calea Iesilor str., cnpac.md

Support Service for People with Disabilities Hotline: 0 800 108 08/ 0 6060 1549 - viber, skype, sms, www.keystone.md

Telephone of women and girls, victims of domestic violence: 0 8008 8008

Online Safety: siguronline.md

Safeguarding considerations for children with disabilities

Safeguarding children with disabilities in residential care requires a comprehensive approach that addresses their unique vulnerabilities. Children with disabilities are particularly vulnerable to abuse within institutional settings. Children with disabilities are also subject to stigma, discrimination, abuse or neglect in family care and in the community. The same attention is required when assessing, planning, preparing, placing and providing follow up to children and young people with disabilities, as with all children. People engaged in supporting the child have the responsibility to find ways of understanding, observing, and detecting if a safeguarding risk or a protection violation has occurred. Working with children and young people with disabilities can require additional time, patience, and creativity in terms of observation and communication. Understanding their increased safeguarding risk should be considered in planning, preparation, case management and all aspects of transformation.

Children with disabilities face increased risks of abuse and neglect due to factors such as:

- **Communication barriers**: Different ways of expressing themselves and communicating with others, both verbal and non-verbal.
- **Dependency on caregivers**: Increased risk of exploitation.
- **Isolation**: Reduced visibility in the residential care facility, family and community.
- **Stigma and discrimination**: Children and young people with disabilities face stigma and discrimination, and this is often compounded if they have also spent time in residential care.

Identifying and reporting: Risk mitigation and assessment is a critical component of safeguarding, as is being able to both identify and report safeguarding concerns. There should be specific information provided to all actors engaged in the transformation process prior to beginning activities of transformation, including those that engage with children or young people. All actors should be provided with information (verbally and in written form) of the following topics and the core team should receive safeguarding training in these topics:

1. **Recognizing Signs of Abuse**: Be vigilant for physical, emotional, and behavioural indicators of abuse – current or past.

2. **Reporting Mechanisms**: Ensure that all staff know how to report concerns and to whom.
3. **Response Protocols**: Have clear procedures for handling allegations or suspicions, including reporting to authorities and providing or ensuring support to the child.

During the transformation process, the reporting process to relevant government authorities is outlined in the **Guidelines on the inter-sectoral cooperation**. Technical assistance partners supporting the transformation effort should be familiar with the government reporting procedures and follow internal safeguarding procedures with their own organization.

ANNEXES

Annex 1. Key definitions used for the transformation process[25]

Alternative Care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents. Alternative care includes kinship care, foster care, adoption, supervised independent living, and residential care.

Best interests of the child: In relation to children's care specifically, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including:

- the importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children; balancing children's immediate safety and well-being with their medium and longer term care and development needs; recognizing the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships; a consideration of children's attachments to family and communities, including the importance of keeping siblings together;
- the problems associated with care in large-scale institutions. In assessing best interests, it is important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs.

Child Protection System: A comprehensive system of laws, policies, procedures, and practices designed to ensure the protection of children and to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence.

Case Management: The process of identifying, registering, assessing (in reintegration cases this includes tracing activities), developing a case plan, implementing the case plan (delivering or

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[25] Definitions borrowed or adapted from:
Better Care Network. (n.d.) Better Care Network Toolkit Glossary. Retrieved from http://bettercarenetwork.org/sites/default/files/attachments/glossary.pdf
UN General Assembly (2010). *Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly*, 24 February 2010, A/RES/64/142, Retrieved from: http://www.refworld.org/docid/4c3acd162.html
Bunkers, K., Cox, A., Gesiriech, S., & Olson, K. (2014). Children, orphanages, and families: A summary of research to help guide faith-based action. Faith to Action. Retrieved from: https://www.faithtoaction.org/wp-content/uploads/2014/03/Children-Orphanages-and-Families_-A-Summary-of-Research-to-Help-Guide-Faith-Based-Action.pdf
Faith to Action Initiative. (2016). Transitioning to Family Care for Children: A Guidance Manual. Retrieved from https://www.faithtoaction.org/wp-content/uploads/2016/12/Transitioning-Care-Guidance-Manual.pdf
Global Social Service Workforce Alliance (on website). www.socialserviceworkforce.org
United States Agency for International Development (USAID) and the Health Communication Capacity Collaborative. (n.d.) *Social and Behavior Communication Saves Lives.* Retrieved from: http://ccp.jhu.edu/wp-content/uploads/JHU_Social_and_Behaviour_FULL_OUTLINES_V2.pdf
Wedge, J., Krumholz, A., & Jones, L. (2013). *Global learning on family reintegration in low and lower-middle income countries.* The Interagency Group on Reintegration. Retrieved from: http://bettercarenetwork.org/sites/default/files/attachments/Reaching%20for%20Home%20-%20Globaly%20Learning%20on%20Family%20Reintegration.pdf
UISG= International Union of Superiors General: http://www.internationalunionsuperiorsgeneral.org/

referring to services, facilitating and overseeing the placement of the child into the family environment), and ongoing monitoring and documentation.

Community Based Services: A range of universal services from health, education and social sectors to ensure the support of children and families in the community.

Deinstitutionalization: The process of closing residential care institutions and providing alternative family-based care and prevention services within the community.

Divestment: Divestment is the process of withdrawing financial support from a residential care facility. The focus of divestment is a planned withdrawal of financial support, but it may also involve concluding other forms of support, such as in-kind donations, volunteering, or short-term mission trips of donor or faith-based organizations.[26]

Family Based Alternative Care: A type of alternative care that is short-term or long-term placement of a child in a nurturing family environment with at least one consistent parental caregiver, where children are part of supportive kin and community.

Family Strengthening: Programs, strategic approaches and deliberate processes of empowering families with the necessary capacities, opportunities, networks, relationships and access to services and resources to promote and build resilience and the active engagement of parents, caregivers, children, youth and other family members in decisions that affect the family's life. Examples of family strengthening interventions include:

- Parenting skills training
- Home visiting
- Case management
- Health and nutrition programs
- Education and early childhood development
- Psychosocial support
- Household economic strengthening programs
- Specific support for children and/or their caregivers with disabilities (access to assistive technologies, personal assistance service, support for inclusive education).

Family Support Services: A range of measures to ensure the support of children and families to prevent and/or overcome risk situations in order to ensure the care and education of the child in the family environment. The aim of the family support services is to ensure the well-being of the child by developing and strengthening the family's capacities in its care and education.

Foster care: Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such care.

Gatekeeping: A recognized and systematic procedure to ensure that alternative care for children is used only when necessary. The gatekeeping process helps to determine if a child should be separated from his or her family and, if so, what placement will best match his or her individual needs and interests. Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, matched to whether the placement can meet these needs based on its functions and objectives.[27]

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[26] Better Care Network. (2024). *Divestment of residential care services: Final report*. Retrieved from https://bettercarenetwork.org/sites/default/files/2024-09/divestment_of_residential_care_services_final.pdf

[27] Government Decision nr. 7 from 20.01.2016, updated in 2024, Gatekeeping commission. Retrieved from https://www.legis.md/cautare/getResults?doc_id=142684&lang=ro

Guardianship authority: state authority that is by law responsible for child protection.[28]

Inclusion: Inclusion is the process of taking necessary steps to ensure that every young person is given an equal opportunity to develop socially, to learn and to enjoy community life. It is often associated with particular groups of young people: those with disabilities, from ethnic minority communities, people living with HIV, etc. It is also associated with certain regions, cities and neighbourhoods.

Inclusive education: educational process that responds to children's diversity and individual development requirements and provides opportunities and equal chances to benefit from fundamental human rights, development and quality education in mainstream learning environments.[29]

Kinship care: There are two definitions of kinship care, informal and formal.[30]

a. Formal kinship care: An arrangement, ordered by an external administrative or judicial authority, whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family. Family members include grandparents, aunts, uncles and older siblings.

b. Informal kinship care: A private arrangement within an extended family whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family, without it being ordered by an administrative or judicial authority. Family members include grandparents, aunts, uncles and older siblings.

In Moldova informal kinship care is regulated as **Custody**. The definition according to the legislation is as follow: A form of temporary protection of the child separated from parents who live in another community in the country or abroad for more than two months or whose health condition does not allow them to fulfil their parental duties.

Residential Care: Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes (UN GAC 2010.)[31] These may be public or state-run, under national ministries or local authorities, or privately operated by not-for-profit, for profit, faith institutions or non-governmental organizations. **Reintegration:** The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

Reunification: The physical reuniting of a separated child with his or her family or previous caregiver.

Safeguarding: The responsibility that organizations have to ensure their staff, operations, and programs do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organization has about children's safety within the communities in which they work, are reported to the appropriate authorities.

Supervised independent living: Settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the

[28] Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=139010&lang=ro
[29] Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=110112&lang=ro
[30] Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=136348&lang=ro
[31] United Nations. (n.d.). Report on the situation of human rights in the Democratic People's Republic of Korea. Retrieved from https://digitallibrary.un.org/record/673583?v=pdf (p. 6)

necessary competencies for autonomy in society through appropriate contact with, and access to, support workers. Such arrangements and support may be provided for individuals or small groups.

Transformation (Transition) of residential care facilities: The process of changing the model of alternative care services provided by a public authority or private organization from a residential to a family-based model. Transformation involves change at all levels of the organization and includes, but is not limited to, the redesign of services, repurposing of resources, redeployment of personnel, and the individual assessment, preparation and reintegration of children and young people living in residential care facilities. Transformation outcomes may include a full transition to other services, safe closure of the residential care service, and divestment of resources from residential services and reinvestment in community-based services that support family care. Deinstitutionalization is a critical part of the transformation process but is not, by itself, transformation.

Annex 2. Illustrative National Deinstitutionalization Plan

National plan for the deinstitutionalization of children and transformation of the residential care facilities (RCFs)[32] for children in the Republic of Moldova 2024-2026

Actions	Description of activities (Sub-actions)	Monitoring/result indicator	Responsible	Costs
1.	2.	3.	4.	5.
PHASE I. Engagement and agreement (ongoing)				
Specific objective 1.1: Increase the awareness and engagement of decision-makers and key-stakeholders in deinstitutionalization				
1. Ensuring the engagement and common understanding at the national, regional and local level on the implementation of the national policy on the deinstitutionalization (DI) of children and transformation of	1.1 Approval of the Order of the Minister of Labor and Social Protection regarding: a. transformation of the RCFs b. stopping the new placements of children in RCFs that enter the process of transformation	Order of the Minister of Labor and Social Protection (MLSP)	MLSP	Within the limits of budget allocations
	1.2 Informing the founders and administration of RCFs about the content of the Order and the authorities' commitment to stop new placements of children and launching the transformation process	MLSP order sent to all RCFs founders and administration	MLSP	Within the limits of budget allocations
	1.3 Development of the communication strategy and key messages for each group of stakeholders impacted by the DI process and the transformation of the RCFs[33]	Communication strategy and key messages developed for each group of stakeholders	MLSP Support from partners	Within the limits of budgetary allocations, additional costs covered by partners

[32] Residential care facilities (RCFs) represent any public or private institution, in which children are cared for by salaried staff or volunteers, who work in predetermined hours/shifts, where children live 24/7, based on a collective way of life. RCFs are considered: boarding schools, auxiliary schools, special schools, boarding houses, placement centers, placement services within a service complex, etc.

[33] Note: The key messages will be developed for the following target groups – the Teams of the Regional Social Assistance Agencies (ATAS), the Teams of the Territorial Social Assistance Structures (STAS), the Team of the Agency for the Management of Social Services with High Specialization, the Team of the General Directorate for the Protection of Children's Rights mun. Chisinau (DGPDC), Team of the General Directorate of Health and Social Protection ATU Gagauzia (DGSPS), Commissions for the Protection of Children in Difficulty, Child Protection Specialists, Founders of (Public) Institutions, Employees of (Public) Institutions, Founders of (Private) Institutions, Children Placed in Institutions, Families/Caregivers of Children Placed in Institutions.

residential care facilities for children		impacted by the DI and transformation processes		
	1.4 Carrying out direct communication activities with stakeholders Online meetings with: a. the directors of ATAS and the RCFs managers b. General Directorate for the Protection of the Child's Rights Chisinau (DGPDC), General Directorate of Health and Social Protection UTA Gagauzia (DGSPS), LPA I, private organizations (managing RCFs) Information meetings organized by ATAS (10), DGPDC mun. Chisinau (1), DGSPS UTA Gagauzia (1) for the managers of placement services, LPA I (local guardianship authority) from the place of residence of the child's family[34] Direct discussions with RCFs staff and parents/caregivers of children	Number of meetings organized with each group Number of meeting participants Number of parents/caregivers informed about initiating the DI process	MLSP ATAS DGPDC mun. Chisinau DGSPS ATU Gagauzia Support from partners	Within the limits of budgetary allocations, additional costs covered by partners
2. Establishment of the national and regional groups for the coordination of the DI efforts and transformation of the RCFs (National Coordination Group/Regional	2.2 Develop the Regulation on the organization and functioning of the coordination groups (at national level and regional levels)	Two regulations developed	MLSP Support from partners	Costs covered by partners
	2.3 Establishment of the national group and regional groups for the coordination of the DI process and the reorganization/liquidation of residential institutions	MMPS Order for the establishment of the coordination groups	MLSP Agency for the Management of Highly Specialized Services	Within the limits of budget allocations

[34]According to Law 140/2013 (Art.6 (c, d,) the local guardianship authority takes the necessary actions to prevent the separation of the child from the family environment or for the (re)integration of the child into the family; it ensures the evaluation of families with children at risk and of children separated from their parents.

Coordination Group)[35]			ATAS DGPDC mun. Chisinau DGSPS UTA Gagauzia	
STAGE II. Comprehensive assessment of the children, families and institutions and development of the transformation plan for each RCF September 2024 - September 2025				
Specific objective 2.1 Establishment and capacity building of multidisciplinary teams in each region September 2024 – September 2025				
1. Establishment of multi-disciplinary teams for child, family and institutional assessment[36]	1.1 Develop the Regulation for the organization of the multi-disciplinary teams for assessment of children, families and institutions	Regulation approved	MLSP National Coordination Group Support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	1.2 Establishment of multi-disciplinary teams at national and regional level	MLPS Order/ATAS Decisions on the establishment of multi-disciplinary teams	MLSP ATAS DGPDC mun. Chisinau DGSPS UTA Gagauzia Support from partners	Within the limits of budgetary allocations, additional costs covered by partners

[35] Note: The national group for the coordination of the DI and transformation of RCFs will include representatives of the MLSP, a representative of the Agency for the Management of Highly Specialized Services, the directors of ATAS, the head of the DGPDC Chisinau, the head of the DGSPS ATU Gagauzia, one representative each from UNICEF Moldova, the Global Initiative Changing the Way We Care (CTWWC), Partnerships for Every Child, CFF Moldova, Keystone Moldova, other partners (as the case may be).
The regional groups for the coordination of the DI process and for the reorganization/liquidation of residential institutions will include the director of ATAS, head of the STAS (at district levels), head of DGPDC mun. Chisinau, head of DGSPS Gagauzia, other members (as the case may be).

[36] Note: The multi-disciplinary team for the evaluation of institutions may be set up at national level and will include specialists in infrastructure and human resources. The multi-disciplinary teams for the assessment of children and families will be set up at regional level and will include social workers/child protection specialists, psychologists, pediatricians, other specialists as appropriate.

2. Update and approval of the methodology for the assessment of the child, family and institutions	2.1 Review and consultation of the methodology for the assessment of the child, family and institutions	Revised assessment toolkit	MLSP Support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	2.2 Approval of the methodology for the assessment of the child, family and institutions	Order on the approval of the methodology for the complex assessment of the child, the family and the institution	MLSP	Within the limits of budget allocations
3. Organizing the training of multi-disciplinary evaluation teams	3.1 Development/update of the training program of regional multi-disciplinary teams on the transformation principles and assessment tools	Approved training program	MLSP Support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	3.2 Training for multi-disciplinary teams on the transformation process, deinstitutionalization and assessment tools	Number of training sessions organized; No. of people trained	MLSP Support from partners	Costs covered by partners
	3.3 Convening the guidance and planning meeting on the evaluation of institutions in order to clarify the methodology, establish and confirm/schedule for conducting evaluations, etc.	Guidance session conducted Number of participants	MLSP Support from partners	Costs covered by partners
	3.4 Organizing monthly supportive supervision sessions for multi-disciplinary teams involved in the assessments	Session Reports	MLSP Regional Coordination Working Groups	Costs covered by partners
Specific objective 2.2 Assessment of children, families, and institutions and development of transformation plans **December 2024 – May 2025** *(Note: assessments may start earlier, when appropriate and necessary)*				
1. Child and Family Assessments	1.1 Assessment of children in residential institutions, elaboration of the preliminary recommendation on the option of reintegration/placement according to the best interests of the child	• Total number of children assessed • Number of children interviewed/consulted in the evaluation process	Multi-disciplinary teams Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners

	1.2 Assessment of the family's situation	No. of families evaluated	Multi-disciplinary teams Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	1.3 Development of reports on the results of child and family assessments (by institution) with preliminary recommendations on service needs for each child and family	Child and Family Assessment Reports	Multi-disciplinary teams Regional Coordination Groups Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners
2. Assessment of Residential Care Facilities	2.1 Assessment of the RCFs	No. of institutions evaluated	Multi-disciplinary teams Regional and National Coordination Groups Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners (transportation)
	2.2 Preparation of RFC assessment reports, conclusions and preliminary recommendations on their transformation (by institution)	Evaluation reports of the institutions prepared	Multi-disciplinary teams Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners
3. Mapping and development of services	3.1 Development of the methodology for mapping social and other relevant services based on the child and family assessments	Approved Mapping Methodology, MLSP Order	MLSP Support from partners	Within the limits of budgetary allocations, additional costs covered by partners

	3.2 Data collection on the availability of services, analysis of the need for development/expansion of the necessary services according to the child and family assessments	Mapping reports	MLSP ATAS DGPDC mun. Chisinau DGSPS UTA Gagauzia Support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	3.3 Development or expansion of existing services	No. of services developed/extended	MLSP ATAS DGPDC mun. Chisinau DGSPS UTA Gagauzia Methodological support from partners	Within the limit of budgetary allocations, additional costs covered by partners (as applicable)
4. Development of the transformation/ closure plan for each residential care facility based on the recommendations of the institution evaluation report	4.1 Elaboration and approval of the template transformation plan for RCFs	Approved template	MLSP Support from partners	Within the limits of budget allocations
	4.2 Preparation and approval of transformation plans for each RCF and consultation with stakeholders	RCF transformation plans approved by the founder's decision	MLSP ATAS DGPDC mun. Chisinau DGSPS UTA Gagauzia Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	4.3. Estimation of costs necessary for the development/extension of the social services necessary for the deinstitutionalization of all children and redirecting resources (through budget planning processes) from the RCF to community-based services	Estimated costs for social services needed to be developed/expanded Amount of financial resources redirected from IR	MLSP National Coordination Group	Within the limits of budgetary allocations, additional costs covered by partners

		to services based on identified needs	Methodological support from partners	
STAGE III. Deinstitutionalization of children and transformation of the residential care facilities August 2024 - December 2026				
Specific objective 3.1 Implementation and monitoring of the deinstitutionalization process August 2024 -December 2026[37]				
1. Preparation and deinstitutionalization of children according to case management process	1.1 Development/update of the individual assistance plan (case plan) for each child, indicating the DI options and the service plan for each child	Number of updated/elaborated case plans	Multi-disciplinary teams Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	1.2 Preparing children for the transition process from institution to family or foster care	Child preparation program developed, consulted with children and approved Number of children who benefited from the training program	MLSP Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	1.3 Preparing the family/caregiver for the child's reintegration/foster care	Family/caregiver preparation actions for DI carried out	Multi-disciplinary teams Methodological support from partners	Services according to PIA recommendations, within the limits of budgetary allocations, additional costs redirected from the IR

[37] Note: The timeline indicated for sub-actions 1.1 – 1.6 is illustrative and must be adapted according to the best interests of the child. The process of deinstitutionalization can begin immediately or extended, depending on the individual situation of the child.

				and costs covered by community and national partners
	1.4 Preparing children who are close to aging out of RCF or foster care for independent living within the community	Approved Independent Living and Community Living Preparation Program Number of children who benefited from the program	Multi-disciplinary teams Methodological support from partners	Within the limit of budgetary allocations, additional costs covered by the partners (as applicable)
	1.5 Mobilization and preparation of communities for the reintegration of children and supporting families, including social and educational inclusion actions	Number of community training actions carried out Number of community support groups established	Multi-disciplinary teams Methodological support from partners	Within the limit of budgetary allocations, additional costs covered by the partners (as applicable)
	1.6 Reintegration of children into families/placement of children in alternative family-based care and ensuring access to services according to the case plans	Number of children reintegrated into the family/placed in family-based alternative care services	Case Manager Multi-disciplinary teams Methodological support from partners	Services according to the case plan recommendations, within the limits of budget allocations, additional costs redirected from IR and costs covered by partners (as applicable)
	1.7 Monitoring the implementation of support plans and reviewing them the child's progress and the family/caregiver's situation (according to the case management stages)	▪ No. of monitored children ▪ No. of monitored families	Case Manager	Within the limits of budgetary allocations, additional costs covered by partners
2 Reorganization/ closure of the RCFs based on the approved transformation plans	2.1 Organization of meetings with RCF staff and multi-disciplinary team to discuss progress and barriers in the implementation of the transformation plans (for each institution)	Number of meetings organized Number of meeting participants	Regional Coordination Groups Multi-disciplinary teams	Within the limits of budgetary allocations, additional costs covered by partners

	2.2 Preparation of the necessary documents for the transformation/closure process - Asset inventory documents - Procedures for terminating employment relations with RCF staff - Information letters to families/caregivers and local guardianship authorities about the transformation process	Decisions on the transformation /closure	MLSP National Coordination Group Regional Coordination Group	Within the limits of budgetary allocations, additional costs covered by partners
Specific objective 3.2 Monitoring the process of deinstitutionalization of children and transformation of residential care institutions July 2024 – December 2026				
1. Methodological support of the monitoring process	1.1 Elaboration of the mechanism for monitoring the process of deinstitutionalization of children and transformation of the residential institutions	Monitoring mechanism developed and approved	MLSP Support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	1.2 Development of the mechanism for monitoring child and family well-being after the deinstitutionalization process (list of impact indicators, data collection methodology, etc.)	Monitoring mechanism developed and approved	MLSP Support from partners	Within the limits of budgetary allocations, additional costs covered by partners
	1.3 Impact assessment of the deinstitutionalization process on the well-being of children and families	Independent household survey of all children/families involved in the deinstitutionalization process	Partner organizations	Costs covered by partners
2 Monitoring the implementation of the National Transformation Plan	2.1 Organization of monthly meetings of the National Group for the Coordination of the DI Process and Transformation of Residential Care Facilities	Monthly meetings organized, minutes of the meeting	National Coordination Group	Within the limits of budget allocations
	2.2 Organization of monthly meetings of the regional coordination groups of the DI and transformation processes	Monthly meetings organized, minutes of the meeting	Regional Coordination Groups	Within the limits of budget allocations
	2.3 Elaboration of monthly monitoring reports on the process of deinstitutionalization and implementation of the transformation plans of residential institutions (based on the monitoring mechanism)	Monthly monitoring report	ATAS DGPDC mun. Chisinau	Within the limits of budgetary allocations, additional costs covered by partners

			DGSPS UTA Gagauzia Methodological support from partners	
	2.4 Elaboration of quarterly reports for monitoring the well-being of the child in the process of deinstitutionalization	Quarterly monitoring report	MLSP ATAS DGPDC mun. Chisinau DGSPS UTA Gagauzia Methodological support from partners	Within the limits of budgetary allocations, additional costs covered by partners

Annex 3. Regulation of the National Coordination Working Group

Regulation on the organization and functioning of the National Coordination Working Group for deinstitutionalization of children and transformation of the residential care facilities (RCFs)

Section I. General provisions

1. This Regulation establishes the organization and functioning of the National Coordination Working Group for the deinstitutionalization of children and transformation of the RCFs.
2. The National Coordination Working Group is created by the Order of the Minister of Labor and Social Protection (hereinafter - MLSP) for the purpose of coordinating and monitoring the implementation of the National Plan for deinstitutionalization of the children and transformation of the RCFs by the end of 2026.
3. The National Coordination Working Group includes the representatives of the MLSP, the director of the Agency for the Management of Highly Specialized Services, the directors of the Territorial Social Assistance Agencies (hereinafter - ATAS), deputy mayor of mun. Chisinau responsible for education, culture, youth and sports, social assistance, medical assistance, protection of children's rights and interethnic relations, representative of the administration of UTA Gagauzia, representatives of UNICEF Moldova, Global Initiative *Changing the Way We Care* (hereinafter - CTWWC), Partnerships for Every Child, CCF Moldova, Keystone Moldova.
4. The organizational activity and secretariat of the National Coordination Working Group is ensured by the MLSP Directorate for child rights and family protection policies.

Section II. Duties of the National Coordination Working Group

5. The National Coordination Working Group has the following duties:
   a) coordinates the implementation of the Operational Plan for the deinstitutionalization of children and transformation of the RCFs in the Republic of Moldova;
   b) monitors monthly progress of the implementation of the Operational Plan for the deinstitutionalization of children and transformation of the RCFs and updates the Plan, as necessary;
   c) analyzes the difficulties encountered by the Regional Coordination Working Groups and the multi-disciplinary teams in implementing the actions of the National Operational Plan and identifies solutions to overcome them;
   d) analyzes and recommends for approval to the MLSP the Communication Strategy and the key messages developed for each interest group affected by the process of deinstitutionalization of children and transformation of RCFs;
   e) analyses, reviews and recommends for approval to the MLSP the methodology for the assessment of children, families and RCFs;
   f) analyzes and recommends for approval to the MMPS or other founders of residential institutions the assessment reports prepared by multi-disciplinary teams;
   g) analyzes and recommends for approval to the MLSP the methodology for mapping social services;
   h) analyzes and recommends for approval to the MLSP or to other founders of the RCFs the Transformation Plans;

i) proposes to the MLSP recommendations for the development/expansion of social services and planning of the necessary expenses in the regions managed by each ATAS, Chisinau municipality and UTA Gagauzia;
j) participates in the elaboration of the Plan for the redirection of financial resources from RCFs to social services for children and families;
k) monitors the implementation of the RFC Transformation Plans;
l) facilitates collaboration with other ministries, central administrative authorities and institutions to ensure access to specialized services (inclusive education, early childhood intervention, treatment and rehabilitation, access to assistive technologies, etc.) for children reintegrated in their biological families or placed in family-based alternative care.

Section III. Organization of the work of the National Coordination Working Group

6. The activity of the National Coordination Working Group is organized by the MLSP through the MLSP Directorate for child rights and family protection policies.
7. In order to carry out the duties provided for in this Regulation, the National Coordination Working Group meets in ordinary meetings, which are convened monthly.
8. In case of urgent needs related to the implementation of the National Operational Plan or in cases where major difficulties are found in the activity of the Regional Coordination Working Groups and/or Multi-disciplinary Teams, the National Coordination Working Group may convene in extraordinary meetings.
9. The extraordinary meetings of the National Coordination Working Group are convened at the initiative of the MLSP or at the request of the members of the National Coordination Working Group.
10. The secretariat of the National Coordination Working Group is carried out by the MLSP Directorate for child rights and family protection policies. The Secretariat has the following functions related to the activity of the National Coordination Working Group:
    a) coordinates the agenda and organizes the monthly meetings of the National Coordination Working Group;
    b) ensures the preparation and presentation by the designated members of the information and materials on the topics included in the agenda;
    c) provides methodological assistance to the Territorial Social Assistance Agencies, the General Directorate for the Protection of Children's Rights mun. Chisinau and the General Directorate of Health and Social Protection UTA Gagauzia in the process of preparing documents for the meetings of the National Coordination Working Group;
    d) drafts minutes of the meetings of the National Coordination Working Group and sends them to all members of the Group;
    e) informs the Regional Coordination Working Groups on the decisions and recommendations of the National Coordination Working Group;
    f) ensures continuous communication with the Regional Coordination Working Groups and/or with the Multi-disciplinary Teams and shares difficulties noted at the regional level.

11. In carrying out its duties, the National Coordination Working Group applies the provisions of the Guide on the internal child protection policy approved by the MLSP Order no. 114 of 24 May 2024. The National Coordination Working Group can provide recommendations for improving the implementation and monitoring process of the National Operational Plan for deinstitutionalization of the children and transformation of the RCFs in the Republic of Moldova.
12. The recommendations in the process of implementation and monitoring of the National Operational Plan for deinstitutionalization of the children and transformation of the RCFs in the

Republic of Moldova are developed, including with the participation and consultation of the children's opinion, if applicable.

Annex 4: Regulation of the Regional Coordination Working Group

Regulation on the organization and functioning of the Regional Coordination Working Group for deinstitutionalization of children and transformation of the residential care facilities (RCFs)

Section I. General provisions

1. This Regulation establishes the organization and functioning of the Regional Coordination Working Group for deinstitutionalization of children and transformation of the RCFs from the region assigned to each Territorial Agency for Social Assistance (hereinafter – ATAS), from mun. Chisinau and ATU Gagauzia.
2. The Regional Coordination Working Group is created by the Order of the Director of ATAS, Disposition of the General Mayor of mun. Chisinau, and Disposition of the Bashkan of UTA Gagauzia for the purpose of implementing the Regional Operational Plan for deinstitutionalization of children and transformation of RCFs in the region, by the end of 2026.
3. A total of 12 Regional Coordination Working Group will be set up (10 Regional Groups at the level of ATAS, one Regional Group - at the level of Chisinau municipality and one – at the level of UTA Gagauzia).
4. The organizational activity and secretariat of the Regional Coordination Working Group is provided by ATAS, the General Directorate for the Protection of Children's Rights of Chisinau municipality (hereinafter – DGPDC mun. Chisinau), General Directorate of Health and Social Protection of UTA Gagauzia (hereinafter – DGSPS UTA Gagauzia).

Section II. Duties of the Regional Coordination Working Group

5. The Regional Coordination Working Group has the following duties:
   a) informs the staff of residential institutions, local guardianship authorities, private residential service providers about the deinstitutionalization process and the commitment of the national public authorities for the transformation residential care facilities for children in the Republic of Moldova;
   b) updates and implements the Regional Operational Plan for deinstitutionalization of children and Transformation of RCFs from the region, by the end of 2026;
   c) participates in the improvement of the methodology and tools for the assessment of children, families and residential institutions;
   d) ensures access and activity of the Multi-disciplinary Teams in the residential care facilities from the region;
   e) facilitates contact and family assessment visits by the Multi-disciplinary Teams;
   f) provides support and mentoring to Multi-disciplinary teams involved in the child and family assessments;
   g) participates in the development of preliminary recommendations for services needed by children and families in the process of deinstitutionalization;
   h) analyzes and approves the Child and Family Assessment Reports, prepared by the Regional Multi-disciplinary Teams;
   i) analyzes the evaluation reports of the RCFs from the region assigned to ATAS, from mun. Chisinau and UTA Gagauzia;
   j) participates in the elaboration of the Transformation Plans for residential care facilities;
   k) provides support to founders of the RCFs in managing the transformation process;
   l) collects and processes data on social services according to the mapping methodology approved by the MLSP;

m) elaborates an Operational Plan for the development of social services for children and families and budgets resources needed as part of the deinstitutionalization processes;
n) monitors the preparation of children by the multi-disciplinary teams for the deinstitutionalization process according to case management;
o) plans and coordinates actions to mobilize and prepare the community for the reintegration/family placement of the child and the support of the family/family-based alternative care service.

Section III. Organization of the work of the Regional Coordination Working Group

6. The organization of the activity of the Regional Coordination Group is carried out by ATAS, through the Strategic Planning and Development Department, by DGPDC mun. Chisinau and DGSPS UTA Gagauzia through the deputy heads of the Directorates.
7. In order to carry out the duties provided for in this Regulation, the Regional Coordination Working Group will meet in ordinary meetings, convened monthly.
8. In case of urgent needs related to the implementation of the Regional Operational Plans for deinstitutionalization of children or in cases where major difficulties are found in the activity of the multi-disciplinary teams involved in the process, the Regional Coordination Working Group may convene in extraordinary meetings.
9. The extraordinary meetings of the Regional Coordination Working Group are convened at the initiative of ATAS, DGPDC mun. Chisinau, DGSPS UTA Gagauzia or at the request of the members of the Regional Coordination Working Group.
10. The secretariat of the Regional Coordination Working Group is carried out by the Strategic Planning and Development Directorate of ATAS and the deputy heads of the DGPDC mun. Chisinau and DGSPS UTA Gagauzia. The Secretariat has the following functions related to the activity of the Regional Coordination Working Group:
    a) coordinates with the Secretariat of the National Coordination Working Group the agenda and organizes the monthly meetings of the Regional Group;
    b) ensures the presentation by the designated members of the necessary information on the topics included in the agenda of the meetings of the Regional Coordination Working Group and of the draft documents elaborated according to the Regional Operational Plan for deinstitutionalization of children and transformation of RCFs;
    c) provides methodological assistance to multidisciplinary teams in the process of deinstitutionalization;
    d) draw up the minutes of the meetings of the Regional Coordination Working Group and send them to all members of the Group;
    e) coordinates and continuously monitors the implementation of the Regional Operational Plan for the deinstitutionalization of children.
11. In carrying out its duties, the Regional Coordination Working Group applies the provisions of the Guide on the internal child protection policy approved by the MLSP Order no. 114 of 24 May 2024. The Regional Coordination Working Group may provide recommendations for improving the implementation and monitoring process of the Regional Operational Plan for deinstitutionalization of children and transformation of the RCFs. Recommendations are developed, including with the participation and consultation of children's opinions, where appropriate.

Annex 5: Regulation of the Multi-Disciplinary Team

Regulation on the organization and functioning of the Regional Multi-disciplinary Team involved in the process of deinstitutionalization of children

Section I. General provisions

1. This Regulation establishes the procedure and activity of the regional multi-disciplinary team involved in the process of deinstitutionalization of children and transformation of the residential care facilities for children.
2. The regional multi-disciplinary team is set up by the Order of the Territorial Social Assistance Agency Director (hereinafter – ATAS), the Disposition of the General Mayor of Chisinau municipality, Disposition of the Bashcan of UTA Gagauzia.
3. The regional multi-disciplinary teams consist of: psychologist, social worker, doctor and other specialists depending on the profile of the children placed in the residential care facilities. All members of the multi-disciplinary team have experience in the field of child protection. Depending on the total number of children placed in residential institutions, in each ATAS, in mun. Chisinau and in UTA Gagauzia, one or more multi-disciplinary teams can be appointed *(according to the recommendations in Annex 1).* A regional multi-disciplinary team will carry out assessments of 25-30 children, according to the case management process. Based on the number and profile of children placed in RCFs, ATAS, the General Directorate for the Protection of Children's Rights from mun. Chisinau, the General Directorate of Health and Social Protection of UTA Gagauzia will determine the number of regional multi-disciplinary teams needed in each region and their nominal composition.
4. The organizational activity of the regional multi-disciplinary team is ensured by ATAS in close collaboration and the local Child and Family Protection Directorates.

Section II. Duties of the multidisciplinary team

5. The regional multi-disciplinary team has the following duties:
   a) analyzes the child and family assessments tools and participates in the trainings organized by the MLSP on the assessment methodology and process;
   b) participates in monthly mentoring and guidance sessions convened by the Regional Coordination Working Group;
   c) analyzes the Guide on the internal child protection policy approved by the MLSP Order no. 114 of 24 May 2024 and guarantees its application in the child and family assessment process, as well as in the process of deinstitutionalization and family reintegration/placement of the child in family-based alternative care;
   d) fills in the child's assessment forms based on the analysis of the information in the child's file, the interviews conducted with the staff employed in the residential institution and the child;
   e) fills in the family assessment forms, in collaboration with the specialist in the protection of children's rights/community social worker;
   f) develops the child and family assessment reports, based on conducted assessments (by institution), with preliminary recommendations on the service needs for each child and family;
   g) develops and review the case plan for each child in the institution, based on the data and recommendations formulated in the conducted assessments;

h) ensures the child's consultation and participation in decision-making that relates to deinstitutionalization, family reintegration, placement in family-based alternative care or independent living in the community, where appropriate;
i) ensures the preparation of children for the deinstitutionalization process according to the Individual Assistance Plan and the stages of case management;
j) ensures, in collaboration with the child protection specialist /community social worker or specialist responsible for family-based alternative care, the preparation of the biological/extended family or the family of the guardian, kinship, foster family;
k) provides support in collaboration with the child protection specialist /community social worker, to children in the graduate classes in career guidance, identifying opportunities to continue their studies, as well as identifying support services for independent living in the community;
l) collaborates with the child protection specialist/community social worker in the protection of children's rights in cases of family reintegration and with the specialist responsible for family placement in cases of deinstitutionalization in alternative family-based care;
m) periodically monitors the situation of the deinstitutionalized children in the biological/extended family, adoptive family or in alternative family-based care.

Section III. Organization of the activity of the regional multi-disciplinary team

6. The planning of the activity of the regional multi-disciplinary team in residential institutions is carried out by ATAS through the Strategic Planning and Development Directorate in close collaboration with the local Child and Family Protection Directorates. In the case of Chisinau municipality and UTA Gagauzia, planning is carried out by the leadership of the DGPDC and DGSPS.
7. The initial training of the multi-disciplinary team on the assessment of the child and family is carried out by the MLSP in collaboration with the development partners. The MLSP may organize additional trainings on specific topics.
8. Mentoring and guidance sessions for the regional multi-disciplinary team are organized by the Regional Coordination Working Groups on a monthly basis or more frequently if necessary.
9. The regional multi-disciplinary team presents the comprehensive child and family assessment reports to the Regional Coordination Working Group.
10. The regional multi-disciplinary team is involved in the process of preparing children and families for deinstitutionalization, in close collaboration with the local Child and Family Protection Directorates.
11. In carrying out its duties, the regional multi-disciplinary team applies the provisions of Law no. 133 of 08.07.2011 on the protection of personal data and ensures the participation and consultation of children's opinions.

JOB AIDS

Job Aid 1: Crafting Key Messages

This **Job Aid for Crafting Key Messages** is designed for anyone working to support the transformation of residential care service models. It can be used by practitioners, public authorities and civil society organisations. Resistance, whether subconscious or intentional, can compromise the whole process of transformation. It can come from residential care facility directors or managers, direct care or support staff, government leaders or social workers, NGO leadership or donors (in private facilities), community members, and the children and families themselves.

Tips for Developing Key Messages

- **Know your audience:** Understand who you're talking to and what they are most likely to hear.
- **Be concise:** Use plain language and an active voice to make your messages clear and easy to understand.
- **Review:** Test your key messages with internal and external groups to get feedback and ensure they appeal to the audience.
- **Establish before communicating:** Create your keys messages before you start communicating with your target audience.
- **Consider your approach:** Decide if you want a broad or focused approach. Tweak your message to the approach.
- **Highlight benefits:** Focus on the positives like the benefits and advantages.
- **Support your points:** Use facts, statistics, expert opinions, stories, and visuals to support your points.

What are key messages?

A key message is a concise, compelling message that conveys the main points of information you want your audience to understand and remember. Key messages are the foundation of your communication strategy and should be used in all communications. These provide the basis for key messages. **Some examples of key messages appear in the text box to the right.** In the transformation of residential care facilities, the objectives of messaging are the following.

1. To prevent unnecessary separation of children whenever possible and in the best interests of the child (i.e., necessary);
2. To ensure that when alternative care is required that the option selected best meets the unique needs and situation of the individual child (i.e., suitable); and
3. To support timely reintegration of children who are in alternative care, with particular focus on ensuring that the placement is safe and sustainable.
4. To prohibit the investments in RCF for children, including renovation; investments

KEY MESSAGES

- Every child deserves a family.
- Children need to be part of the community.
- Children grow best in the love and care of families.
- A safe and nurturing family is the most essential source of belonging, emotional support, and physical and mental development for children.
- Children in residential care have parents and other family members – they are not orphaned.
- Children with disabilities, like all children, have the right to grow up in a family.
- Supporting families is the best way to support children who are without parental care.
- Any form of residential care should be a last resort and a temporary solution.
- Transitioning children from residential care to family care is achievable.
- The Government of Moldova has a vision for no children in residential institutions by 2027.
- In Moldova, 14 times more children can be serviced by family support services for the same cost as serving one child in residential care.

should be directed towards family support and community-based services service, family-based care and appropriate support for living independently.

Determining the target audience

Identifying the motives of the different players or "stakeholders" is key to crafting good messages, which are targeted to the specific audience. Good communication and the engagement at various stages of transformation helps minimize resistance and ensure that change can happen, and children continue to be well cared for. While the same base key message might be used for the different stakeholders, the language and delivery might change. For example, key messages to influential actors might be a direct conversation and verbatim delivery, whilst key messages for the public might be more pithy, short, simple language and adapted for radio delivery.

A stakeholder is anyone with an interest or concern in, or being impacted by, residential care. Residential care in Moldova has many different stakeholders, often nuanced depending on the type of residential care, who holds the authority for the institution/facility, whether it is a local or a national institution/facility, and whether it is public or private. Audiences include:

- **Influential actors**: Government authorities (national ministries, Territorial Agencies for Social Assistance, local authorities, government social workers), political figures with interest, and organizational leadership who have direct influence over the RCF's vision, strategy, budget and activities. For example, faith authorities, mayors, public budget holders or fiduciary decision makers, or, in the case of private organizations, sponsorship donors and founders.
- **Directors:** Those who occupy the leadership position in the RCF and oversee the programs as their primary responsibility – sometimes called managers or administrators.
- **Core transformation multidisciplinary teams:** Those with responsibility to support the planning and implementation of the transformation. These team members usually have certain expertise such as in the assessment of children and families and are not directly connected with the transforming RCF.
- **Children:** The ones who directly benefit from the care, programs or services being offered including residential and any other services such as schooling, day programs or other.
- **Families:** Those of the children benefitting from the care, programs or services being offered.
- **Direct service staff:** The people who work in social work, law, psychology, pedagogy, nutrition and daily care and education of the children in the facility.
- **Community:** Members of the community surrounding the RCF are also important to consider given that the facility may be seen as offering important services, employing local community members, or others of importance. Equally, the community members and leaders may feel an interest in what the facility transforms into or what happens to the infrastructure.
- **Boards of Directors:** Group of individuals that make up the formal leadership of the organization. They can be within or external to Moldova or a combination. In most cases, the board functions at the top of the organizational chart and has legal responsibility for the organization and its activities.
- **Donors:** Individuals, companies, foundations, or organizations that collaborate with the organization through monetary or in-kind donations. Sometimes includes individuals who sponsor children in the RCF.

Adapting messages to the audience

Adapting key messages starts with understanding the motivations of the stakeholder. Motivations for government will be different than motivation of parents. While both are concerned with the well-being and care of children, the message will not be the same. Look at your key messages and pick the messages relevant for the target audience. Next, adapt the language, add or take out

content, add compelling data or stories, develop visuals that will speak to the audience. Lastly, pick the right person/people to deliver the message and the right delivery platform (see below). Ensure that key messages are accessible to persons with disabilities.

Nuancing and adapting messages are particularly important for communication with children. Consider who is best to deliver the communication – it should be a trusted adult such as parent, family member, other caregivers, staff of the facility and other trusted adult. Messages should be accurate and honest, presented in age- and capacity-appropriate ways.

Delivering messages to the audience

Consider the many ways to deliver key messages. Not all will be appropriate for the message or the audience. Consider your key message, your audience and what delivery will best reach that audience. For example, a government official may not be listening to radio messages, while practitioners might hear key messages best when together, in a supportive environment like a workshop targeted to them. Children and parents might be best communicated with on a one-to-one basis, such as through the case management process. Example delivery platforms:

- Workshops, forums, conferences and webinars
- Advocacy and celebratory events
- Trainings
- Online discussions or online discussion boards
- Social media, television and radio
- Direct one-to-one conversations
- Meetings
- Print messages – posters, leaflets, newspaper articles
- Access to relevant learning resources

For more information on crafting key messages:

- Guidelines on Communicating with Children and Young People: Recommendations from Care Experienced Persons in Care
- Communicating with Donors and Partners During Transition
- Changing Mindsets and Practice: Engaging Christian Faith-based Actors in Deinstitutionalization and Child Welfare Systems Reform

Job Aid 2: Addressing Resistance

This **Job Aid: Addressing Resistance** is designed to support individuals engaged in the transformation process, particularly those working closely with the people most affected by these changes, such as directors of institutions, facility staff, local authorities with a child protection mandate, and children and families. These stakeholders may vary at different stages of the process. For example, at the beginning of the deinstitutionalization effort in a specific location, regional authorities might engage institution directors to explain the rationale behind the transformation, the objectives, and the specific roles institutions are expected to play. Later in the process, technical team members conducting child assessments may work with caregivers and other facility staff. Local authorities, too, may have reservations, particularly about finding safe alternative placements for children outside parental care. Parents and children might also be afraid or confused about what it means for their own situation.

These concerns are understandable and deserve acknowledgment and thoughtful responses. Anyone who interacts with stakeholders connected to institutions needs to be prepared with information and strategies to address resistance effectively. The goal is to foster acceptance and positive engagement among key stakeholders, ensuring a smooth and collaborative transition.

The job aid presents the key drivers of resistance, and outlines strategies for effectively addressing resistance to transformation from key stakeholders. Resistance is a common reaction to change. Resistance can be the result of fear of the unknown, discomfort with change, and a feeling of being left out or having limited communication or information. Resistance is common in deinstitutionalization efforts and must be planned for and managed carefully to ensure a smooth transformation process.

What are key drivers of resistance?

In many contexts, including Moldova, the people responsible for the daily operation of the institution, including direct caregiving of children, are longstanding staff. Their livelihood comes from the institution, and they have most likely formed relationships with the colleagues and the children in the institution. Resistance arises from deeply personal, professional, and practical concerns. Resistance may stem from a sense of job insecurity, losing an emotional attachment to someone, or a lack of understanding of the importance of family care for children. Recognizing these factors and addressing them with empathy and practical solutions can facilitate a smoother transition.

Effective planning for and managing resistance requires insight into the reasons behind it. Change, by nature, can be challenging, particularly when it disrupts established routines. Empathy is a critical component in navigating this transition. During the planning phase, consider adopting the perspective of those affected. Reflect on the experience of learning that daily professional practices may alter and the potential feelings this might evoke. This empathetic approach will inform the development of targeted messages, create opportunities for meaningful dialogue, and allow for strategic responses to address concerns. By anticipating and understanding these reactions, you can engage more effectively and minimize resistance throughout the change process.

1. **Job security concerns**: Staff fear job loss as RCFs transition away from institutional care.
2. **Attachment to children**: Staff who have formed strong bonds with children may be reluctant to see them moved to family care or independent living.
3. **Lack of or limited understanding of the "why?"**: Limited knowledge about the importance of family care and the importance of supporting families to change and improve the situation, family-based alternative care options can lead to skepticism or fear. This point does need to be nuanced, however, as you don't want those who have worked in

institutional care to feel bad about themselves or the impact of institutional care on children (see point below). It is important to provide this information in a way that doesn't judge or criticize those who work in institutional care. Remember: we need them to reach a place of understanding, so they eventually become part of the solutions.

4. **Perceived threats to social identity**: For staff who see their roles as deeply meaningful, changes can be seen as a threat to their identity and purpose.

Strategies for addressing resistance

Once you understand the drivers of resistance it is important to design strategies to address them. Key to this is doing it early in the process, with all the target groups, and consistently engaging these strategies throughout the transformation process. Engaging staff and stakeholders as allies rather than obstacles, providing opportunities for retraining, and maintaining transparent, compassionate communication are essential to overcoming resistance.

1. Engage stakeholders early and regularly

- **Conduct stakeholder consultations**: Gather insights from directors, staff, and community stakeholders through meetings, individual discussions, or other fora. Address fears and clarify misunderstandings.
- **Find opportunities to have representation of institutions in decision-making processes**. Feeling part of the solution will encourage positive engagement.

2. Communicate the rationale and vision for change

- **Develop clear messaging**: Explain the benefits of family-based care models for child well-being and social development.
- **Address myths and misunderstandings**: Provide evidence-based information, written in user-friendly language appropriate for the target population on how family care supports children's health, development, and community integration.
- **Transparent communication channels**: Establish regular communication updates to keep all parties informed and involved, using simple, non-technical language to address concerns.

3. Offer re-training or upskilling opportunities

- **Skill development**: Identify staff skills that can be repurposed within family- and community-based care models. Caregivers, for instance, might be interested in becoming foster carers.
- Depending on what the institution transforms into, identify how staff might engage. In many instances those who have worked closely with children know them best. Engage them in assessment processes. Help create a sense of teamwork so that they feel valued and appreciated.

4. Involve Staff in the process

- **Empower staff as agents of change**: Involve staff in planning and implementing different activities. Be proactive in identifying roles they can play, such as supporting children's reintegration into families or communities. Find opportunities for them to give "advice" about how to prepare the child for a new placement, for example.
- **Support emotional adjustment**: Recognize the emotional toll of transitions and create spaces for staff to express concerns. Offer support groups, peer discussions, and self-care activities (see Job Aid for Managing Stress).
- **Highlight success stories**: Share stories of other institutions that have transitioned to family-based models successfully or case studies of others (directors, staff, caregivers) to illustrate how others managed change successfully.

For more information please see here examples of case studies, videos and more.

Job Aid 3: Child, Youth & Family Participation in Transformation

This **Job Aid for Child, Youth and Family Participation in Transformation** is designed for anyone working to support the transformation of residential care service models. It can be used by practitioners, direct care workers and others. It is designed as a quick, user-friendly document that can be easily referenced, used as a reminder, or used to explain to others, what the meaningful participation of people with lived experience of care, including children, youth and family members, is and how to support it. Many resources on participation of children, youth and adults in decisions, services and initiatives that involve them exist and are provided below. The Job Aid focuses on key points that a person must know to support good quality participation.

Why is participation important?

Key principles of participation of PWLE

- Transparent and informative
- Voluntary
- Respectful
- Relevant
- Participant-friendly
- Inclusive
- Supported
- Safe and sensitive to risk
- Accountable

Providing safe platforms for children, youth and adults to contribute their time, voice, opinion and experience to decisions that involve and affect them is recognized globally as a best practice, enshrined as a right in the United Nations Convention on the Rights of the Child[38], Article 12,[39] and in the Guidelines for the Alternative Care of Children. These documents specifically mention the right to participate, to express one's opinion freely, and to have that opinion be considered as part of a decision-making process. Children with disabilities, like all children, have the right to participate and be heard on matters that affect them during the transformation, their views being given due weight in accordance with their age and maturity, without discrimination based on disability. Participation is not just a theory outlined in international conventions. Effective participation is a means to obtain relevant information on issues surrounding children, as well as to highlight their contribution and reinforce their ability to act, both individually and as a group.

What is meaningful participation?

For participation to be "*meaningful,*" participants must:

1. Understand the purpose of their participation,
2. Understand the level of influence they can expect,
3. Be listened to,
4. Feel safe and supported,
5. Have their ideas and opinions acted upon, and
6. Receive adequate feedback and follow up after participation.

How can children, youth and families participate meaningfully in transformation?

There are many ways that children, youth and families can participate as individuals or in a group. Some examples include:

[38] United Nations General Assembly (1989). United Nations Convention on the Rights of the Child. Retrieved from https://www.unicef.org/child-rights-convention/convention-text

[39] See also UN Committee on the Rights of the Child (CRC)General comment No. 12 (2009): The right of the child to be heard · Retrieved from https://www.refworld.org/legal/general/crc/2009/en/70207

- **Participation in planning and implementation.** Children, youth and family members have relevant experiences and perspectives that can be very helpful in planning for transformation and throughout implementation. They can be brought on as members of national or regional taskforces or working groups, join in vision and planning meetings, review activity plans and more.
- **Participation in case management.** Child-centered case management is participatory in itself. The process is key to developing a child's individual strengths and protective factors and can help caseworkers understand their individual circumstances and how they might want to participate and plan the additional support they might require doing so. Information on the placement options should be presented in appropriate language and formats to children and youth, as well as their family members. The case management process should support the expression of views and opinions from assessment all the way through to case closure, in a way they understand. To ensure that alternative care best meets the unique needs and situation of the individual child – we must have the child's opinion.
- **Participation in capacity building.** Involving children, youth and family members in training is crucial to changing the culture around participation – promoting the value of listening to them and developing solutions with them, rather than just for them. If they are comfortable with sharing their experiences, children and youth with lived experience can provide insight into what it feels like to be separated from your family, to live in an institution and to change placements.
- **Participation in advocacy.** Helping donors, decision makers and other key stakeholders understand the harms caused by institutionalization and what changes are needed is key to ensuring effective care reform strategies. Children, youth with lived experience and families can and should play a central role in local, national, and global-level advocacy and campaigning.
- **Participation in assessing and improving services.** Children, youth and families can also be involved in monitoring and evaluating services and play an important part in improving them. Children and young people should be involved in improving the services they use. For example, children in family-based alternative care or youth in supported independent living should have regular opportunities to feedback on the service they are receiving, through questionnaires, group feedback sessions or individual consultations. There should also be procedures for children, youth and families to make complaints, compliments or other feedback to a professional outside the service. Informal discussions, regular house meetings, catch ups with key workers and suggestion boxes can create a culture of listening to children within services.

Other considerations for participation

- Participation is not a one-time event. Children, youth and families need encouragement and clear expectations to participate. Children and youth with disabilities and or with lived experience may need extra support, but participation helps them learn self-expression, build confidence, and feel empowered.
- Participation should be adjusted based on age and abilities. What is expected, the activities, and the level of support will vary for adults, children, or youth.
- Safeguarding is an important element of participation. When children or youth participate, we must protect them from harm. This includes getting informed consent from their parents

How to support participation

- Reimburse transportation to the event or meeting
- Provide training
- Offer honoraria for speaking engagements or stipends for activities
- Schedule activities after school or work hours

or guardians, and also the child's assent. Adults need to give their own consent and be protected from any harm caused by participation, such as stress or trauma.

- Children and youth with disabilities have the same right to participate. To support their participation, there is a need to plan for venue accessibility, timing, translation, or assistive devices.

ADDITIONAL RESOURCES:

- Do's and Don'ts of Care Leaver Engagement
- Toolkit for Parent Advocacy
- Better Care Network's Resource Page on Child Participation and The Guidelines on Communicating with Children and Young People
- Putting Child and Youth Participation at the Heart of Care Reform: An Introductory Manual for Practitioners
- The Nine Basic Requirements for Meaningful and Ethical Children's Participation
- Toolkit for Disability Inclusion in Care Reform: Participation and Advocacy Learning Workshop Resources
- Guidelines for the Participation of Children in Project Management and Programmes

Job Aid 4: Managing Stress and Promoting Self-Care

This **Job Aid for Managing Stress and Promoting Self-Care** is designed for anyone working within the child protection system, but particularly for those who are directly engaged with children, parents, caregivers involved in deinstitutionalization efforts, as well as those engaging with staff working in institutions or other residential care facilities in the process of transition. It is designed to help those whose work involves stressful, sometimes emotional work, identify signs of stress, and be proactive in addressing it so that it doesn't hinder their work, or result in burn-out. It is designed as a quick, user-friendly document that can be easily referenced, used as a reminder, or used to explain to others, including colleagues, parents, caregivers, and even children. It provides useful information about why this work can be stressful, how stress is manifested, and what a person can do to both prevent and manage stress.

Why is this type of work stressful?

Change is challenging, especially the transformation of institutional care. This process affects many groups of people, including children, institutional staff, and parents or caregivers. Each group may react differently to the changes, often due to stress, fear, or discomfort with the unknown. Understanding why these groups feel stressed and how their stress might affect you is a key step in preparing for and managing your own potential stress.

Children who have been separated and placed in institutions may face unique challenges. They might have experienced abuse, struggle with health issues, or live with disabilities. Seeing these challenges can be emotionally taxing and may bring up a range of emotions.
Working with families who have been separated and have experienced situations of violence, poverty, or addiction can be demanding. Empathy helps us connect with their situations, but it's also important to keep a healthy emotional distance. Finding this balance can be difficult and requires ongoing learning.

For those working in institutions, staff and directors, change can bring up feelings of anger or fear, especially if it impacts their job security. This stress may show up in different ways, and you may feel it in your interactions with them. It's important to remember that any reactions towards you are likely due to the process, not personal feelings about you.
Understanding these perspectives and preparing for the emotional responses they may bring can help you manage stress as you engage in this transformative work.

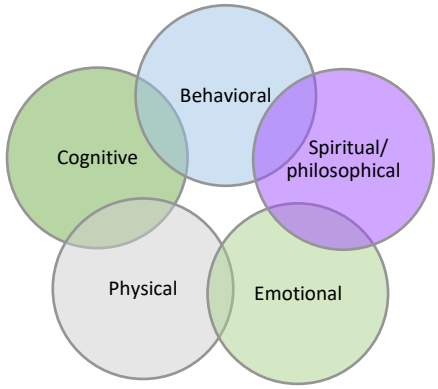
What are common signs of stress?

Stress is defined as a feeling of emotional or physical tension. It can come from any event or thought. It is the body's reaction to a challenge or demand. In short bursts, stress can act as a positive motivator. There is a continuum of stress from the positive through to the negative. We are going to focus on negative stress which is a state of psychological and physical arousal that comes about because of a threat, challenge, or change in one's environment. [40]

- There are many different signs of stress, and they manifest in many different ways depending on the characteristic of the person and the stressor.

[40] Adapted from Long, S., & Evans, C. (2021). Promoting resilience-informed care: A practical guidance resource for frontline workers in family-based care. Changing the Way We Care and Evans, C. (2022). *Trauma-informed supervision: Tools and competencies for reflective supervision and self-care*. Changing the Way We Care

- Stress may be physical, cognitive, emotional, behavioral, or spiritual/philosophical.
- Stress may be immediate, delayed, and often accumulates over time.
- Stress reaction that occurs after prolonged exposure to occupational stressors, such as those identified as sources of cumulative stress.
- It is a process, not a single event.
- Burn-out can happen as a result of prolonged exposure to emotionally demanding situations with inadequate support that gradually depletes an individual's natural resources for dealing with stress and strain. This can often result in a person not being able to work. Like the signs of stress, signs of burnout can manifest in different ways depending on the individual.
- Signs of stress are included in the final page of this Job Aid.



How to manage stress

This work involves stress, so it is important to understand how to manage it. One way is through what is understood as self-care. Self-care is the actions, thoughts, and ways in which you intentionally find ways to do things that are positive and bring you happiness, relaxation, and peace. One framework that is helpful to get us thinking about self-care that may help prevent and reduce the impact of stress, and burnout. It reminds us to be aware of our own needs, limits, emotions, and resources – making sure that we are acknowledging and recognizing these things in ourselves. We also want to create balance in our lives. Work is important but we don't want it to create challenges in our home life. Finding that balance is key. And finally, we want to ensure that we have positive connections to others. This can include colleagues, family members, friends, or a faith community.[41] Using this approach is an important step in taking care of yourself. [42]

It is important to remember that each person is different and what might work for a colleague might not work for you. Everyone must figure out what type of self-care fits their unique situation and personality. Here are some examples.

1. **Physical Self-Care**: Maintain a regular sleep routine, engage in physical exercise, like walks outside, take lunch breaks, dance to music, or find other physical ways to rejuvenate energy levels.
2. **Psychological Self-Care**: Keep a reflective journal, consult with peers or supervisors for external supervision, and manage boundaries by disconnecting from work emails outside work hours.

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[41] Adapted from Long, S., & Evans, C. (2021). Promoting resilience-informed care: A practical guidance resource for frontline workers in family-based care. Changing the Way We Care. https://bettercarenetwork.org/sites/default/files/2021-10/Product%20100.11_Promoting%20Resilience%20Informed%20Care%20Guidance%20Final%2024Sept2021.pdf

[42] WISE. (2021). Advancing Adult Compassion and Resilience: A Toolkit for Health Care Agencies: Section 1. *Compassion in Action*. https://www.compassionresiliencetoolkit.org/media/HC_CR_Section_1_2021_Full_2.pdf

3. **Emotional Self-Care**: Develop supportive friendships, maintain positive relationships with colleagues, celebrate daily achievements, engage activities that bring you joy, and maintain social connections with family or friends. Do this on a regular basis.
4. **Spiritual Self-Care**: Practice meditation, spend time in reflective activities, visit peaceful places like parks, attend spiritual or religious gatherings, if that is something you are comfortable with, listen to peaceful music.[43]
5. **Relationship Self-Care**: Cultivate diverse relationships beyond work, prioritize time with family and friends, and respect personal time by arriving and leaving work punctually.
6. **Professional Self-Care**: Seek regular supervision, recognize and address signs of burnout in yourself, build team support systems, and foster open communication with colleagues.

What to do if you or someone else needs additional help?

If you feel that your stress levels are getting to a point where they are affecting how you work, how you treat others, or are interfering with your wellbeing, it is important to share this information with your supervisor.

For more information on how to manage stress, please see links below.

- Self-care for social workers
- This short video provides easy to implement self care tips
- Advancing Adult Compassion and Resilience: A toolkit
- Video on empathy by Brené Brown (put Romanian subtitles on)
- https://youtu.be/j1Kud24CR2g
- Home - CCSM
- Sănătatea mintală și starea de bine la locul de muncă - CCSM

[43] Adapted from Long, S., & Evans, C. (2021). *Op cit.,*

Signs of Negative Stress

PHYSICAL (our bodily reactions)

- Headaches
- Indigestion
- Palpitation
- Dyspnea (difficulty breathing)
- Feeling sick
- Muscle spasms
- Fatigue
- Vague pain or other pain
- Skin irritation or rash
- Excessive sweating
- Clenched fists or jaw
- Fainting
- Frequent colds, flu or other infections
- Recurrence of previous disease
- Constipation or diarrhea
- Rapid weight gain or loss
- Long fatigue
- Frequent complaints about physical condition
- Sleep disorders
- Changes in appetite
- Increased heartbeat, shortness of breath
- Extreme fatigue/exhaustion

COGNITIVE (our thoughts and efforts to understand)

- Decision/priority issues
- Loss of concentration, easily distracted
- Tunnel Vision/ Restricted Thoughts
- Bad dreams or nightmares
- Worrying
- Confused thinking
- Making mistakes
- Less intuitive
- Less sensitive
- Persistent negative thoughts
- Faulty judgment
- More short-term thinking
- Hasty decisions
- Tired of thinking
- Obsessive thinking
- Increased distraction/loss of interest
- Memory problems
- Confusion
- Difficulties in decision-making
- Loss of perspective
- Preoccupation with an event

EMOTIONAL (our feelings)

- Anxiety
- The feeling of estrangement from others
- The desire to be alone
- Negativism/cynicism
- Chronic depression/sadness
- Feeling of pressure/overwhelm
- Diminished pleasure
- Rapidly changing emotions
- Numbness, anxiety, fear
- Anger, sadness
- Helplessness/feeling overwhelmed
- Detachment, feeling of unreality
- Disorientation
- Feeling out of control
- Mood swing, feeling unstable
- Irritability, hostility
- Fragility, feeling of vulnerability

BEHAVIORAL (our actions)

- Irritability
- Shifting anger, blaming others
- Reluctance to start/complete projects
- Social withdrawal
- Absenteeism
- Reluctance/refusal to take leave
- Substance abuse, self-medication
- Safety Failure/Risky Behavior
- Fear/anxiety
- Sleep and appetite disorders
- Difficulty expressing oneself
- Withdrawal
- Inability to rest or distract
- Social relational disorders
- Low activity level

SPIRITUAL (our beliefs and values)

- Questioning the value system/religious beliefs
- Questioning major areas of life (profession, employment, lifestyle)
- Feeling of threat and victimization
- Disappointment
- Self-concern
- Profound loss of trust
- The fight "Why me"
- Increased cynicism
- Loss of self-confidence
- Loss of purpose
- Loss of faith in a higher power
- Deep existential concerns

Job Aid 5: Quality Child Assessment

This **Job Aid for Quality Child Assessment**[44] is designed for anyone working within the child protection system, but particularly for multi-disciplinary team who are directly engaged in the transformation process, especially the team involved in child and family assessments: health and/or disability specialists, social workers, child protection specialists, psychologists, psycho-pedagogues etc. The team's establishment begins with clearly defining the shared goals, roles, and responsibilities to ensure alignment and a shared understanding of the objectives. Effective communication channels are essential to facilitate the team's work for quality child assessment.

Why do we need to assess children?

Each child is unique, having an individual history, identity and complex set of needs. To decide upon the best alternative care for a child, it is necessary to have a clear and comprehensive view of the child's needs and how a proposed placement would respond to these needs. This is particularly crucial for a child in residential care, since any placement move is traumatic, and multiple moves can have severely negative effects upon the child's development. In addition, a comprehensive assessment will assist in identifying therapeutic or special education needs and in developing an individual case plan to prepare the child for reintegration or transfer to the new family-based care, as well as providing individual support for community inclusion.

What does quality child assessment involve?

A multi-disciplinary approach: Brief observations will only reveal a partial picture of the child. In addition, the professional background of the person carrying out the assessment will influence the outcome. It is important therefore that the assessment be carried out by a multi-disciplinary team of experienced professionals. This team should routinely include a social worker or child protection specialist, a psychologist and a doctor or disability specialist. The role of the team is to analyze the social, medical, psychological and developmental functioning and needs of the child. Prior to carrying out an assessment, the team should establish methodological tools to be used.

Appropriate tools: Methodological tools chosen for the assessment should be appropriate to the age group and level of understanding of the child. Multi-disciplinary team should ensure that they have sufficient quantities of the necessary materials with them during the assessment period.

- **Social assessment** should consider the child's family background and the history of separation from the birth family and the subsequent placements. Particular attention should be given to identifying the child's siblings, there are cases where children in institutions have siblings in other institutions, within and outside the region. The assessment should also analyze the current placement of the child in terms of its suitability to meet the child's needs. For example, it may be that the child has not been visited by his or her family, because the institution is too far away, making visiting extremely difficult. Dependent upon the age and understanding of the child, his or her opinions regarding family relationships must also be noted.
- **Psychological assessment** should consider to child's emotional and psychological health and development. It is important to identify, in conjunction with the physical evaluation, any special support and care needs, developmental delays or behavioral difficulties the child may have which may affect the decision regarding deinstitutionalization. It is important to assess the child's feelings and wishes regarding current and future placements.

[44] Adapted from: Hope and Homes for Children (2011). Standardized Procedures for Closing Residential Institutions: Practical application guide (available from CCF Moldova).

- **Medical assessment** should consider the physical growth (measurements of height, weight (and head-circumference, where appropriate), compared with normal development for age, chronic illnesses. Questions should be asked of personnel regarding how often the child required treatment for illnesses which require medication such as antibiotics and how often he/she was admitted to hospital in the previous year. Medical assessment should include information about child's nutrition and general state of physical health, information about serious illnesses, congenital disorders, etc. It may be the case that the child, despite being in residential care, suffers from a serious illness or congenital disorder which is treatable, but has not yet been diagnosed and/or is not yet being treated.

The preconditions of the quality child assessments

Appropriate setting: When carrying out direct assessment work with children, it is most important that they feel secure and comfortable. Therefore, the setting for the assessment is crucial. It is likely that the most appropriate setting for an assessment is a quiet room within the center where the child lives, but the room should be chosen with care. For example, the child may associate the director's office with discipline or highly formal occasions and may feel uncomfortable there. Whichever room is chosen, it should be free from disturbances – from people and from telephone calls. Similarly, it should not contain too many items that may distract the child e.g. toys, computers, television, stereo, photocopiers. The room also requires sufficient floor space for play and should be of adequate temperature to be comfortable.

An interactive process: Although an assessment involves a significant amount of observation on the part of the assessment team, the interaction should be informal. The child should be made to feel at ease. The assessment team members need to have skills of observation and ability to organize an interactive process (appropriate to the child's age and level of understanding), such as play, games and discussion.

Making the child feel safe: Children, like adults, do not do well under stress. The specialist may be a stranger to the child and so must begin the assessment by helping the child to feel comfortable. Work at the child's level. For example, it may be appropriate to carry out an assessment on the floor or sitting down. Consider having a person known to the child present throughout all or some of the process. In some cases, the presence of this person may inhibit the child; it will depend upon the quality of the relationship.

What are the difficulties in carrying out a qualitative child assessment?

- **The child's 'performance' on the day**: An assessment based on a single direct contact session with the child may be of limited value; the child may not demonstrate all of his or her abilities during the session. This is why it is important that the results of the single direct contact session are compared with comments from members of staff regarding the child's abilities and behavior. If these results differ significantly, more direct contact sessions may be necessary.
- **The institutional environment:** In some situations, the child's performance in assessment may be affected by the institutional environment itself. If, for example, institution personnel use severe discipline against the children, they may find it difficult to relax and may not answer all questions freely and frankly. In such situations, it may be appropriate to visit the child on a number of occasions and at times perhaps to assess the child in a situation outside the institution, where this is possible.
- **Assessing the current situation versus assessing potential:** As far as possible, labelling children should be avoided. An assessment of the current situation of a child provides only orienting information. We can only guess, on the basis of this information, what a child's potential may be, but we cannot predict with complete accuracy. Assessment should therefore be part of an on-going process. An initial assessment provides basic information to assist practitioners in making suggestions regarding future placements and appropriate support for transitioning to family and community living.

For more information on quality child assessment, please see links below:

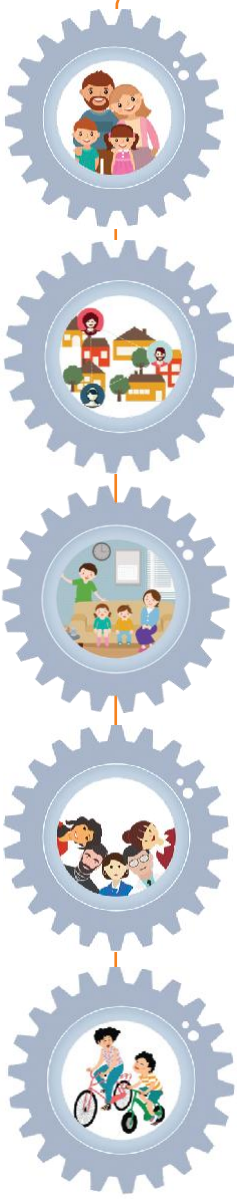
- Dezvoltarea timpurie a copilului. Ghid practic (2020)
- Ghid-de-suport-Management-de-caz-in-domeniul-protectiei-copilului-2023.pdf
- Deinstitutionalizing and Transforming Children's Services: A Guide to Good Practice (2007)

Job Aid 6: Family Protective Factors

This **Job Aid on Family Protective Factors** is intended for all professionals working in the field of child protection. Protective factors are generally applicable to all families, thus excluding the stigma faced by families. The approach through the lens of protective factors emphasizes the fact that families are supported in their natural environment and learn to use their internal resources, seek the necessary support in the immediate environment, utilizing existing systems and services, which is very important for the sustainability of the positive results of the intervention.

What are Family Protective Factors?

Family Protective Factors encompass essential parental competencies that need to be strengthened to optimize a family's capacity to ensure the child's well-being. Family Protective Factors include:



Parental resilience – the capacity of the parents or caregivers to manage family tensions, economic pressures and other daily stressors, while also addressing the child's upbringing and educational needs, even in stressful situations;

Social family support network – the willingness and capability of the parents or caregivers to build social connections with community members, engage in various community activities and seek, request and receive emotional, informational or spiritual support from community members;

Parental capacity for child care and development – established parenting skills, a willingness and ability to learn about child care and education and a deep understanding of one's own child;

Concrete support when needed – the ability of the parents or caregivers to recognize when help is needed and actively seek assistance in challenging situations; the experience of accessing services and overcoming barriers in this process;

Capacity of the parents or caregivers to develop the child's emotional and social skills – the ability to form emotional bonds with the child, express love and affection towards the child, encourage and assist the child in expressing and managing his/her emotions.

Source: MLSP (2023) Ghid-de-suport-Management-de-caz-in-domeniul-protectiei-copilului-2023.pdf

Why is it important to know family protective factors?

Collecting and knowing detailed information about family protective factors is essential in the process of transforming the child care system for the following reasons:

Complex qualitative family assessment: Knowledge of family protective factors supports the process of evaluating, planning, intervening, reviewing and monitoring the situation of the family or adult caregivers of the child. In the process of transforming the care system and deinstitutionalization for a child, the complex assessment of the family or adult caregivers is a stage that influences the decision on the reintegration into the family or the placement of the child in alternative family-type care services.

Planning parenting education programs and support services for families with children: The Family Protective Factors assessment provides detailed information on the five family protective factors described above. The information is useful for planning the work of multidisciplinary teams with parents in the process of preparing the deinstitutionalization and reintegration of the child/children into the family. At the same time, information on the assessment of protective factors is valuable and necessary for the authorities to be able to plan support services for families and children, alternative family-type care services for all children who need them, without leaving behind young children and children with disabilities.

Promoting the family strengthening approach: This approach can be used in all services that interact with children and their families, in all sectors, as it provides a common understanding of the support families need in order to prevent problems from arising and reduce the difficulties they encounter. The family strengthening approach is based on cross-sectoral applicability and involves making small but significant changes in understanding issues and working with families.

For more information, see the following information sources:

- MMPS (2023) Ghid-de-suport-Management-de-caz-in-domeniul-protectiei-copilului-2023.pdf
- MMPS (2016) cu suportul AO Parteneriate pentru Fiecare Copil. Serviciul social de sprijin pentru familiile cu copii. Ghid de suport pentru aplicare practică
- Material Video despre un program educațional pentru părinți Mellow Parenting (AO Parteneriate pentru Fiecare Copil)
- Material Video despre un program de asistență psiho-socială PANDA (AO Parteneriate pentru Fiecare Copil)

Job Aid 7: Designing New Service Models

This **Job Aid: Designing New Service Models** is designed for the Ministry of Labor and Social Protection (MLSP) as the national authority responsible for child protection and for the regional coordination working groups responsible for the transformation process at the regional level. It aims to support the MLSP and regional coordination working groups to use data on child, family and institutional assessments for better planning of social services needed for deinstitutionalization, family reintegration, alternative family care and community inclusion.

What are the key components of the preparatory phase of designing new services?

Come together: The regional coordination working groups will lead the process of planning the new services for children and families. Other public institutions and nonprofit organizations will join the initiative. The children and young people with lived experience and parents/caregivers will participate in new services planning. International organizations may support the efforts of the public authorities on transformation and development of the family support services. The international funds should not support RCFs.

Consider where we are: Map existing community based services to meet the needs of the children living in residential care; identify current legislative policies and objectives which affect planning and delivery of service for children in the transformation process; identify gaps in existing services available to children and families across the child protection system, including alternative care services, family support services, education and health services, etc. Gaps in services can be in the local area where the RCF is operating, in the communities where children may return to, or gaps at the raion, regional or national levels.

Consider data on placement prevention in residential care and family strengthening: Determine the number of emergency placements required each year and their length; the availability of the day care, counselling and other prevention services at the regional level; analyse the number of families applying for family support services per year (last 3 years); institutional evaluation of the gatekeeping commission (decisions and minutes).

Analyse data on the last 10 placements of the children currently in institutional care: Collect and analyse the data to help understand and plan for the process. Examples include collecting information on the profile of children/ of the families currently in institutional care, the reasons for removal of children from families; the number of foster families and for not placing the children in foster families.

Evidence-based current policy: Review government plans and priorities for new services which might include new packages, standards, guidelines, regulations and/or the prioritization of certain geographical areas or types of services; understand resources that national, regional, raion or local governments may have for development of services (from public and private funds).

Consider learned lessons and positive practices: Establish a positive dialog and partnership with public institutions and non-governmental organizations with experience in deinstitutionalization, transformation and new services development; consider the perspectives and input of the local community and community leaders; take into account the types of support for children and families which supported successful reintegration.

How do we design the new service?

Consider the capacity and engagement: assess your authority or organization's strengths and weakness, as well as the evident threats/risks and opportunities for the development of new services.

Develop the list of the new services: Based on child and family assessments and situational analyses carried out at regional or national level, list the types of the services needed for deinstitutionalization, family reintegration, alternative family care and community inclusion. Consider and prioritize the following:

- Early childhood intervention and strengthening families
- Support services for families to prevent children separation
- Alternative family support services - the right of the child to grow up in a family
- Community-based support services to advance social inclusion of all children
- Support services for inclusive education – equal access to education
- Support services and peer support for independent living

Estimate needed budget: Estimate the cost for the development and running of the new services; estimate resources available, minus resources needed to run the current residential service and transformation process; consider donor commitments or anticipated fundraising; consider cost reduction projections as number of children in care reduces over time.

Use the data collected in the transformation process: Consider comprehensive institutional assessment reports for each RCF that include child and family assessments for each child in the care of the RCF, institutional assessment findings, capital investments required for new services, human resource plans for the new service; explore case plan of the child and families' needs.

Focus on effective planning fostering childcare in a family environment: Develop a strategic plan for new services development and operational plan for each year; involve stakeholders in the planning process; compare the budget needed for the new services and the budget of the RCFs from your regions.

Divestment of the residential care facilities: Guide donors and partners through the process of gathering information, making the decision to divest and securing internal and external buy-in for divestment; communicate your plan, and address any child safety concerns through planning and delivering new services.

Mainstream disability-inclusion in planning new services: Consider that disability cost. Transformation is about the right to family life for all children, including children with disabilities; a healthy living arrangement should allow a child with disabilities to establish a stable relationship with a committed adult caregiver, and every effort should be made to avoid multiple placements of children who do not live with their family of origin. To prevent the institutionalization of children, accessible information should be made available to families and children. Training of professionals, including child-protection specialists, on the human rights model of disability is key to preventing situations in which families are advised or encouraged to place their child in an institution.

For more information on how to project new services, please see links below.

- POLICY BRIEF: Ending the Placement of Children Aged 0-6 Years in Residential Care in the Republic of Moldova | Better Care Network
- Divestment of Residential Care Services: Guidelines and Recommendations for Donors Supporting Residential Care Services | Better Care Network
- Services and Interventions
- Investing in Family Care for Moldova's Future: The Case for Meeting Moldova's Human Capital Needs | Better Care Network
- Knowledge, attitudes and challenges of parents and caregivers of children with disabilities in the Republic of Moldova

- The educational pathway of children with disabilities in Moldova: challenges and opportunities
- Guidelines on deinstitutionalization, including in emergencies: Committee on the Rights of Persons with Disabilities

Job Aid 8: Gatekeeping

This **Job Aid for Gatekeeping** is designed for anyone working within the child protection system, but particularly for those who are directly engaged with children, parents, and caregivers and specifically involved in prevention of the family separation, in deinstitutionalization and reintegration of children in their family of origin.

What is Gatekeeping?

Gatekeeping is a term often used in care reform as making the right choices for children at risk of placement in residential care, or already denied, adequate parental care. It includes policies, systematic procedures, services and decision-making processes which ensure that alternative care is used only when **absolutely necessary,** and that children receive the most suitable support to meet their unique individual needs. Additionally, gatekeeping involves strict procedural safeguards to ensure an individualized approach that places the best interests of the child at the center of all decisions.

The objectives of the gatekeeping are:

1. To prevent unnecessary separation of children whenever possible and in the best interests of the child (i.e., necessary);
2. To ensure that when alternative care is required that the option selected best meets the unique needs and situation of the individual child (i.e., suitable); and
3. To support timely reintegration of children who are in alternative care, with particular focus on ensuring that the placement is safe and sustainable.

Who is engaged in gatekeeping in Moldova?

- The multi-disciplinary team[45] established at community level as a collaborative platform of community stakeholders responsible for evaluation, referrals and decisions about children's care at the local level; and
- The Gatekeeping Commission[46] established at regional level comprised of a multidisciplinary team with relevant skills and expertise related to child development and protection, children's rights and alternative care, mandated for: (a) ensuring that families with children receive the necessary support to overcome risk situations and prevent the separation or to support the reintegration of the child into the family; (b) guaranteeing that separation of the child will be admitted only in cases where it is found that it is not in the best interests of the child to remain with the parents; (c) ensuring that in the case of a child separated from his or her family, the priority for child' placement will be given to extended family, foster care or other types of family-based care.

What are the signs of successful gatekeeping?

- Actors mandated with children's care systematically utilize standardized procedures to make decisions.
- There is a range of targeted family support services, appropriate family strengthening and few unnecessary child-family separations.

[45] Multi-disciplinary team established according to case management guide see: Ghid de suport pentru implementarea practică a Managementului de caz în domeniul-protecției copilului-2023.pdf

[46] Gatekeeping commission established according to the GoV Decision nr.7 from 20.01.2016 updated in 2024

- There is a range of family-based alternative care options, with specialized family-based care options for children with disabilities, and emergency alternative care to ensure that no children are placed in institutions when separated from their family. Emergency foster care is most appropriate compared to residential care.
- A moratorium on placements in residential care. In other words, an agreement that no child can be placed in an institution when alternative care is identified as the right placement option.
- There is a range of universal and targeted community-based support services for young people who leave residential care for independent living (i.e., care leavers).
- Data collection and monitoring to ensure timely follow-up, monitoring of outcomes, and forward planning including resource allocation, service development and consolidation of good practice.

Why is gatekeeping important?

Gatekeeping plays a critical role in preventing unnecessary separation of children from their families by careful assessment, standardized review processes and facilitation of linkages to relevant social services with the aim of supporting families to care for their children.

- Gatekeeping plays a significant role in preventing separation, prioritizing family strengthening.
- Gatekeeping also relates to reintegrating children back to their families and communities of origin from other forms of alternative care (for example, temporary foster care).
- The gatekeeping mechanism considers the views and opinions of the child, family, other relevant supporting actors, and case worker recommendation, makes decisions about the removal of children (principle of necessity) from their families and makes decisions about the most suitable type of alternative care (principle of suitability).
- Gatekeeping helps to facilitate timely reintegration of children from foster care, small group homes, large scale residential care back to their family or community of origin. Gatekeeping promotes thoughtful planning and ensures informed decisions are made about the reintegration process.
- Gatekeeping helps to create demand for and divert resources toward family strengthening services, and high quality, family-based alternative care options. For example, where a gatekeeping mechanism is strong, it will consistently recommend / refer families to support services to enable them to care for their children i.e., preventing separation, or where it is not in a child's best interest to remain in their family, the mechanism will refer children to family-based alternative care options.

Important! Often the transformation of residential care is not followed by the reallocation of resources – financial and human – to newly developed services that are located in the community and are accessible to children and families. These resources are essential in the new system so that they can fuel the development of capacity at the local level to provide effective gatekeeping, including family strengthening, and family-based alternative care.

Core principles of effective gatekeeping

NECESSITY	SUITABILITY	BEST INTEREST OF THE CHILD
Placement into alternative care must only be considered when all resources have been exhausted to prevent family separation, or when it is in the child's best interest to be removed from the family as they have experienced, or are at risk of experiencing, significant harm. Family dynamics and situations can change quickly, so there should be ongoing assessment of necessity (i.e. is it still necessary for the child to be away from their family, or has the situation improved?) Think of necessity in health terms – we want to do everything possible to "fix" an injury/illness and we start with the least invasive targeted interventions. For example, if our arm had a cut which was infected and painful, would we first think to amputate the arm? Would this seem necessary? Or would we start by treating the cut and the root cause of the infection? Applying this metaphor to children's care, when we "amputate" children from families, rather than treating the "infection", we see many children unnecessarily placed in alternative care	If a child's situation has been rigorously assessed and alternative care has been deemed 'necessary,' an appropriate alternative care option should be selected, i.e. an option that is 'suitable' to best meet the child's unique needs and situation. This principle requires that a range of alternative care options be available, to ensure that real choice exists and that there are varied care options suitable for children of different ages, stages and abilities. Children grow and develop rapidly, meaning similar to the principle of necessity, the principle of suitability should also be reviewed and examined on a regular basis (i.e. it must be assessed that the placement is still suitable to best meet the needs of the child). To ensure that an alternative care option is suitable to the unique strengths, needs and situation of the child, it is critically important that the child is provided with an opportunity to express his or her opinions to inform the decision. This participation should reflect the age and evolving capacities of the child	Throughout gatekeeping processes, the best interests of the child should be the determining factor of all decisions in gatekeeping. Factors to be considered in determining the best interest of the child include: ✓ Views of the child ✓ Safe environment that meets the unique needs and abilities of the child ✓ Proximity to family and community relationships, including school, when possible ✓ Links to ethnic, cultural, linguistic and religious communities of the child. ✓ Development and identity needs

Source: Changing the Way the Care. Gatekeeping Factsheet (2021)

For more information on gatekeeping, please see links:

- Regulamentul-cadru privind organizarea și funcționarea Comisiei pentru copilul aflat în dificultate (Gatekeeping commission)
- Ghid-de-suport-Management-de-caz-in-domeniul-protectiei-copilului-2023.pdf
- What is Gatekeeping? Factsheet ENG

Job Aid 9: Tips for Working with Children with Disabilities and Their Families

This **Job Aid: Tips for Working with Children with Disabilities and their Families**[47] is designed for anyone working within the child protection system, but particularly for those who are directly engaged with children with disabilities and their families or other caregivers involved in prevention of the separation of children from families, deinstitutionalization and reintegration of children in their family of origin or in family-based alternative care. This Job Aid aims to provide considerations for the successful reunification and placement of children with disabilities into family care, including understanding disability and how it impacts children's care, disability-inclusive case management, and preparing children with disabilities for reunification/placement in family-based alternative care.

Why is working with children with disabilities and families so important?

Safe and long-term reintegration of children with disabilities into family care is often more time and resource intensive and requires input from a broader range of community members, service providers and others as compared to children without disabilities. Often, case workers and other professionals are not familiar with the particular considerations of working with children with disabilities and their families.

The following tips intend to help those engaged in the transformation process to mitigate, in a timely manner, common challenges. There are more resources on each of these listed at the end of the Job Aid.

TIP 1: Become familiar with the basics of developmental delay and disability in children, as well as how to understand each child's individual needs. Focus on their improvement and potential.

TIP 2: Read and understand the UN Convention on the Rights of the Persons with Disabilities and the UN Convention on the Rights of the Child, both ratified by Moldova. Advocate for support and care reflecting disability-inclusion and human rights-based approaches to disability.

Become "fluent" in a rights-based approach and speak out if you see behavior that isn't right.

TIP 3: Coordinate and collaborate with professionals who are trained on disability and can facilitate access to disability assessments, services, and tailored support which might be needed for each child.

TIP 4: Partner and consult with organizations of persons with disabilities to help anticipate and meet the needs of children with disabilities and their families as they move to family care within the community.

TIP 5: Create and keep updating disability service maps, including services for early childhood intervention, rehabilitation, support for inclusive education, and assistive technologies.

TIP 6: Make communication and information accessible to children with different disabilities to promote their participation in the process and prepare for reintegration.

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[47] Adapted from: Changing the Way We Care, Toolkit for Disability Inclusion in Care Reform https://bettercarenetwork.org/toolkit-for-disability-inclusion-in-care-reform

TIP 7: Educate parents and caregivers on their child's rights and how to access disability-related services.

TIP 8: Help parents and community leaders understand differences and find value in children with disabilities. Give families time to change their mindset before moving on to alternative care. Stigma often stems from lack of education, not beliefs.

TIP 9: Address misconceptions and stigma in communities, families, and in institutions.

TIP 10: Establish peer networks and support groups among children and young people with disabilities and their parents/ caregivers. Encourage children and families to participate.

TIP 11: Allocate resources for household adaptations and access to assistive technologies in a way that is flexible and caters to specific needs of children with disabilities, including resources for accessing, repairing and maintaining assistive devices.

TIP 12: Focus on the child's potential, using a strength-based approach!

TIP 13: Be a champion. Use your own experience to positively influence others.

How to prepare the family reintegration process or placement in family-based alternative care?

For children with disabilities the transformation process of institutions requires special considerations. It is very individual, beginning with child and family assessment. All the steps in the reintegration process or placement of the child in family-based alternative care are individual, taking longer/shorter or more/fewer resources depending on the child. With the right support, family care is possible for all children. Patience, persistence, good communication and documentation, engaging many different support persons, engagement of the community, and sometimes even creativity are keys to success. The following section details considerations for reintegration or placement in family-based alternative care.

Before reintegration/placement in family-based alternative care

- Work with multi-disciplinary professionals to conduct a holistic assessments of the child's individual needs and strengths and incorporate this into their case files. This includes an accessibility audit of the child's home, school and/or other daily environments.
- Map existing quality, affordable, accessible services including respite care in the region of the child's home community.
- When conducting family tracing, give the family members ample time to understand and consider reintegration, before moving on to family-based alternative care options. They will need opportunities to ask questions, get support to access services, get to know / re-know the child, and counseling to get prepared.
- Make a plan for preparing the child and the family or family-based alternative service, discuss the plan, improve and follow it.
- Build rapport with the child. Learn how to communicate best based on the child's strengths and build trust with the child. Help family members to build relationships and communication with the child.
- In case of placement of the child in family-based alternative care, preparing the child for his or her new family setting, is very important regardless of their age. Placement in a new family always represents a disruption for the child, implicating sacrifices and losses. The preparation prevents psychological trauma to the child and supports families to better cope with the child's difficulties.
- Plan and support families to access community-based services for any of the child's long-term health, schooling, vocational education, employment or other challenges, including rehabilitative services.

- Link families to economic strengthening support, parenting skills, housing, employment services, health services, education services and respite care per a well-defined case plan that begins with assessing what services they will need.
- Using a disability lens, train family members on protection, nutrition, hygiene, communication, managing difficult behaviors, and their child's rights. Give ample time for them to ask questions and practice new skills.
- Work with health, early childhood intervention and rehabilitation service providers to train family members on how to meet the child's needs at home and through community-based services.
- Link children to kindergartens, schools or vocational education. Advocate for the child's accessibility accommodations and assistive technology in education.
- Establish open communication with families, community members and professionals' network in disability and child protection sectors.

During reunification/placement in family-based alternative care

- Monitor how the child's well-being changes as the reunification date nears and as they build the relationship with the family where they will live.
- Watch for signs of stress and worry; highlight signs of happiness. There may be a need to give family members or the child additional forms of support at different times in the process.
- Continue linking the child and family to the services that are needed, accompany them to ensure they access those services, and, when needed, advocate with communities and government when there are service gaps. Facilitate the child's ongoing access to assistive technologies, home adaptations for accessibility, health and rehabilitation services, and mental health/psychosocial support.
- Make regular contact to check on the child and family – this may need to be daily visits or phone calls. Have a plan prepared for any unexpected and time sensitive interventions or visits.

After reintegration/placement in a family-based alternative care

- Conduct regular follow-up visits to ensure the holistic well-being of the child and family's ability to cope with caregiving responsibilities. These visits should be planned on a schedule appropriate and relevant to the family and should continue for a minimum of 18 months to two years, or as long as needed.
- Watch for signs of stress or that the child's needs are not being met; highlight signs of a rebuilt or strengthening relationship, love and happiness. There may be a need to give family members or the child additional forms of support at different times in the process.
- Be responsive when the child or family reaches out. Be transparent and be prepared for communication when times are difficult. Remember that raising a child is difficult and ups and downs should be expected.

For more information on working with children with disabilities and families, please see links below:

- Changing the Way We Care (2024). Good Practices of Foster Care for Children with Complex Needs: Findings from a Rapid Review of the Literature to Inform Programming in Moldova (English)
- Changing the Way We Care (2024). Good Practices of Foster Care for Children with Complex Needs: Findings from a Rapid Review of the Literature to Inform Programming in Moldova (Romanian)
- Changing the Way We Care (2021) Toolkit for Disability Inclusion in Care Reform (English)
- Sammon E., and Burchell G. (2018). Family Care for Children with Disabilities: Practical Guidance for Frontline Workers in Low- and Middle-Income Countries (English)

- CCF Moldova Video material on CARE methodology (Romanian)
- Video material on inclusive education of children with hearing impairments (Romanian)
- Revenco N. et.al (2020) Early Development of the child. Practical Guide (Romanian)
- Keystone Moldova (2016) Good practices on inclusion in preschool education of the children with disabilities (Romanian)
- Contacts of several Early Childhood Intervention Services Moldova
- Contacts of all Community Mental Health Centers Moldova

Job Aid 10: Service Mapping Tool

MAPPING SERVICES IN THE COMMUNITY WHERE THE CHILD WILL BE REINTEGRATED
(to be filled in by the multidisciplinary assessment team during the community visit for the assessment of the child's family or foster care service)

_____ 202___

I. General:

Locality	
District (*raion*)	
Child's first name and last name	
Date, month, year of birth	
First Name and Last Name of the person(s) who provided information to the evaluation team	1.

II. Early childhood education (*only institutions RELEVANT to the child's re/integration)*

	Type of institution *(crèche, nursery, kindergarten, day nursery, development center, special kindergarten* **Name, address**	Distance to the child's home (km)	Accessibility (ramp, WC)	**Type of support provided in the early education institution** *(please tick)*				
				Support services for inclusive education	Resource center for inclusive education	Support teacher	Playroom	Other (please specify)
	1	2	3	4	5	6	7	8
1.								
2.								
3.								
4.								
5.								
6.								

III. General primary and secondary education *(to be assessed only institutions RELEVANT to child re/integration)*

	Type of institution **Name, address**	Distance to child's home (km)	Accessibility (ramp, WC)		**Type of support provided in the educational institution** *(please tick)*									
				Curriculum instruction in Romanian	Curriculum instruction in Russian	Extended group	Free food/lunch	Transportation insurance (distance > 3 KM)	Extra-curricular activities	Psyco-pedagogical support services	Resource center	Support teacher	Assistive technologies	Other
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.														
2.														
3.														
4.														

IV. Vocational education *(to be assessed only institutions RELEVANT to child re/integration)*

	Type of institution **Name, address**	Distance to child's home (km)	Accessibility (ramp, WC)	**Support provided in the vocational institution** *(please tick)*							
				Curriculum instruction in Romanian	Curriculum instruction in Russian	Assistive technologies	Support teacher	Adapted curriculum	Psycho-pedagogical support services	Housing	Other
	1	2	3	4	5	6	7	8	9	10	11
1.											
2.											
3.											
4.											

V. Social services *(to assess only social services RELEVANT to child referral and inclusion)*

No	**Type of Service:** **Name, address**	Public provider	Private provider	Distance to child's home (if applicable)	**Type of support and care provided within the social service** *(please tick)*													
					Day care	24-hour care	Educational support	Educational & socialization activities	Psychological support	Primary health care	Legal assistance	Homework assistance	Career guidance	Occupational therapy	Parenting support and counseling	Transportation	Lunchtime meals	Rehabilitation
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.																		
2.																		
3.																		
4.																		

VI. Health services (early childhood intervention, health care, rehabilitation services, community mental health services (*only institutions RELEVANT to child re/integration to be assessed)*

	Type of institution **Name, address**	Distance to child's home (km)	Working days	Working hours	Accessibility (ramp, WC)	Home services	Other
	1	2	3	4	5	6	7
1.							
2.							
3.							
4.							

Conclusions of the multidisciplinary assessment team on the services to which the child could be referred

List of recommended institutions/services for a child in the process of reintegration into the family	
1. Educational services	
Early (pre-school) education institution *(specify if support services for inclusive education are needed and what type of service)*	
General education institutions at community level (primary, middle, high school) *(specify if support services for inclusive education are needed and what type of service)*	
General education institutions at district/municipal/national level (primary school, middle school, high school)	

(specify if support services for inclusive education are needed and what type of service)	
Vocational-technical educational institutions at district/municipal/national level *(specify if support services for inclusive education are needed and what type of service)*	
2. Social services	
Family Support Service *(specify concretely what type of assistance and support is recommended)*	
Personal assistance (*specify the number of hours of care per day*	
Social Service Mobile Team *(specify the type of assistance the child and family would need)*	
Day Center *(specify type of assistance in the Day Center and number of hours per day)*	
Supported living or Assisted living services (housing for independent living) *(please specify details (where, type of support needed) in case of young people leaving residential or foster care*	
Career guidance and employment support services *(In the case of young people leaving residential or foster care*	
Respite *(in case of family of origin and family-based services)*	
3. Health services	
Healthcare services (primary, specialized)	
Early childhood intervention centers (*specify type of assistance and support*	
Rehabilitation services	

(specify the type of assistance the child would need)	
Community mental health services *(specify type of assistance recommended)*	

Evaluation team members:

No	Name	Position	Signature
1.			
2.			
3.			
4.			

Job Aid 11: Institutional Assessment Form

1. Description of the property

Name of the residential institution/service:			
Exact address:			
Founder/Provider:	a. Public		b. Private
Name of the founder/provider:			
Residential service funding source			
Year of building construction:			
Year of the last capital construction works:			
General condition of the building:	a. Unsatisfactory	b. Good	c. Very good
Number of the building floors:	a. 1 floor	b. 2 floors	c. 3 floors
Area of the building (square meters):			
Area of the related land (acres):			
Capacity of the service (number of available places):			
Occupancy (number of places occupied):			
Ownership:	a. Founder-owned	b. Owned by another authority	c. Private property
Distance to the center of the community (minutes walking or minutes travelled by public transportation):			
Distance to medical institution (minutes walk or minutes travelled by public transportation)			
Distance to the town hall (minutes walking or minutes travelled by public transportation):			
Distance to public transportation (minutes walking):			
Distance to other social and/or educational services (minutes walking or minutes travelled by public transportation):			

2. Condition of infrastructure

Structural element	**Material**	**Technical condition**		
Roof		a. Unsatisfactory	b. Good	c. Very good
Walls		a. Unsatisfactory	b. Good	c. Very good

Windows		a. Unsatisfactory	b. Good	c. Very good
Doors		a. Unsatisfactory	b. Good	c. Very good
Floors		a. Unsatisfactory	b. Good	c. Very good

3. Engineering systems

System	Description	Technical condition		
Heating system	a. Centralized b. Autonomous (gas, wood/coal, biomass)	a. Unsatisfactory	b. Good	c. Very good
Water system	a. Centralized b. Autonomous	a. Unsatisfactory	b. Good	c. Very good
Sewerage system	a. Centralized b. Autonomous	a. Unsatisfactory	b. Good	c. Very good
Electricity system	Year of installation:	a. Unsatisfactory	b. Good	c. Very good
Internet access, TV	Provider:	a. Unsatisfactory	b. Good	c. Very good

4. Accessibility and safety conditions

The physical access to the building and to all room:	a. Accessible	b. Partially accessible	c. Not accessible
The toilets and bathroom:	a. Accessible	b. Partially accessible	c. Not accessible
The common areas (rest room, canteen, festive hall):	a. Accessible	b. Partially accessible	c. Not accessible
Accessibility of the evacuation conditions in emergency situations	a. Yes	b. Partially	c. Not
Safety conditions in case of fire	a. Yes	b. Partially	c. Not

5. Endowment of the residential institution / placement service

The furniture:	a. Unsatisfactory	b. Good	c. Very good
The equipment:	a. Unsatisfactory	b. Good	c. Very good

The equipment in the kitchen:	a. Unsatisfactory	b. Good	c. Very good
The sanitary goods are:	a. Unsatisfactory	b. Good	c. Very good

6. The recommendations of the multi-disciplinary team for the use/re-use of the building:

Based on the technical evaluation of the building and the technical-material endowment, the multi-disciplinary team recommends to the founder:	a. Analysis of the opportunity to transform the institution into a day service for children b. Analysis of the opportunity to transform the institution into a placement service for adults with an optimal number of placement 20-25 places c. Closure of the placement service and the continuation of the operation of day services only d. Closure/Divestment of the institution in its entirety without conversion options e. Other (specify) _____

7. Human Resources Assessment

Number of staff:					
Gender structure:	a. Women____			b. Men_____	
Structure by functions:	a. Leadership: _____		b. Specialized ____		c. Auxiliary_____
Staff structure after studies:	a. Higher education (bachelor's/master's degree) _____		b. Vocational (college, vocational school) _____		c. General (high school) _____
Type of contract with the employer:	a. Full-time individual contract _____		b. Part-time _____		c. Services provision _____
Staff age group	a. 18-35 years old	b. 36-45 years old	c. 46-55 years old	d. 56-65 years old	e. Over 65
Staff trainings in the last 2 years:	The subject of trainings Number of hours/training Number of people trained				

Recommendations for staff retraining/re-allocation:	✓