The USAID/DCOF Project

"Protecting Children of Moldova from family separation, abuse, neglect, exploitation" - contribution to the progress achieved by Moldova

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Key themes

- Theory of change
- Gate-keeping
- Service development
- Transformation of the residential care
- Reallocation of funding
- Communication
- Child participation
- Monitoring and evaluation

1. P4EC's prevailing theory of change

Our theory of social transformation

A world where every child enjoys the right to a childhood in a safe and caring family, free from poverty, violence and exploitation.
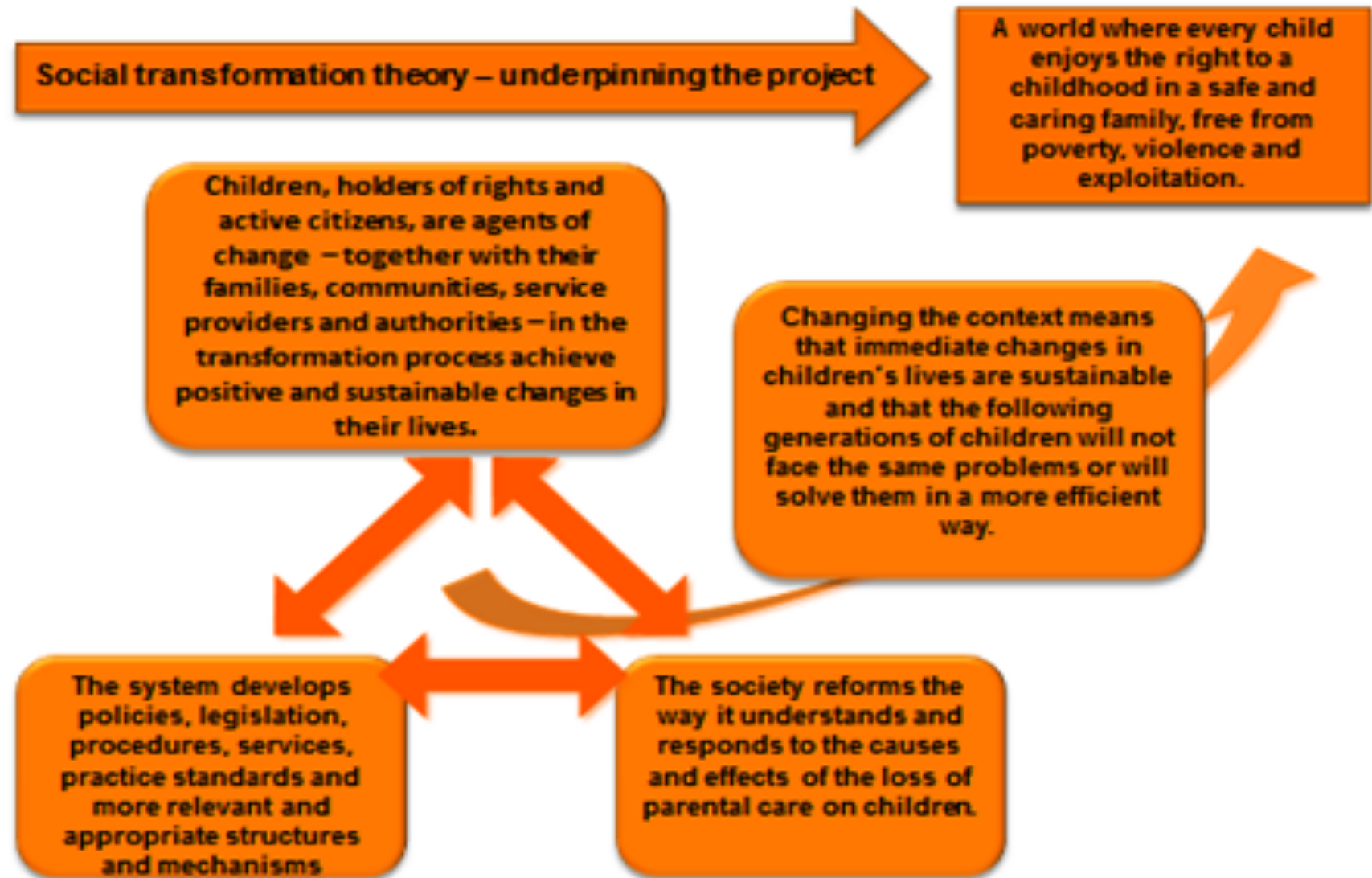
Change / transformation from … to …

Social transformations are achieved when:
• they sustain over time and attitudes and values are held in a changed context (or paradigm), based on different assumptions and beliefs, and
• the system's policies, laws, procedures, services, practice standards, structures and mechanisms are changed accordingly.

Individual, society, system changes

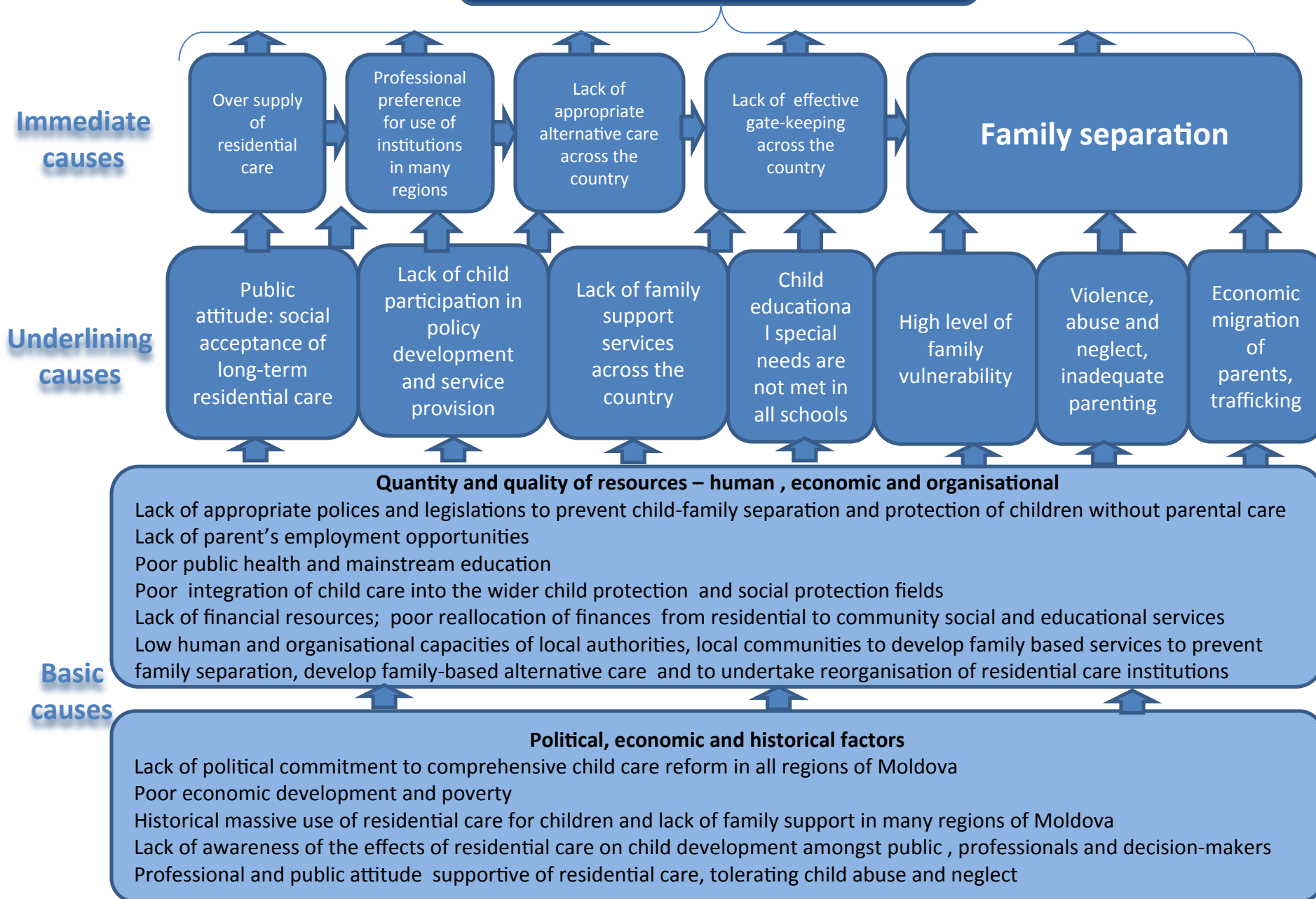Societal and systemic changes are pre-conditions of realising our vision

Theory of change (1)

Social transformation theory – underpinning the project

A world where every child enjoys the right to a childhood in a safe and caring family, free from poverty, violence and exploitation.

Children, holders of rights and active citizens, are agents of change – together with their families, communities, service providers and authorities – in the transformation process achieve positive and sustainable changes in their lives.

Changing the context means that immediate changes in children's lives are sustainable and that the following generations of children will not face the same problems or will solve them in a more efficient way.

The system develops policies, legislation, procedures, services, practice standards and more relevant and appropriate structures and mechanisms

The society reforms the way it understands and responds to the causes and effects of the loss of parental care on children.

Theory of Change (2)

- Our "Theory of social transformation" is a way of describing how we think changes that we care about <u>can</u> happen, provided forces beyond our control don't intervene.

- Our "Theory of Change" defines the building blocks necessary to produce an ultimate desired impact in the care of children in families.

- The expressed outcomes, results, accomplishments, or preconditions are framed through a pathway of change or causal framework that outlines the change process.

- It can demonstrate the complexity of interventions and activities required to effect social change and develop common vision.

- An articulated theory of change requires clarity not only about vision, but on goals, indicators of success and the creation of agreement on actions.

- A long-term impact of **enabling every child to grow up in a family** requires a variety of approaches or strategic interventions at a number of different points and levels in the child protection system, all the way from the child and family to the policy level.

4500 children without parental care in long-term residential care

Immediate causes

| Over supply of residential care | Professional preference for use of institutions in many regions | Lack of appropriate alternative care across the country | Lack of effective gate-keeping across the country | Family separation |

Underlining causes

- Public attitude: social acceptance of long-term residential care
- Lack of child participation in policy development and service provision
- Lack of family support services across the country
- Child educational special needs are not met in all schools
- High level of family vulnerability
- Violence, abuse and neglect, inadequate parenting
- Economic migration of parents, trafficking

Basic causes

Quantity and quality of resources – human , economic and organisational

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

Political, economic and historical factors

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

Key problems addressed by the Project

- Household poverty, alcohol abuse and violence as main factors causing family separation;

- Poor access of children at risk and their families to appropriate social care and educational services; the vast majority of children without parental care or educational special needs are placed in large institutions that are damaging for their development;

- Lack of a current child and family protection policy to prevent family separation, protect children without parental care, and deinstitutionalize children from residential care;

- Undersupply of community family support and family-based care services, lack of effective gate-keeping and oversupply of old-style residential care;

- Low human and organizational capacities of LAs, service providers and communities to prevent family separation and provide appropriate protection to children without parental care;

- Lack of a joined up approach between local level agencies with responsibilities for child protection to prevent separation and protect children from violence;

- Lack of child participation in childcare policy and service development and implementation.

Major assumptions

- Civil society and public attitudes and behaviors would change significantly enough to drive change from the bottom up;

- Families, equipped with economic resources, information and support services, would be willing and able to care for children exiting institutions, as well as commit to preventing their children from entering in the first place;

- The GoM was and remained committed to a similar vision – and that this would lead to improved legislation and standards, decentralization of responsibility, and be translated into quality services developed, implemented, and paid for at the local level;

- Gate-keeping structures and protocols would function sufficiently to keep children from entering institutions.

Theory of change - pieces of the puzzle

- Development of Innovative Direct Services;
- Work with Local Government for service and systems development;
- Work with national Government for policy change;
- Building Capacity of professionals, policy and decision-makers;
- Building Evidence Base;
- Policy Advocacy & Lobbying;
- Partnerships & Collaboration;
- Raising Public Awareness;
- Giving Voice to Children & Families.

System changes achieved

- National policy is moving strongly towards large-scale deinstitutionalisation of children and the protection or support of children within their families and communities;

- The oversupply of residential care and the undersupply of alternative family- and community-based care has shifted;

- There are several reasons for this transformation: changes in policy, the development of family-type alternatives and social support programmes for families, increased public awareness, efforts and projects of P4EC and other NGOs, as well as the engagement of civil society as a key voice for reform;

- Reform of the child protection system has been largely decentralized to the Regional Social Assistance & Family Protection Departments (SAFPD) of region-level administrations;

- Re-allocation of funds towards community- based preventative services and family-based alternatives is happening;

- A network of community social workers provide support to families in their communities;

- A new child protection workforce at the community level is going to be recruited and employed in 2014.

2. Gate-keeping system in the Republic of Moldova

"Good gate-keeping is more a matter of attitude and philosophy than the availability of resources."

Tolfree

What is Gate-keeping?

•Effective and exclusive targeting of services to specific end users;

•Policies, procedures and services to restrict the flow of children into institutions and contribute to their onward progression back to families;

•The process of assessment and planning of children's needs and circumstances which should precede their admission into residential care, and contribute to their onward progression-back to their families, into a form of substitute family care, or … moving to some form of independent living (Tolfree, 1995);

•A mechanism that blocks the entry of children to, and ensures their exit from institutional care.

•*A set of actions taken by competent bodies aimed at preventing child separation from the family and community by all means.*

Why is this system necessary?

- It ensures that no decisions regarding the placement of any child into any form of care will be made without a thorough and professional assessment of the child;

- It ensures blocking the entry of children into the residential care system;

- It is an essential element in the process of reducing the number of children placed into residential care;

- It produces a change in the approach to child care – from institutional care to family and family-based care;

- It is an efficient community services planning tool;

- It is a tool for efficient retargeting of resources towards the persons who are the most vulnerable in the society;

- It ensures that by using comprehensive child assessment procedures will ensure that the children's needs are met.

The basic elements needed to implement gate-keeping of entry to institutions

- **an agency** responsible for coordinating **assessment of a child's situation**

- **a range of services in the community** providing help and support to children and their families

- **a decision-making process** based on a systematic approach to the assessment and review of children's needs and family circumstances

- **information systems** providing feedback on the operation of the system and able to monitor and review decisions and their outcomes.

1 Assessment
Guardianship authority

Institution

4 Decision making
monitoring
Informational systems

2 Family Support Services
Child guardianship services
Substitute services

3 Decision-making
Gatekeeping commission

GATEKEEPING SYSTEM
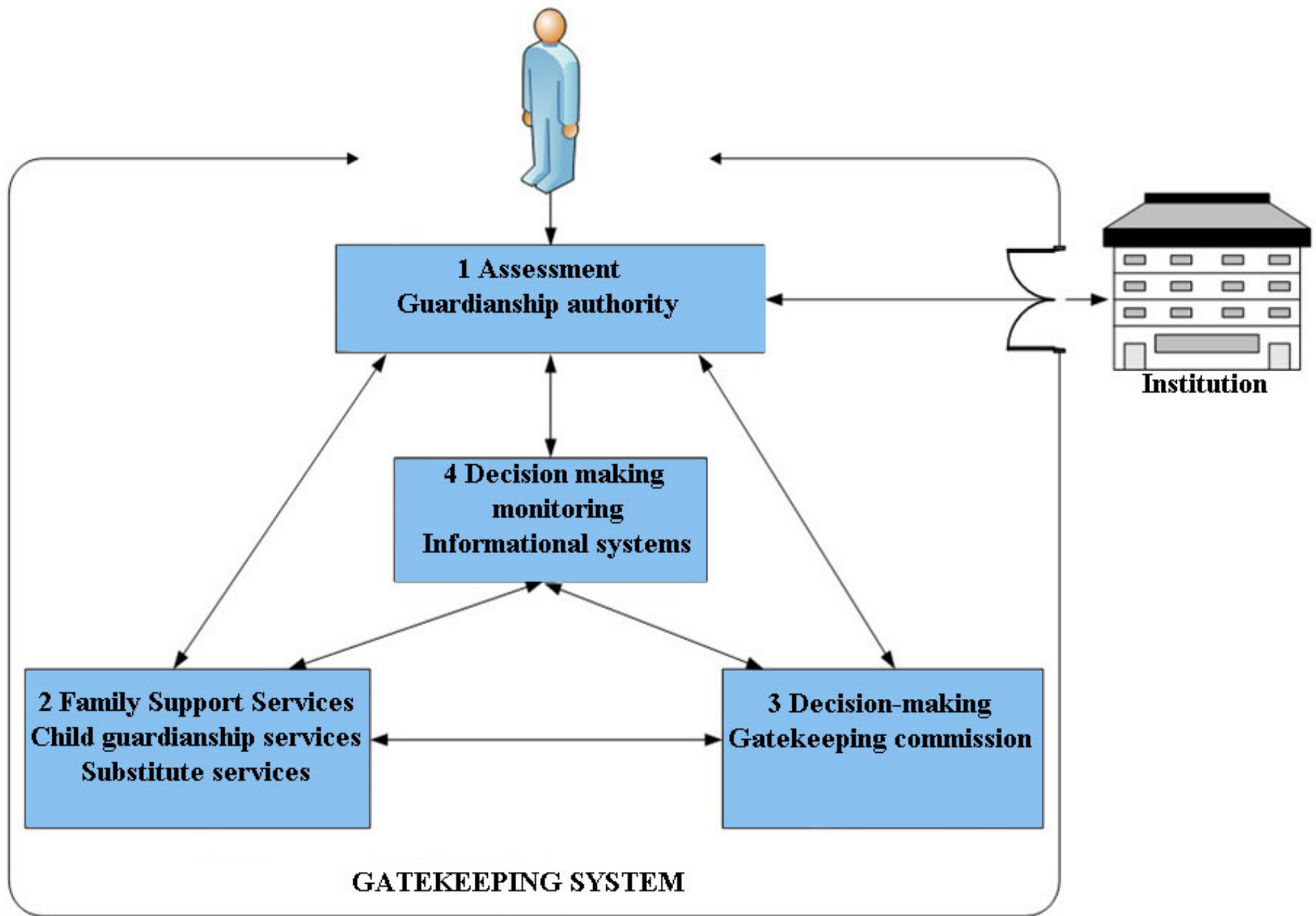
An agency responsible for coordinating the assessment of the child's situation

- Regional Social Assistance and Family Protection Department – the guardianship authority and main body coordinating the child's assessment;

- Network of social workers in each community;

- Efficient assessment mechanism is ensured by:
  - Case monitoring;
  - Case referral mechanism;
  - Professional supervision;
  - Training of the specialists.

A decision-making process

- Instead of admission being a routine, 'easy' procedure usually taken by a single professional and approved by a senior officer, panels introduced a more consistent and rigorous approach with a specific requirement to:

  – consider community alternatives and ways to ensure the child was not separated from their family;

  – identify specifically what particular benefit would derive from admission;

  – plan for the child's return;

  – review the admission on a regular basis to avoid drift into long-term care.

- The panels also led to detailed profiling of cases which helped the local authority to plan services more sensitively and to expand the range of alternative provision in the light of identified needs.

Problems

Guardainship authority

Police

Education

Any person, including the child &family.

Initial assessment

Complex assessment

Gatekeeping commission

Review

No measures

Emergency Placement

Family Support

Foster care

Institution
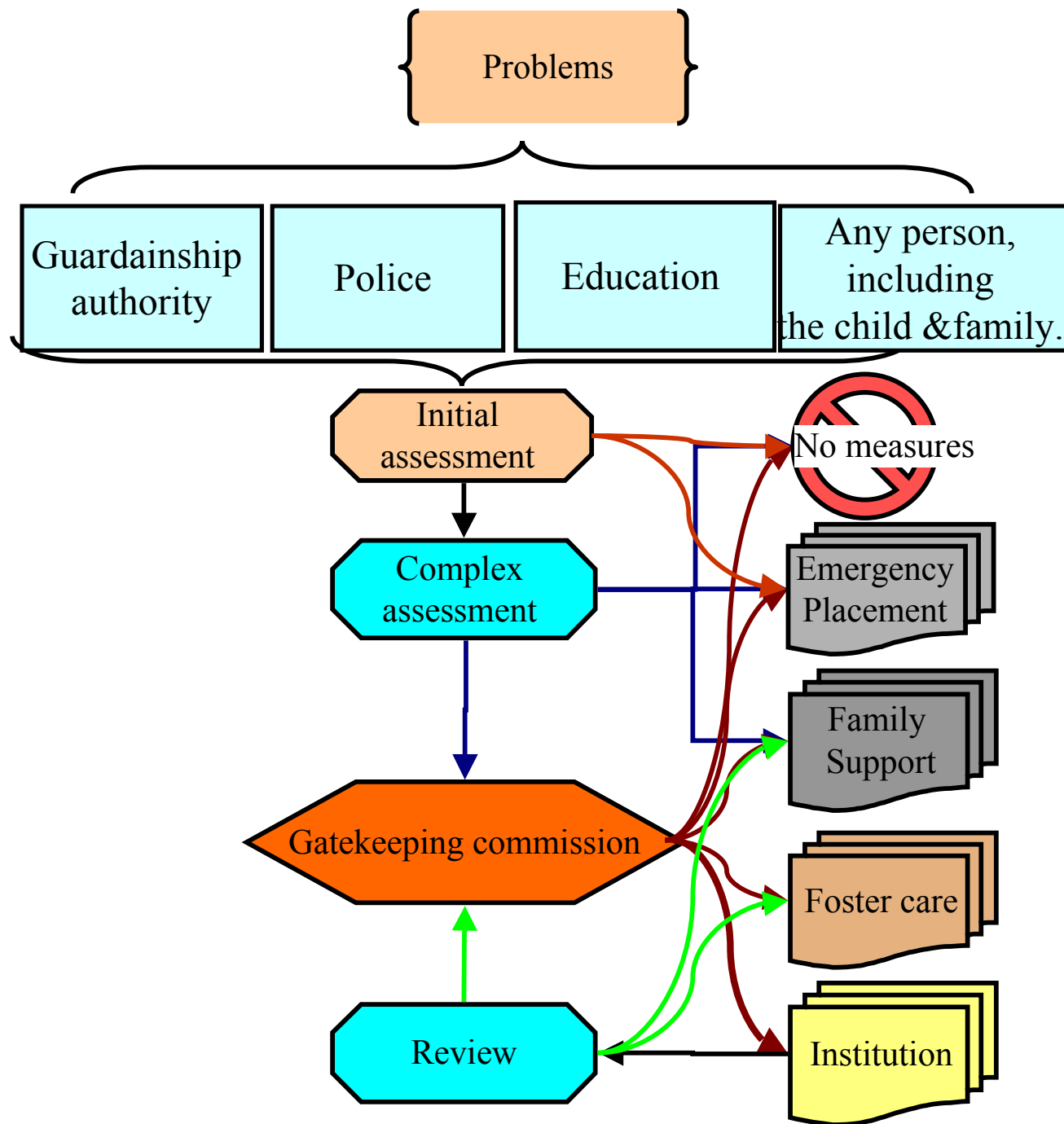
Decision-making process

- Decisions are made by the guardianship authority, based on the conclusion of the Gate-Keeping commission;

- The gate-keeping Commission is independent:
    - Members of Social Protection and Education Departments cannot be Commission members;
    - Representatives of local Councils, NGOs, specialists in child care can be Commission members;
    - The Commission reports to the Raion Council (District Council);

- The commission investigates all case when child separation from family and institutionalization are suggested;

- The commission's case work results in a conclusion that can be in favor or against child's separation from family and his placement into residential care;

- A child can be placed into residential care if:
    - Complex assessment was performed and individual care plan was developed;
    - Commission gave positive review;
    - The given ministry authorizes the placement.

Range of services in the community providing help and support to children and families

- *Prevention and family support services:*
  - Initial social services at community level
  - Multi-sector community collaboration for early intervention and family support
  - Specialized family support services
  - Multi-disciplinary team based in maternity hospitals to provide counseling and support for pregnant women and mothers after birth
  - Support centers for young mothers and babies
  - Parent-and-Baby Units (residential) for most difficult cases
  - Day-care services for young children
  - Short-term placement of children with special needs, into foster care families
  - Cash support – cash benefits and family support
- *Substitute services:*
  - Guardianship, adoption
  - Foster care (emergency placement for infants, short-term emergency and long-term placement)
  - Family-type homes

Information system to monitor decision

- The aim of this element of gate-keeping is to ensure that staff and managers can respond to the patterns of outcomes of decisions taken about services as a learning organization.

- Decisions are monitored by local decision making bodies and may reveal:
  - a shortfall in community–based alternatives to institutions;
  - that children are being admitted to institutions because of a shortage of appropriate services to support the child in its family
  - that there is a need to reconfigure resources to meet increased work loads.

- Core gate-keeping data collected by the Ministry of Social Protection include:
  - trends in admissions to institutions,
  - aggregated data on placements in substitute families and children supported in biological families.
  - conclusions drawn from the data feed into the larger strategic reform plan.

Results

Indicators/year	2006	2008	2012
Work of the Gate-Keeping Commission	3	36	36
Cases examined at the Gate-Keeping Commission meeting	472	829	1602
Cases recommended for residential placement	81 (17,2%)	110 (13,2%)	195 (12,2%)

Pitfalls in the provision of high quality gate-keeping

- Human resource capacities for assessment and decision-making:
  - Limited numbers of staff in Social Assistance Departments;
  - Lack of training of social workers and specialists & poor capacities to assess the best interest of the child;
  - The incorrect interpretation of the Gate-keeping Commission roles by LAs;
  - Poor capacities of gate-keeping commissions to make informed decisions in the best interest of the child;
  - Poor practices at the community level in the provision of multi-disciplinary support to families with children;
  - Variable commitment to family prevention and preservation and deinstitutionalization.
- Support to children and families:
  - Lack of early intervention & family prevention & preservation models;
  - A shortage of foster care, especially emergency foster care for babies
- Weak informational systems and capacities to manage the system and use the data for policy and practice development.

3. Development of social services

Community social assistance service

- it is currently viewed as the main service capable to cover most of population's needs at community level, essentially reducing the needs of the population for specialized and highly specialized services.

- Professional competences of 103 community social assistants were consolidated in case management; 6 SAFPD specialists learned to collaborate with CSAS, 9 social assistance managers became aware of the role and importance of CSAS.

- The project applied and demonstrated in practice the role and effectiveness of the professional supervision mechanism in building capacities of the employed staff, and was the first to pilot this mechanism, concluding about the need of its revision.

Family support services

- The project essentially contributed to the development of normative framework of the FS service (regulation and quality standards), which facilitated the understanding of the essence and methodology of service provision, shift of attitudes to the potential of the service, and its adequate appreciation in the community social services system.

- FS was connected to the cash benefit service and integrated into the system of prevention of child's separation from family and institutionalization prevention.

- To continue, the project needs to organize trainings at national level, covering quality standards for FS, to ensure that this service becomes the main one provided by SAFPD, through the activity of social workers.

Reintegration service

- In collaboration with the central and LAs, the project identified the place of the reintegration service in the system of specialized social services covering temporary separation of child from family, and in the reform of the residential child care system.

- The project piloted a methodology of which provides professionals with clear work procedures that ensure quality of reintegration and returning of children into family environment.

- Successful reintegration of children was ensured by complex assessment of child's needs and capacity of the family to meet them, production of care and support plans before and after the child's reintegration into family, and monitoring of the child's placement into family.

Foster Care Service

- The number of foster families in the project's regions increased from 23 to 51, with the number of children in placement increasing from 40 to 104;

- The FC service demonstrated stable development tendency in all regions of project implementation, especially in Calarasi, where the service progressed from zero to 19 FC families;

- The service development was speeded by mass deinstitutionalization of children, in the context of residential care system reform, prevention of child institutionalization within the GK system, and raising public awareness about the effectiveness of this service;

- The project contributed to deinstitutionalization of 505 children and their reintegration into family settings;

- The rergions still need support to improve the compliance with the methodology of the Foster Care Service in the following areas: assessment of the foster care applicants, matching of children and foster parents, placement monitoring.

Educational Support Services Development – key results

- Development of educational support services in community schools:
  - Regional level Psycho-pedagogical assistance service
  - School resources centres
  - Teaching support staff
- The project supported over 200 mainstream schools to develop inclusive education programs, working with teachers, children, parents.
- Over 350 children were reintegrated into mainstream education and received training according to their individual educational plans.

Social services – key successes

- Due to the efforts made by the project, for the consolidation and development of social services for children, these services came to meet international requirements:
  - social services became personalized;
  - they are provided upon an evaluation of the child's individual needs and are based on an individual plan of intervention;
  - social and educational services are provided in an integrated manner, offering different forms of support, depending on the child's current situation;
  - social and educational services are provided as close as possible to beneficiaries, that is, fundamental general services are developed and provided in communities;
  - the services provide protection against the life risks and ensure inclusion support, contributing to increasing active social membership skills.

4. Transformation of the residential care

DI – key components

- The Project developed and implemented a Strategy of residential institution's reorganization/ closure - principles, objectives, and actions that should be implemented, in stages, in clearly set terms, to ensure successful reorganization of residential institutions in pilot regions, and its synchronization with the transformations produced nationally.

- Building blocks:
  - Blocking new entries– moratorium on new entries and strengthening gate-keeping;

  - Child and Family Complex Assessment;

  - Assessment of school processes – training &education, extra-curricular activities, child care;

  - HR assessment – qualifications of the staff, on-going training, work experience - to assess chances for redeployment;

  - Financial resources analysis: current costs per articles – salaries, products and services, educational versus care costs;

  - Buildings technical evaluation - determining the degree of technical wear and possibility of further use of the building;

  - Analysis of social and educational services in the community and the region, in the context of deinstitutionalization;

  - Conclusions and recommendations for the transformation.

DI Priority directions

- Ensuring safe reintegration/integration of children from residential institutions into family and community;

- Preparing the staff of the residential institution for changes, providing support in professional requalification and redeployment;

- Reorganization of the residential institution in line with the minimum quality standards, or its closure, depending on the assessment results

- Development of community and family based social services for children;

- Preparing community schools for the integration of children from residential care;

- Ensuring reallocation of financial resources from the residential system to the newly created social and educational services.

Stage 1 : Ensure safe transition of children

- DI plan for each child;

- Grouping children proposed for reintegration;

- Preparing/empowering children for reintegration;

- Prepare families for the children's returning home;

- Prepare schools and communities for children's inclusion: analysis of community school's capacity to integrate children, build necessary skills (managers in inclusive education and Schools and Teaching support staff);

- Gradually change attitudes of parents and teachers, through special activities organized by the project.

Stage 2: Prepare the staff of residential institutions for change

- A training program aiming:

  - To reduce resistance, to calm spirits, and to provide support in redeployment;

  - To build competences of working with children, to improve the training skills, based on individual approach to each child in the reintegration and inclusion process.

- Training includes:

  - Change management;

  - Children's rights;

  - Social services for children and families

  - Inclusive education.

Stage 3: Decision-making regarding the residential institution

Closure:

- Prepare and organize the process of deinstitutionalization;
- Identify the gaps in the local care system (community, raion);
- Design new services that are to be developed to replace the institution;
- Reallocation of the financial resources released;
- Plan, train and redeploy staff to new service or existing services;
- Decide on the use of the buildings.

Reorganization:

- Identify existing gaps and drawbacks in the functioning of the institution;
- Adjust the services provided by the institution to the quality standards;
- Plan an on-going training program for the staff of the institution;
- Introduce new technologies of working with children and their families;
- Link the children from the institution to other services in the community

Stage 4: Develop family and community-based social services for children

- Survey social and educational services available in the region;

- Undertake service planning and development process;

- Build LA's and service providers' capacities;

- Link the services with other services in the mainstream system;

- Develop and implement and M&E framework for new services

Stage 5: Retargeting funds from residential care to new created services

- Strengthen LA capacities in financial management during transition;

- Transfer of the national institutions to LAs;

- LA accountable for decisions on the closure/reorganization of the institution;

- Regulation for the reallocation of funds from closing down institutions to social and educational services.

DI - challenges and obstacles

- A number of parents didn't want to take their children back home;

- Disoriented children (fear that they will not cope at home & school);

- Resistance and hostility of teaching staff from schools;

- Low LA's capacities to manage the change;

- Multi-party Regional Councils unable to make timely decisions related to the closure;

- LA's unwillingness to be more aggressive in the reform in the pre-electoral period;

- MoE struggle to answer the resistance factors from within the system.

Transformation – key results

- Over 4000 children and their families have improved access to family support and alternative care services; 550 children deinstitutionalzied; 8 institutions closed;

- Procedures for children reintegration with families &communities tested;

- Collaboration between the residential staff, social workers, carers, local communities strengthened to identify children for whom the reintegration is in the best interest;

- Social and educational support services developed locally to provide children with adequate conditions, responding to their development needs;

- Capacities of key persons and support teaching staff built, according to inclusive education program (3 modules);

- FS service implemented and includes cash and non-cash support, financial aid is provided depending on the family needs;

- The school inclusion practice was incorporated into the work methodology of schools and monitored by the Departments of Education;

- The practice of child participation in decision-making and abuse, neglect, and exploitation prevention aspects were mainstreamed;

- Child Helpline developed in 2 regions and integrated into local social services network.

Reallocation of the financial resources within the reform of residential institutions (Moldovan model)

Reallocation of funds – key results

- The regulation framework on the reallocation of funds approved by the Government in 2012.

- The LA's (Social Assistance Department) capacities strengthened to plan & justify new services or expansion of existing services

- The LA's (Finance Department) capacities strengthened to estimate services costs, justify and advocate with MoF

- The share of financing of services for families with children in the total amount of financing of social assistance increased :

  - Ungheni region – 28.2% in 2010, 44.7% in 2012, 46.1% planned for 2013.

  - Călărasi region – 22.0% in 2010, 41.8% in 2012, 49.3% planned for 2013.

  - Falesti region – 32.4% in 2010, 36.4% in 2012, 43.9% planned for 2013.

Reallocation of funds – key elements

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

Reallocation of funds -roles & responsibilities

- **Local level:**
  - Social Assistance Department – assessment of children needs and delivery of necessary social services
  - Education Department – assessment of children needs and delivery of necessary educational services
  - Finance Department – estimation of services' costs and funds reallocation
  - District Council – coordination and monitoring of the DI process
- **Central level:**
  - Ministry of Labour, Social Protection and Family – collecting the number of children and their needs in social services & presenting to MoF
  - Ministry of Education – collecting the number of children and their needs in educational services & presenting to MoF
  - Ministry of Finance – estimating costs for services and their acceptance in the relationships between central and local budgets
  - Government – approval of regulation framework

Challenges

- Long period of Government decisions approval (on reallocation of funds and on transferring of the residential institutions from central to local level)

- Low capacities of specialists from Social Assistance Department in planning of social services development

- Lack of understanding of specialists from Finance Department in social services development and their financing

Successes

- The regulation framework on the reallocation of funds approved

- The local authorities (Social Assistance Department) capacities in planning & justifying of new services development or extension of existing services strengthened

- The local authorities (Finance Department) capacities in services costs estimation and their justifying to the Ministry of Finance strengthened

Communication in the reform: change of perceptions, attitudes

Context - August 2010

•Number of children in institutions reduced only by 1,000 children;

•Out of 67 residential institutions, only 2 had been closed and 2 transformed supported by NGOs (3 closures and transformations were supported by P4EC);

•Special needs schools were not covered by the reform: taboo subject, due to existing preconception that children with disabilities should be segregated (in April 2010 P4EC started the closure of first 3 special needs schools);

•School resilient to accept children with learning difficulties; children are placed without examination of the Gate-keeping commission;

•Level of public awareness and readiness to accept the reform remained the same as it was in 2006/2007, when 2 TACIS projects ended and the reform was launched;

•Staff of residential institutions resistant to change;

•Government's engagement with the reform was evasive, there was lack of coordination, common vision, lack of communication strategies;

•3 pilot regions with 8 residential institutions with over 500 children in placement were planned for intervention;

•These institutions were different from other – both in the contingent of children in placement, and in their subordination status – LAs, NAs.

Analysis

- **Determining current attitudes and perceptions of decision-makers, specialists, institution's staff, opinion leaders, general public**

- Qualitative research: Făleşti, Ungheni and Călăraşi pilot regions; Center (Chişinău), South (Cahul), and North (Bălţi).

- Methodology: focus groups, in-depth interviews, observations in residential inistitutions, case study of alternative services.

- Goal – to identify and describe:

  - The situation of the family/child in difficulty, factors that determine separation/institutionalization; perceptions of the style of solution/overcoming family's problems, the role of the Government, community, and family in raising children;

  - Attitudes and behaviors towards abandonment/institutionalization; level of awareness and negative effects of residential institutions; situation in residential institutions, their environment vs. difficulty prevention social reintegration services for children; attitudes and behaviors towards raising children in other than birth families;

  - Perceptions of the child's opinion and his/her participation in decision-making.

Research findings

- Families face increasing problems: *Poverty, migration, mentality; The future of the family is uncertain…*

- The school does not participate in the problems of children from vulnerable families, the community, business environment are indifferent;

- The family is alone in solving the difficulties it faces, even if the stat support is minimal or lacking altogether;

- Child's placement into residential care is still a "convenient" solution. Attitudes/perceptions of certain specialists about the family point out to the need for more awareness-raising, preparing, information;

- In their declarations, headmasters of institutions do not oppose the reform, but indirectly many of them are strongly resistance to the institutional reform;

- The voice of the child is considered important, but unreal/impossible to be taken into consideration;

- Only those directly involved into child's rights protection sense the state's efforts, while the rest of specialists (doctors, teachers, social workers, general public) state that there is a lack of coherent and functional policy. Some specialists consider that child and family protection is not a state priority;

- Lack of relation between NA and LLA, accordingly, unawareness/lack of understanding or wrong perception of problems.

Decisions on tactics of the campaign (1)

• The communication campaign should be pro-active, positive, and mobilizing, motivating all stakeholders;

• It should include diverse topics: from promoting family values and the child's upbringing in a family - to promoting successful models of reintegration or placement in alternative family care, school integration, regardless of (dis)ability, including the promotion/education of trust for state institutions;

• General promotion of successful cases of the reform, using at the same time arguments to reduce resistance and involve stakeholders into the edification of new services/systems;

• Communication tools should include TV and radio with national coverage, especially public TV that places no priority in sensations, but in information, education of the population. Apart from information programs, debates with actors of relevant ministries, LAs, beneficiaries should be included.

Decisions of tactics on the campaign (2)

•In order to ensure coherence of the reform process and to secure its sustainability, internal communication capacities had to be built with ministries and local authorities, but also with mass-media.

•One of the priorities that were identified is the creation and training of a support group of opinion leaders, including decision-makers, professionals, service providers, support mass media group. Internal communication tool will also include a ministerial monthly newsletter;

•The reform message should come from the authorities/relevant ministries, demonstrating to the public the Government's commitment, responsibility, and determination to implement the reform;

•Promote perceptions that children from residential institutions (especially from special needs schools) are not different, and have the same skills, capacities, and rights. They should be used as protagonists of audio and video clips.

All these culminated with the development of Communication and Advocacy Strategy and Actions Plan

Communication strategy

- Target groups:

    – Central authorities

    – Decision-makers, specialists, social workers, institutions staff at local level

    – General public, children and adults

- General objective:

    – Promote the residential child care system reform and redirect preferences of the population from residential care to family-type care.

- Specific objectives:

    – Create common vision and approach among central authorities (ME, MLSPF) on the residential child care system reform and develop alternative family and community based services;

    – Create common vision and approach among project LAs on the residential child care system reform and develop alternative family and community based services;

    – Create a positive perception among the general public, for the residential child care system reform and the need of raising children in families and family environment.

Communication campaign - THE FUTURE BEGINS IN THE FAMILY

Key messages:

• Moldova is aspiring for European integration, and this implies adopting European and international standards in child protection;

• The Government of Moldova and the LAs understand the need of the child protection system reform and places the main focus on strengthening the family and early intervention in difficult situations;

• The central authorities have the capacity to develop policies, and the local authorities are capable to reorganize institutions and develop alternative services for families and children in difficulty;

• The Republic of Moldova is one of the first countries in the region that initiated the implementation of the UN Guidelines on alternative care of children

Create common vision of central and local decision-makers

- Identify and train the "spokespersons" of the reform/ opinion leaders among decision makers from ministries, LAs (social assistance, education, finance), including headmasters of residential institutions: training in communication, identified themes of the strategy to be promoted;

- Invite opinion leaders from various institutions/areas to radio/TV programs (MoE and MLSPF; MoE and SAFPD; MLSPF and MoF; MoE and institutions headmasters and SAFPD, etc.);

- Involve the Reform Steering Committee into coordination of activities, including communication, organize joint meetings with local public authorities;

- Extend the practices of the of the MoE and MLSPF in the production of strategies and communication plans, organization of activities.

Communication – tools and approaches

- Developing and implementing a national communication campaign to obtain a shift in public and professional attitude toward residential care;

- Building capacities of policy and decision makers in communication;

- Developing a Common vision between MLSPF and MoE regarding DI and agreement to develop a new Child and Family Protection Strategy.

- **Communication tools:**

  –Weekly programs at national radio and TV Programs twice a month;

  –Audio and video clips;

  –Monthly newsletter for internal communication within the system;

  –Magazine for the general public and specialists in the area, twice a year;

  –Articles in the printed press, when necessary.

- **Building the mass media support group:**

  –Train in system reform and services development themes;

  –Establish and strengthen relations with media partners;

- **Additionally -** Identify supporters, opponents, risk-reduction strategies.

Communication - lessons learned

- Communication efforts that lack practical implementation of reform actions and positive practices and successful cases are not credible and sustainable.

- The communication component in such processes, was as important, as the training, child participation, services development, public finance components.

- The identification of opinion leaders in the system, who acted as reform promoters, ensured its efficient implementation and minimized resistance.

- Inevitable resistance to the reform should be seen as a learning opportunity, including for the residential institutions' staff, who can be redeployed.

- A reform project can be successfully implemented by an organization whose mission and vision identifies along with the reform objective.

- Information monitoring (collection and analysis of the information published in the printed press, audio, video, online materials) helps to identify early and prevent crisis situations, and transform them into opportunities.

Child participation: involving children in the decision making processes

Child participation means…

- TO BE INCLUDED AND ASSUME responsibilities;
- TO INFLUENCE processes in a democratic way;
- TO TAKE PART in developing policies, services affecting them.

" CP is much more than just asking children and young people about their ideas on certain subjects. It implies listening to us and taking us seriously and transforming our ideas into reality".

Why do children want to be involved in issues related to their life?

- We can challenge the incapacity and limited potential childhood is associated with;

- it makes us able to promote our rights and speak about violations of these rights;

- We feel adults don't understand us correctly;

- We feel that our contribution might lead to better decisions;

- We feel we can contribute to making the world better;

- this allows us to meet children from various cultural environments, different age and experience;

- CP provides new skills, strengthens our self-esteem and brings a lot of pleasure to us…

Obstacles in child participation

Adults opinions on children and child participation

- Have black-and-white thinking
- Lack life experience and knowledge
- To young to be reliable partners
- CP is time consuming; adults are short of time
- Children say things other then expected by adults
- Children have a strong desire for independence

Children opinions on adults and child participation

- Are selfish, never recognize and apologize for their mistakes
- Have power, do what they want, do not need young people
- Want opinions, but do not want new ideas
- Cannot handle evolving young people
- Think age gives power
- Do not remember themselves being young
- Focus on high earnings

Child participation –levels

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

Approaches

Adults

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

Children

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

ABC. Who are they ?

- A group of children and young people coming from different social environments, with different experience of care, who know the problems of their peers and make sure that children's voices are heard by adults.

- Objectives:

  – Make children's voice heard in front of decision makers

  – Encourage youth participation in the identification, prevention and settlement of problems in their community

  – Create a favorable environment of efficient communication between the youth, LAs, decision makers, other stakeholders.

  – Provide young people with the possibility to learn the practice of democratic citizenship, expression, communication, dialogue, negotiation, decision making and develop their leadership skills.

ABC activities

- Developing: the Child Protection Policy, the Child Participation Concept, the ABC's Regulation, the ABC's Leaflet, the Child-friendly version of the Guide "Guidelines on the Alternative Care of Children", articles in the print press and on radio and TV

- Public speaking: International Conference "Modern Practices in the Alternative Care of Children", seminars in institutions, presentations, flashmobs, posting statuses on social networks.

- ABC members become members of Regional Boards for Child Rights Protection and of Local Boards for Child Rights Protection in their communities where they intervene in cases of abuse to make children's voices heard

- Contribution to the development of the draft National Child and Family Protection Strategy

- Monitoring and evaluation of the social services for children

Child participation –
monitoring and evaluation of social services

- Preparing children for M&E

- Involving ABC in the M&E processes (examples of undertaken work):

  – Identifying the need for developing the new social services – assessing the situation of children with disabilities from the communities

  – Improving the quality of existing social services: foster care, family-type children's homes, day care center for children with disabilities

- Developing and presenting M&E reports to professionals of the Social Assistance Department who are in charge for service delivery.

Example of an ABC report
on
Situation of children in Foster Care
(May-July 2012)

Ungheni district

Overview

Purpose of monitoring:

– Situation of children placed in Foster Care

– Advantages of Foster Care

– Children's rights in Foster Care

– Contacts with birth families

– Progresses of children placed in Foster Care

Overview

- 10 ABC members were involved in the monitoring;
- 36 children in foster care, aged 3 – 17;
- Purpose of monitoring:
  - Situation of children placed in Foster Care;
  - Advantages of Foster Care;
  - Children's rights in Foster Care;
  - Contacts with birth families;
  - Progresses of children placed in Foster Care.
- Areas: The child's life in foster care, coming to foster care, leaving foster care;
- Methods used: observation, interviews, play, note-taking as stipulated in the Interview Guide.

Main findings (1)

- Children are is looked after in a friendly family environment;
- Siblings have the opportunities to live and grow up together;
- Children receive education in their communities;
- Wherever possible, children maintain relations with their family;
- Families are not large, not more than 3 children in placement;
- Children's opinion is respected most of the time;
- Children's rights in FC are observed most of the time;
- Most children in FC feel good; they are joyful, well looked after, feel free and speak about foster family with love and respect;
- Children are helped and encouraged to learn new things and to do well at school.

Main findings (2)

- In most cases, there is good communication between children and foster carers;

- Children discuss about plans for the future with the foster family;

- The foster family discusses with children about their future professional orientation;

- Most children learned that they would be placed in Foster Care from the social worker;

- Few children didn't meet their foster carers before placement;

- Children are involved in domestic chores;

- Children's Life Book is not always completed;

- Children said they don't participate a lot in community life;

- 4 children reported having relational problems with FC and in community school.

Recommendations

- Not only the foster carer, but also their family should attend trainings to become better parents.

- The child must be prepared and informed, in all cases, about his/her placement in Foster Care and things that will happen afterwards.

- The foster carer must compile the Child's Life Book.

- The matching procedure must be always respected so that the children meat the foster carer before placement;

- The child must be informed about the reason for his/her placement in Foster Care;

- Local teachers must be informed about the child's placement;

- More frequent discussions with children about their dreams for the future are required to help them develop the necessary skills to set goals and achieve them.

- Psychological assistance should be provided to children who face difficulties in accommodating in the foster family

Limitations

- Children's age
  - it is difficult for young people to obtain objective data from younger children 0-6 years - it is mainly based on personal observations and perceptions.
  - ABCs need improved skills to interview young people of 15-17
- Members of ABC find it difficult to interview children and young people from the same community (confidentiality)
- Members of ABCs that had traumatic family experiences sometimes do not feel comfortable interviewing children victims of abuse and neglect
- Children sometimes find it difficult to produce accurate notes

Finally

- Children and young people can be involved in evaluating any service.

- Appropriate preparation is the key!

- Children's recommendations must be taken seriously and considered in order to improve the service.

Monitoring and Evaluation of the Child care reform in the Republic of Moldova

Information flow in the Educational System

- Ministry of Education collects information on children placed in residential care institutions under their administration;

- The Information is collected directly from the Institutions, if they are subordinated directly to the MoE;

- The information is collected from the Departments of Education on institutions managed at the local level;

- Ministry of Education have little institutional capacities to verify the reliability of the data;

- Children's assessments undertaken by NGOs reveal many errors in terms of reported numbers ("dead souls" that influence level of funding per child) as well as their statuses (children with no disabilities placed in special needs schools, children with both parents placed in an institution for orphan children, etc.);

- MoE has a possibility to follow the children integrated in community schools from residential care, in terms of their academic successes.

Information flow in the Social Assistance System

- MLSPF collects information from local Social Assistance Departments on children without parental care, placed in different alternative family care services, reintegrated children children passed through gate-keeping commissions, adoptable and adopted children;

- MLPSF doesn't yet collect the data on prevention cases, especially supported at the community level;

- Few LAs have established a monitoring framework to collect prevention data from community social workers (which in some cases constitutes around 80% of the case load);

- Each social service, usually have developed their own data collection system, often not synchronized with the informational needs at regional or national levels.

General tendencies in M&E

- Line Ministries tend to initiate informational systems that are quite burdensome on people, rigid to produce timely and correct data;

- As a result, LAs are often asked to produce different data in an ad-hoc manner; the same is requested from community social workers. This proves to be quite time consuming and occupies a big portion of the people's workload;

- LAs and national authorities tend to collect output-related data, and less on outcomes for children;

- Authorities do not plan finances in their budgets for M&E activities, surveys, etc. ; these are mainly planned and carried out with the NGO support;

- There is limited skills to use data from M&E for policy & service development;

- Quite often different departments at local level collect similar type of data on vulnerable children and their families, in different ways, and often come to different figures;

- There is a great need for improved collaboration and coordination between local and national authorities on data collection, analysis and use for policy development.

USAID-funded project contribution to improve M&E of the reform (1)

- P4EC supports the development of simple but usable information systems collecting data on children and families requesting & receiving services, that include information on key elements of the assessment, the services allocated and the outcomes obtained.

- These information systems collect a limited amount of data that is keyed into the administrative processes to obtain high-quality data.

- Local front-line managers are supported to learn skills in using this information to guide their practice, as systems monitoring is most effective where it is used, not only centrally, but also locally, to gather key information and where it forms part of a strategy to empower managers and practitioners.

- The project ensure that information collected is meaningful to users, simple to collect and that there is feedback on the relevant services.

USAID-funded project contribution to improve M&E of the reform (2)

- LAs partners receive on-going capacity building on monitoring and evaluation of services, system and programs.

- LAs service providers are supported to develop an M&E framework for each of the new services developed and delivered to children and families;

- LAs were supported to develop and M&E framework to collect data on primary social services delivered at the community level, that will be tested and presented to the line Ministry for national replication.

- LAs were supported to identify common indicators on children and families that are being collected by different LA structures and identify way of improved coordination and joint collection and use of data between departments.

- MoE is supported to receive reliable data on children involved in DI.

USAID-funded project contribution to improve M&E of the reform (3)

- LAs partners are supported to develop reliable systems and procedures to collect information on children supported by the project.

- SAFPD keep records of all children that received primary family support (delivered at the community level), secondary family support (delivered at the raion level), children proposed for family separation and presented to gate-keeping commissions, children placed in alternative care.

- SAFPDs and DoE compile and maintain a joint data base of children placed in residential care.

- The information is gathered from different sources, i.e. community social workers, local councils, family support and foster care teams, gate-keeping commissions, residential institutions and other alternative care services.

- The databases are maintained and stored in the LA's offices. P4EC gets needed statistical information on a quarterly basis.

- P4EC organise random checks on the information included in the databases.

USAID-funded project contribution to improve M&E of the reform (4)

- LAs social workers are supported to measure changes in the wellbeing and safety of children who have been deinstitutionalized as well as those whose family separation has been prevented.

- Community social workers are trained to monitor children in order to assess changes in the family economic well-being, health, safe/risky behavior, educational attainment, community engagement, social relationships, and emotional/spiritual well-being.

- The social workers are supported to record in the children's files changes in the following areas:

  - conditions to learn and develop ;

  - a positive view of themselves and an identity that is respected;

  - enough of what matters;

  - positive relationships with their family and friends;

  - a safe and suitable home environment and local area;

  - opportunity to take part in positive activities to thrive.