

FOSTER CARE SERVICES FOR CHILDREN IN MOLDOVA

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Submitted by:
Kelley McCreery Bunkers, Consultant

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List of Acronyms

APP	Professional Parental Assistants (<i>Asistenți Parentali Profesioniști i.e., foster parents</i>)
CCTF	Family Type Children's Home (<i>Casa de Copii de Tip Familial</i>)
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
CSO	Civil Society Organization
CWPC	Children without Parental Care
FC	Foster Care
GoM	Government of Moldova
IGACC	International Guidelines on the Alternative Care of Children
LPA	Local Public Authority
MDL	Moldovan Lei
MoE	Ministry of Education
MoH	Ministry of Health
MoLSPF	Ministry of Labor, Social Protection and the Family
NGO	Non-governmental Organisation
P4EC	Partnerships for Every Child (<i>Parteneriate Pentru Fiecare Copil</i>)
UN	United Nations
UNICEF	United Nations Children's Fund

Glossary of Terms

Child separated from parents: is understood as a child who is effectively deprived of parents' care determined by the latter's absence, including when parents are abroad for labor for a period longer than three months; a child taken away from the parents because of the imminent threat to child's life and health, as well as the child who has acquired the status of a child who is temporarily without parental care or a child without parental care.¹

Children with Disabilities: is defined by Article 1 of the United Nations Convention of the Rights of Persons with Disabilities (CRPD) as "... those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."²

Family Type Children's Home: (*Casa de Copii de Tip Familial* or CCTF as per the Romanian acronym): is understood as a type of service provision within a family environment whereby a orphan child left without parental care or family care is placed under the care of a foster parent-educator.³ This type of care and Professional Parental Assistance (defined below) are two kinds of foster care currently offered in the Republic of Moldova.

Professional Parental Assistants (referred to by the Romanian acronym APP): refers to the caregivers providing the professional parental assistance service (i.e., foster care). These are recruited, assessed, trained and monitored caregivers of children in a professional process overseen by the Raion level authorities (see definition below). There is a two-phase approval process. The initial foster care assessment is done by the foster care service provider (see definition above). The first assessment and approval is provided by Commission for Protection of Children in Difficulty (also referred to as the Gatekeeping Commissions). The service provision is approved by and is the responsibility of the local Directorate for Social Assistance and Family Protection.⁴

Professional Parental Assistance Service: is a social service providing care in a substitute family by a professional foster caregiver entrusted with the care and protection of a child or children and fulfillment of his/her rights as outlined in Government Decision no. 1361/2007. In the case of Moldova this is defined as *Raion* level authorities who are responsible for the provision of

¹ Government of the Republic of Moldova (2012), DRAFT Law on special protection of children at risk and children separated from parents, received from Ministry of Labor, Social Protection and Family

² United Nations Convention on the Rights of Persons with Disabilities (2007), retrieved 01 December 2012 from <http://www2.ohchr.org/english/law/disabilities-convention.htm> . The UNCRPD is ratified by Republic of Moldova (Law no 166/09.07.2010)

³ Government of the Republic of Moldova, Decision no 614/ 06.07.2010 for approval the Modification and Clarification of Certain Government Decision (*related to protection of rights of orphans and children without parental care in Family Type Children's Homes*)

⁴ Government of the Republic of Moldova, Decision no 1361/ 07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service

services of a temporary home, care, protection and education of a child with the view/objective of supporting reintegration in the child's biological family, extended family, adoption or other form of permanent family-like care.

Raion: is the Romanian word that refers to a district.

Respite Care: in the policy framework it is referred to as specialized services that offers social assistance, support, care and supervision on a 24 hour basis to persons (adults or children) with severe disabilities within specialized care centers or specialized service (*i.e.*, foster care) so that the family or relatives responsible for caring for the person can benefit from a pause of anywhere from one day to maximum of 30 days.⁵ It is also known as provisional foster care under the foster care regulations and can be for up to five days to allow the biological parents or permanent caregivers time to rest from caregiving responsibilities.⁶

Residential Childcare Facility: This is understood as a type of alternative care for children. It is a group care setting with caregivers that work in shifts (as compared to permanent caregivers as in foster care or other family-based care), rooms or groupings organized by age, disability or gender, and not family-based. This can also be referred to as institutional care or residential facilities.

Service provider: A service provider can be a *Raion* level authority, a social worker, a local public authority or the Municipal Directorate for Child Rights Protection of Chisinau, or a non-governmental organization (NGO).⁷

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⁵ Government of the Republic of Moldova, Decision no. 413/ 12.06.2012 for approval of the Framework Regulations for the Organization and Function of Respite Social Service and Minimum Quality Standards

⁶ Government of the Republic of Moldova, Decision no 1361/ 07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service

⁷ *Ibid.*

I. Executive Summary

The Republic of Moldova (henceforth referred to as Moldova) is a small country with population of 3.5 million⁸ made up of 32 *raions* or districts, and two autonomous regions, as seen in the map in Figure 1. Moldova is the poorest country in Europe with almost one quarter of its population living below the poverty line.⁹ Moldova remains a relatively rural country with 58.4% of its population living in rural areas and 41.6 % living in urban areas.¹⁰ The estimated birth rate for 2012 in Moldova is 12.5 per 1, 000 or 1.55 children per woman¹¹ whilst the infant mortality rate in Moldova is still quite high with 13.65 deaths per 1,000 live births:¹² fewer children are being born and the population is aging.¹³ Issues related to labor migration, trafficking in persons, poverty, alcoholism and violence against women and children are all push factors that result in children being at risk of abuse, neglect, exploitation or left without parental care.

The Government of Moldova, with support from international donors and civil society members, launched a five-year childcare reform act known as the National Strategy and Action Plan on the Reform of the Residential Childcare System for 2007-2012.¹⁴ This National Strategy and Action Plan, has been complemented by the passage of other laws, government decisions and action plans¹⁵ that all prioritize and support the following: reducing the number of children in residential care by 50%; decentralization of public child and family welfare services; expansion of preventative and responsive services including family-based care services such as foster care;¹⁶ development, training and deployment of a community-based social welfare workforce; and simultaneously working to change attitudes, opinions and practice related to family separation, child abuse and neglect and placement in residential care facilities.

⁸Data from National Bureau of Statistics as referenced in *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*, UNICEF (2011)

⁹ 2010 data retrieved 03 December 2012 from www.cia.gov/library/publications/the-world-factbook/geos/md.html

¹⁰ UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*

¹¹ Retrieved 03 December 2012 from www.cia.gov/library/publications/the-world-factbook/geos/md.html

¹² *Ibid.*

¹³ National Commission for Populations and Development, UNFPA, *Cartea Verde a Populatiei Republicii Moldova*, 2009. P. 10, as referenced in UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*, p. 19.

¹⁴ Government of the Republic of Moldova, Decision no. 784/ 09.07.2007 for approval of the National Strategy and Action Plan on the Reform of the Residential Childcare System for 2007-2012. Retrievable at <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=324556>

¹⁵The Ministry of Education of the Republic of Moldova, Order no 744/ 06.10.2009 for approval of the Framework Plan of transformation of Residential Childcare Institutions; Government of the Republic of Moldova, Decision no 351/ 29.05.2012 for approval of the Regulation on the Redirection of Financial Resources within reforming the residential institutions; the Parliament of the Republic of Moldova, Law No 123/ 18.06.2010 on Social Services; the Parliament of the Republic of Moldova, Law No. 129/ 08.06.2012 on Accreditation of Social Services Providers.

¹⁶ Government of the Republic of Moldova, Decision no 1361/ 07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service; Government of the Republic of Moldova, Decision no 1479/ 25.12.2008 for approval of the Minimum Quality Standards for the Professional Parental Assistance Service; Government of the Republic of Moldova, Decision no 924/ 31.12.2009 on allowances for Children placed in Professional Parental Assistance Service

The 2012 Evaluation of Implementation of the National Strategy and Action Plan on the Reform of the Residential Childcare System for 2007-2012¹⁷ noted that despite significant results in the number of children leaving residential care in Moldova, there were “very few children living in foster care; approximately 270.”¹⁸ As such, one of the key recommendations of the report was “to investigate why too few children are living in foster care as compared to residential care.”¹⁹ The Ministry of Labor, Social Protection and the Family (MoLSPF), with support from UNICEF, developed the Terms of Reference in response to the aforementioned recommendation. The specific tasks of the consultancy included the following:

- Review background information, including primary and secondary legislation and national child care strategies related to children protection, system reform and foster care;
- Consult with central and local government representatives, members of non-governmental organizations (NGOs), foster care givers, foster children and other key stakeholders to: 1) identify why foster care is not sufficiently utilized as an alternative care placement for children; and 2) how it can be strengthened and better accessed especially by children with disabilities and children under three years of age.

The consultant spent two weeks in country and interviewed more than 65 key informants representing national government ministries, local public authorities, child care placement centers, community-based centers, educational facilities, NGOs, caregivers (APPs and foster parents in CCTF), and children in care. Key informants were located in the capital, Chisinau, as well as in five different *raions* (districts) of the country including: Orhei, Fălești, Ungheni, Telenești and Leova (see Figure I for Map of Moldova). Additional information was gathered through a literature review of more than forty-five documents including laws and policies related to child protection, children with disabilities and alternative care, programmatic literature and peer-reviewed articles.

In general, the literature review and the key informant interviews provided a clear understanding of the significant work that has been done in the area of foster care given that it has only been in existence, with a specific policy and regulatory framework, since 2007. Significant time was spent reviewing the two types of family-based alternative care placement options; the foster care services including Professional Parental Assistance (APP) and Family Type Children’s Homes (CCTF). Similarities and differences were identified, as were suggestions for how to minimize confusion of the two care options via an eventual merging of both types of care. It appeared that there was significant understanding of the importance of family-based alternative care for children as a means of preventing placement in residential placement centers. It was also clear that foster care can and should be better utilized as a placement option when deinstitutionalizing children if reintegration in the biological or extended family is not possible. The assessment also found that, in the *raions* visited, recruitment of foster

¹⁷ Evans, P. (2012). *Op cit.*

¹⁸ Evans, P. (2012). *Op cit.* p. 5.

¹⁹ Evans, P. (2012) *Op cit.* p. 7.

families to date has been more successful in rural areas and amongst people within the 30-40 year age range. Current APPs primarily fit into one “profile” which has led to a specific type of child being placed. For example, many carers are between 30-50 and work, thus they prefer children of school age that don’t require full time, stay at home care. This specifically impacts the recruitment of APPs for children with disabilities or children under three. Specific findings include the following:

- There appears to be increasing awareness by local public authorities, NGOs, national government officials and caregivers around the importance of foster care as a preventative measure and as a means of deinstitutionalizing children.
- Local leadership and coordination appear to be keys to successful implementation of foster care services. Although there is significant variation in the levels of understanding of the role and function of APPs at the lowest (*i.e.*, community) level of public administration (especially the Mayor’s offices).
- The differentiation between APP and CCTF appears to be more of a hindrance than a benefit. There is confusion regarding eligibility of caregivers, children, allowances and benefits.
- There was unanimous agreement that the salary for foster caregivers, especially APPs, and the monthly allowance must be increased to meet the rising costs of food and clothing, and to adequately meet the needs of the children in care. There is also a need for standardization regarding exemption from school or medical fees for children in foster care. This is also true of allowances for Family Type Children’s Homes.
- Foster care is primarily utilized for both short and long term foster care usually as a preventative measure or as an option for deinstitutionalization when options within the biological or extended family are not available or appropriate. There is a fairly uniform profile of the person being recruited for a foster caregiver that does not necessarily lend to provision of care for children less than three years of age/children with disabilities, or children in conflict with the law. For example, many of the current APPs are middle age and have jobs so they prefer to care for school-age children thus allowing them to continue working.
- Examples of pilot respite care for children with disabilities have been implemented by an NGO, in partnership with local authorities, and from initial evaluations it appears to be successful. It can provide lessons learned for how to recruit, train and maintain future APPs of children with disabilities.
- The role of NGOs and provision of technical assistance to local public authorities is impressive, although at national level there could be stronger collaboration and coordination between NGOs, especially in a concerted effort to promote alternative care in general and foster care more specifically.

In general, the assessment found that the momentum behind expanding and strengthening foster care services is strong, with recognition by key actors involved in child protection that family-based care is better for children as well as being more cost effective in the long run. The quality of care provided appears to be excellent and APPs themselves would make excellent recruiters of future caregivers. The assessment also recommends that current profiles and

recruitment strategies for APPs be changed to better identify and support potential APPs of children under three years of age and children with disabilities. For example looking at different age groups such as pensioners who are not working and have time to care for young children or children that require more care such as those with disabilities. There is a strong foundation from which to build a better foster care service through:

- Improving the regulatory framework; eventually merging the two types of family-based care to make benefits and allowances more equitable and to minimize confusion about eligibility, benefits, etc.;
- Continuing with public awareness campaigns from national to very local levels (including local public officials);
- Increasing allowances, benefits and exemptions;
- Organizing an interagency task force for the promotion of family-based alternative care at national level to develop, coordinate and advocate for foster care; and
- Expanding understanding, recruitment methods, training, etc. in order to better utilize foster care models for care of children currently under served – children with disabilities, children under three, children in the juvenile system, etc.

II. Objectives of the Assessment

2.1 Terms of Reference of the Consultancy

The Evaluation of Implementation of the National Strategy and Action Plan on the Reform of the Residential Childcare System for 2007-2012²⁰ noted that despite significant results in the number of children leaving residential care in Moldova, there were “very few children living in foster care; approximately 270.”²¹ As such, one of the key recommendations of the report was “to investigate why too few children are living in foster care as compared to residential care.”²² The Ministry of Labor, Social Protection and the Family (MoLSPF), with support from UNICEF developed the Terms of Reference in response to the aforementioned recommendation. The specific tasks of the consultancy included the following:

- Review of background information, including primary and secondary legislation and national child care strategies related to children protection, system reform and foster care;
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Two weeks were spent in-country interviewing key stakeholders, reviewing documentation and presenting initial findings to representatives of UNICEF and the MoLSPF. This report is the final summary of those discussions and the literature review (see Attachment I for agenda).

2.2 Summary of Literature Review and Key Informant Interviews

The consultant spent two weeks in country and interviewed more than 65 key informants representing national government ministries, local public authorities, child care placement centers, community-based centers and educational facilities, NGOs, and APPs and foster parents in CCTF and children (see Attachment II for list of key informants). The informants were located in the capital, Chisinau, as well as in five different *raions* (districts) of the country including: Orhei, Fălești, Ungheni, Telenești and Leova (see Figure I for Map of Moldova). Additional information was gathered through a literature review of more than forty-five documents including laws and policies related to child protection, children with disabilities and alternative care, programmatic literature and peer-reviewed articles (See Attachment III for bibliography).

III. Country Context

The Republic of Moldova (henceforth referred to as Moldova) is a small country with population of 3.5 million²³ made up of 32 *raions* or districts, and two autonomous regions, as

²⁰ Evans, P. (2012). *Op cit.*

²¹ *Ibid.* p. 5

²² *Ibid.* p. 7

²³ Data from National Bureau of Statistics as referenced in UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*

seen in the map in Figure 1. Moldova is the poorest country in Europe with almost one quarter of its population living below the poverty line.²⁴ Moldova remains a relatively rural country with 58.4% of its population living in rural areas and 41.6 % living in urban areas.²⁵ Agriculture remains a significant component of the national economy but concerns about climate change and other environmental risks make it a vulnerable industry.²⁶

In an effort to find economic possibilities, Moldovans have turned to external migration for work (*i.e.*, economic migration). External migration to other European countries or Russia has been a major trend in the past decade, affecting 311,000 people in 2010.²⁷ The vast majority (71%) are from rural areas²⁸ and are men, although an increasing number are also women, thus resulting in approximately 133,000 children in Moldova having one or both parents absent from the home.²⁹ Remittances have shown to be a major factor in the recent economic development of the country, resulting in Growth Domestic Product reaching 7.5% and unemployment decreasing to 6.2% by mid-2011.³⁰ Despite the positive results on economic indicators, migration outside of Moldova for the purpose of work has resulted in serious social factors primarily affecting children by increasing their risk of leaving school, child- and elderly-headed households, entering the labor market, and exposing them to protection abuses and caregivers neglect.³¹



Figure 1: Map of the Republic of Moldova with Raions

Demographics portray an interesting scenario with a decline of the general population

²⁴ 2010 data retrieved 03 December 2012 from www.cia.gov/library/publications/the-world-factbook/geos/md.html

²⁵ UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*

²⁶ *Ibid.*

²⁷ National Bureau of Statistics, Labour force in the Republic of Moldova-employment and unemployment in 2010 (2011).

Retrieval from www.statistica.md as referenced in UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*, p. 18.

²⁸ *Ibid.*

²⁹ Ministry of Labor, *Social Protection and Family, Annual Social Report 2010*, (2011) as referenced in UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*; Keough, L. (2006), Globalizing 'Postsocialism:' Mobile Mothers and Neoliberalism on the Margins of Europe.

Anthropological Quarterly, Vol. 79, No. 3. pp. 431-461. Retrieved May 01, 2012 from <http://www.jstor.org/stable/4150873>

³⁰ International Monetary Fund, Moldova-Concluding Statement of the IMF mission, (2011). Retrieval at www.imf.org as referenced in UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*, p. 18.

³¹ UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*, p. 19; UNICEF, (2008). The Impacts of Migration on Children in Moldova. Retrieved 15 November 2012 from [http://www.unicef.org/The_Impacts_of_Migration_on_Children_in_Moldova\(1\).pdf](http://www.unicef.org/The_Impacts_of_Migration_on_Children_in_Moldova(1).pdf).

demonstrated by the -1.014 growth rate.³² The estimated birth rate for 2012 in Moldova is 12.5 per 1,000 or 1.55 children per woman³³ whilst the infant mortality rate in Moldova is still quite high with 13.65 deaths per 1,000 live births:³⁴ fewer children are being born and the population is aging.³⁵ One study predicted that if rates continue as is, in the year 2050 more than 30% of the population will be elderly and the population of children will be only 11%.³⁶ This is also a cause for alarm when one considers this in addition to the high percentage of working age population that have migrated for labor purposes.

3.1 Child Care Reform

Given the aforementioned context that includes high rates of poverty, migration of one or both parents, continued misinformation around residential care and historic use and acceptance of residential care for vulnerable children, violence and alcohol abuse, and stigma related to disabilities, numerous children in Moldova remain in direct risk³⁷ of, or are living outside of parental care. As such, the Government of Moldova, with support from international donors and civil society members, launched a five-year child care reform act known as the National Strategy and Action Plan on the Reform of the Residential Childcare System for 2007-2012.³⁸ This National Strategy and Action Plan, has been complemented by the passage of other laws, government decisions and action plans³⁹ all prioritizing and supporting: reducing the number of children in residential care by 50%; decentralization of public child and family welfare services; expanded preventative and responsive services including family-based care services such as foster care;⁴⁰ development, training and deploying of a community-based social welfare workforce whilst simultaneously working to change attitudes, opinions and practice related to family separation, child abuse and neglect and placement in residential care facilities.

³² 2010 data retrieved 03 December 2012 from www.cia.gov/library/publications/the-world-factbook/geos/md.html

³³ Retrieved 03 December 2012 from www.cia.gov/library/publications/the-world-factbook/geos/md.html

³⁴ *Ibid.*

³⁵ National Commission for Populations and Development, UNFPA, *Cartea Verde a Populatiei Republicii Moldova*, 2009. P. 10, as referenced in UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*, p. 19.

³⁶ Academy of Science of Moldova (2009), *Imbatrinirea populatiei in Republica Moldova: consecinte economice si sociale* as referenced in UNICEF (2011) *Situation Analysis of Vulnerable, Excluded and Discriminated Children in Moldova*, p. 19.

³⁷ Government of the Republic of Moldova (2012), DRAFT Law on special protection of children at risk and children separated from parents, defines a child at risk as a child whose rights to being brought up, to development, to education and health may be infringed upon because of certain social, economic, psycho-emotional or health related circumstances or conditions or due to the existence of proofs that child's parents/legal representatives are susceptible to inappropriate fulfillment of duties related to parenting and child education.

³⁸ Government of the Republic of Moldova, Decision no 784/ 09.07.2007 for approval of the National Strategy and Action Plan on the Reform of the Residential Childcare System for 2007-2012. Retrievable at <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=324556>

³⁹ The Ministry of Education of the Republic of Moldova, Order no 744/ 06.10.2009 for approval of the Framework Plan of transformation of Residential Childcare Institutions; Government of the Republic of Moldova, Decision no 351/ 29.05.2012 for approval of the Regulation on the Redirection of Financial Resources within reforming the residential institutions; the Parliament of the Republic of Moldova, Law No 123/ 18.06.2010 on Social Services; the Parliament of the Republic of Moldova, Law No. 129/ 08.06.2012 on Accreditation of Social Services Providers..

⁴⁰ Government of the Republic of Moldova, Decision no 1361/ 07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service; Government of the Republic of Moldova, Decision no 1479/ 25.12.2008 for approval of the Minimum Standards of Quality for the Professional Parental Assistance Service; Government of the Republic of Moldova, Decision no 924/ 31.12.2009 on allowances for Children placed in Professional Parental Assistance Service.

The results of these combined efforts have been detailed in a recently released report that summarizes the significant achievements for children whilst also highlighting some of the challenges and remaining issues to be addressed.

One of the specific issues that has arisen from this report is the concern about the limited use of family based alternatives such as foster care as a care option for children. This includes both the limited number of caregivers and the few number of children in this specific type of care; the very limited use of foster care for children with disabilities and children under the age of three was also noted as a concern. This issue was also noted in the Concluding Observations of the Committee on the Rights of the Child in 2009, where Moldova’s efforts to de-institutionalize were lauded but there was also the suggestion by the committee to “*strengthen measures to move towards deinstitutionalization whilst ensuring that alternatives to institutionalization, such as supporting families and extending the network of foster care, are developed, and implement those measures throughout the country.*”⁴¹ Given the aforementioned concern around the need to increase the use of foster care as a reliable, safe and accessible family-based alternative, this assessment sought to identify and understand current practices that influence the use of foster care.

3.2 Situation of Children Separated from Parents

As a follow-up to the specific findings of the evaluation of the results of the five-year strategy on de-institutionalization, this current assessment of foster care services specifically looked at children in the context of residential facilities and foster care, with increased focus on children under three years of age and children with disabilities. Another significant type of family placement utilized in Moldova is guardianship or kinship care (described below) although this type of care was not prioritized for inclusion in this current assessment. The situation of these specific populations of children is described below.

3.2.a Children in Residential Child Care Facilities

Current statistics from the DI coordination unit under the MoE show that as of November 2012, 4,435 children are currently living in residential care (*i.e.*, institutional). The numbers are demonstrated in Table 1 below, disaggregated by age, gender and disabilities.

Table 1: Children in residential care as of December 2011 disaggregated by gender and disability status

	Girls 0-18 yrs.	Boys 0-18 yrs.	Total # of Children
# of Children in residential care	2,207	3,174	5,381
Children without disabilities living in 22 residential settings	1,027	1,408	2,435
Children with mental or physical disabilities living in 33 residential facilities	1,180	1,766	2,946

⁴¹ United Nations Committee on the Rights of the Child, Concluding Observations for the Republic of Moldova, p. 9. CRC/C/MDA/CO/3 20 February 2009. Retrieved 01 December 2012 from <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-MDA-CO3.pdf>

This number, although still higher than desired, is notable in that it is a more than 50% decrease in the number of children that were living in residential care only five years ago at the time that child care reform was initiated.⁴² The numbers above demonstrate that despite impressive gains made in decreasing the number of children living within and reducing new entries to residential care, children with disabilities still remain at high risk of being placed in residential care.

In 2007, data disaggregated by age groups of children living in residential care demonstrated that the age groups with the highest number of children living in residential care facilities was the 12-14 age group which accounted for 35% of all children.⁴³ Closely following that group was the 15-18 year old age group (31%) and then 8-11 year age group (25%).⁴⁴ This data showed children below three years of age as the smallest group accounting for only 2% of the overall population of children in care.⁴⁵ This information must be taken into account when considering that children below three years of age have a tendency to stay shorter periods of time whilst older children stay longer periods of time, frequently until they age out of care.⁴⁶

The most recent numbers of children in care, according to data collected at the end of November 2012, show similar trends with children under three accounting for approximately 4% of children in care and children between 11 and 18 years of age accounting for more than two-thirds of all children. On a positive note, the numbers presented below do show a **reduction of 1,020 children** in care, illustrating the important results of the on-going de-institutionalization and prevention efforts.

Table 2: Children in residential care as of November 2012 disaggregated by age group⁴⁷

	Under 3 years	3- >7 years	7->11 years	11- >13	13-18 years	Above 18 years	Total # of Children
Total# of children	170	250	1019	1078	1850	68 ⁴⁸	4435
Total # of girls							1884
Total # of boys							2551

⁴² Government of the Republic of Moldova, Decision no 784/ 09.07.2007 for approval of the National Strategy and Action Plan on the Reform of the Residential Childcare System for 2007-2012; Evans, P. (2012) *Op cit.*; Oxford Policy Management and EveryChild (2009), Assessment of the childcare system in Moldova and technical assistance to the Government of Moldova to host the sub-regional consultation on child care reform in ENP countries, UNICEF Moldova. Received via email from P4EC.

⁴³ UNICEF (2007) Rapid assessment of the residential child care institutions of Moldova. Consolidated report. Residential child care system to protect children in difficulty as referenced in Oxford Policy Management and EveryChild(2009) *Op cit.*

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

⁴⁶ Key informant

⁴⁷ Data provided by Deinstitutionalization Unit of Ministry of Education via Silvia Lupan of UNICEF.

⁴⁸ These are legally adults but still residing in children's residential facilities.

The numbers in Table 2, above, are collected by the Deinstitutionalization Unit of the Ministry of Education (MoE) and include auxiliary residential schools. Analysis of the data also showed that a very high percentage of healthy children are placed within auxiliary schools for children with mental disabilities, which could be a means of accessing education. It is not clear if this is happening because parents and/or officials are hoping to access education through this route, if the children are misdiagnosed, or if it is reflective of the residual effects that the State could provide better care than parents that was promoted under the former government systems. There were also comments from key informants about cases of children with mild learning disabilities or behavior issues (not formally diagnosed) that the regular school felt they could not deal with so recommended parents to send to an auxiliary school for children with disabilities. Regardless of the reasons behind it, it is of concern and is also one of the issues that will be and should be addressed in the on-going prioritization to de-institutionalize children living within residential care facilities for children with disabilities. Finally, the data also illustrated that institutions for children up to the age of seven have 20% of the population identified as children with disabilities.

Seminal research about the negative effects of institutional care on the physical, cognitive and emotional development of children⁴⁹ is the reason behind recent support to decrease the placement of children, especially children under three years of age in residential care. The International Guidelines for Alternative Care are also used as the evidence base for encouraging governments to prioritize family-based placements and to limit the use of residential placement for children under the age of three.⁵⁰ In the case of Europe, UNICEF, the UN Commissioner for Human Rights, the European Commission, the Council of Europe and national governments in the region are promoting a moratorium on the placement of children under three years of age in residential care.⁵¹ In a recent regional conference about discontinuing placement of children less than three years of age and promoting family-based care options the Government of Moldova noted “de-institutionalization did not bring significant change to children below three years of age. The decrease in the rate of residential care for this category of children is twice as slow as other populations of children. Children under the age of three are primarily placed in residential care for social and economic reasons. Only 20% of the children have severe disabilities.”⁵² The Government of Moldova took a leading stance on this topic when the Prime Minister made public reference to gradually stop placing children under three years of age in

⁴⁹ Nelson, C. A., Zeanah, C. H., Fox, N. A., Marshall, P. J., Smyke, A. T., & Guthrie, D. (2007). Cognitive recovery in socially deprived young children: The Bucharest early intervention project. *Science*, 318, 1937-1940; Williamson & Greenberg (2010). Families Not Orphanages. Retrieved 01 December 2012 from <http://www.crin.org/docs/Families%20Not%20Orphanages.pdf>; Johnson, Rebecca, Kevin Browne and Catherine Hamilton-Giachritsis, ‘Young Children in Institutional Care at Risk of Harm’, *Trauma, Violence and Abuse*, Vol. 7, No. 1, January 2006, pp. 1–26.

⁵⁰ Article 21, United Nations General Assembly, Human Rights Council, Guidelines for the Alternative Care of Children, A/Res/64/142 February 24, 2010. United Nations, NY. Retrieved from www.unicef.org/protection/files/100407-UNGA-Res-64-142.en.pdf

⁵¹ http://www.unicef.org/ceecis/protection_17404.html

⁵² Government of Moldova representative at the November 2012 Ministerial Conference on Ending the Placement of Children Under Three in Institutions: Supporting Nurturing Children for all Young Children. Government of Moldova presentation may be viewed at https://www.dropbox.com/sh/4ivcap5wcampzsb/d9nKeFxZus/Country%20Statements%20-%20English/Statement_Moldova_Nov16%20.docx

institutions.⁵³ Given this commitment, it is of particular interest and urgency that foster care be enhanced to better serve the 0-3 population.

3.2.b Children with Disabilities

According to the data from 2010 there are 15,135 children with disabilities registered in the country: 9% of them have mild disabilities, 50% medium disabilities and at least 40% severe disabilities.⁵⁴ Likely numbers are higher given that the official data reflects only those children with formal and registered disability diagnosis. More than half of children identified with special needs are living in rural areas. The issue of disability is gaining attention and becoming more visible primarily due to the recent ratification of the United Nations Convention on the Rights of Persons with Disabilities.⁵⁵ Moldova has taken its commitments to this legal instrument seriously and is instituting an inclusive education campaign aimed at ensuring children with disabilities their right to education. At the same time, disabilities are recognized as a major push factor for children being placed in residential care. Data shows approximately 3,000 children living within 33 institutions.⁵⁶ Also important to note is that it is not clear how many children currently in residential care and identified as disabled are so because of their placement in residential care (*e.g.*, at placement were healthy but because of extended periods of time in residential care now have cognitive delays and thus labeled as a child with a disability).

Similarly, although important steps have been made in the development of local services targeting persons with disabilities and/or families caring for a child with a disability, stigma, discrimination and lack of access to education and other basic services still lag behind that of children without disabilities. One NGO in particular, Keystone International, has worked closely with local authorities to de-institutionalize children and youth with disabilities and place them with family or in family-type group homes. Recent additions to the legal and policy framework, targeted efforts to provide mobile services, increased public awareness and acceptance of persons with disabilities, and support to families and caregivers⁵⁷ have resulted in important gains for children with disabilities, but work remains to be done.

"I would like every child with a disability to live in a family-either their own or a family like this."

Youth with disabilities living in group home after leaving institution.

⁵³ Government of the Republic of Moldova and UNICEF (2012). Press Release, April 17, 2012: Families and Children in Moldova will be protected by a new Strategy. Received from UNICEF

⁵⁴ The Parliament of the Republic of Moldova, Law no 169/ 09.07.2010 on approval of the Strategy of social inclusion of Persons with Disabilities (2010-2013)

⁵⁵ The Government of Moldova ratified the UN Convention on the Rights of Persons with Disabilities via Law 166 XVIII in 2010. Information retrieved <http://www2.ohchr.org/english/issues/disability/docs/study/Moldova.pdf>

⁵⁶ Reform coordination unit in the Ministry of Education as provided by UNICEF

⁵⁷ Government of the Republic of Moldova Decision no. 413/12.06.2012 for approval of the Framework Regulations for the Organization and Function of Respite Social Service and Minimum Quality Standards; Government of the Republic of Moldova Decision no 722/ 22.09.2011 for approval of the Framework Regulation on the organization and functioning of Social Service "Mobile Team" and Minimum Quality Standards; Keystone Moldova has been providing support to local public authorities in developing family-based care options for older children with disabilities as well as small group homes.

3.2.c Children in Foster Care

The development and expansion of foster care, especially the APP service, for children has been a key part of the larger deinstitutionalization and child care reform strategy initiated in 2007. Foster care can be a family-based alternative either to prevent placement in residential care or as a placement option for children leaving residential care. Significant work has been done to create a strong legal framework including standards of care, training methodology, and a payment and benefit scale for APPs with the hope that this alternative care solution would be made more accessible to children at risk.

Moldova has an interesting scenario regarding alternative family based care. There is what is readily understood foster care *i.e.*, the professional parental assistance as outlined in Government Decision no 1361/ 07.12.2007. This type of care situation is similar to foster care utilized in other parts of Europe, the United States and other contexts whereby a professionally assessed, trained and monitored caregiver provides care, support and protection to a child. In the case of Moldova, a foster caregiver can care for a maximum of three children under this care option. There are different types of foster care options including short-term, long-term, emergency and respite care.

Another family-based care option that also exists in Moldova and was developed prior to the advent of the APP service described above is the Family Type Children's Home (CCTF). This care option, also considered a type of foster care, was started in the late 1980s and is more similar to what would be understood as a small group home in other contexts. Here two parent families can care for a maximum of seven children and the care is primarily considered long-term. There is a different legal instrument, payment and benefit structure and requirements for caregivers and children than the foster care option.

These two care options will be discussed in more detail below as understanding the benefits, challenges and current practices related to both types of care were key aspects of the Terms of Reference of this assessment. Specifically, this information was collected, reviewed and analyzed to determine why it is not utilized as a care option for children less than three years of age or for children with disabilities. It is hoped that the findings will help inform future strategies to make family-based alternative care services more accessible to these two populations of children given the on-going interest in and commitment to promoting family-based care and de-institutionalization by the GoM.

The most recent data related to the number of children in family-type care, including both Professional Parental Assistance and Family Type Children's Homes are detailed below in Table no 3.

Table 3: Children in Family-based alternative care: Professional Parental Assistance and Family Type Children’s Homes⁵⁸

	Children 0-18 years
# of Children in Professional Parental Assistance	270
# of Children in Family Type Children’s Homes	359
Total number of children in family-based alternative care (excluding kinship)	629

IV. Family based Alternative Care Services

There are two main types of alternative family-based care for children who cannot or should not remain with biological families or in extended family/kinship care arrangements. These include the two types of foster care - APP and the CCTF, and guardianship (*i.e.*, kinship care). Data shows that children in guardianship (including with family or with “fictive” kind meaning non related but somehow known to the child *e.g.*, neighbor, family friend) are as much or more as children in residential care. This is a significant number of children and yet there are concerns regarding how placements are determined, if they are in the best interest of the child and how much monitoring is required. There is also some debate as to whether this type of placement should be considered alternative or not.⁵⁹ Given that it is a significant child care option in Moldova, it is recommended that the process be formalized to ensure that placements are done in the best interest of the child and proper monitoring mechanisms are put in place. Others also mentioned that some NGOs when reporting reintegration with the family are counting placement in kinship care as a reintegration, thus causing some confusion as to terminology and consistency with data collection.

In the case of the two types of foster care (APP and CCTF) although similar in many ways, they also have noticeable differences that came to light in the literature review and even more so in the key informant interviews. The legal and policy framework for each of these types of care, including requirements and profiles of caregivers and general profile of children, and allowances and benefits for each type of care are highlighted below.

4.1 Family Type Children’s Home Service

Family Type Children’s Homes (CCTF) were initiated in the late 1980s as a response to children outside of parental care. Government Decision no. 614/ 06.10.2011 regulates this care option. This type of care is defined as “an institution created based on a complete family, offering family care in the family of parents-educators, to an orphan child or a child left without parental care.”⁶⁰ The model was typified by identification and assessment of a couple (with

⁵⁸ Data taken from Evans, P. (2012) *Op cit.*

⁵⁹ Key informant interviews

⁶⁰ Government of the Republic of Moldova, Decision no 614/ 06.07.2010 for approval the Modification and Clarification of Certain Government Decision (*related to protection of rights of orphans and children without parental care in Family Type Children’s Homes*)

some kind of educational background) to work as “parent- educators” and care for abandoned children on a long-term basis. The homes are usually located in rural areas and each of the families has between four and seven children. Seven children is the maximum number of children that can be in care including any biological children in the family. Key informants provided a bit of history around this type of care. According to caregivers and local officials this type of care was heavily promoted under the TACSIS II Project in the early 2000s. Several regions were actively engaged in and supportive of expansion of this type of care and several families were highlighted as being exceptional caregivers. At the same time, there were also examples of CCTF that were not professionally nor appropriately managed. As one informant said “CCTF were like families; the best were the best and the worst were the worst.” What did come to light is that there appears to be variation in the type and amount of support each family gets depending upon the local public authorities and the NGOs operating in the area.

According to the government regulations, eligible the caregiver(s) must be a married, two parent couple (a point that is different than the foster care service) and have some kind of background in education as they are still commonly referred to as parent educators. Requirements for eligibility include the following: Moldovan citizens; 25 years of age; reside in the country; and have the moral and health status to allow them to perform their duties as a caregiver.⁶¹

The eligibility requirements for placing children in CCTF include the following:

- Under the age of 14 at the age of placement.
- Typically no possibility of returning to biological or kinship family although this is not in the legal framework rather practiced in some regions.
- An age difference between parents-educators and child will be placed in CCTF minimum 15 years and maximum 50 years. The minimum age difference can be reduced by up to 5 years if they are siblings; or if there is the existence of a kinship (real or fictive) relationship exists between the caregiver and the child; or if the need to maintain the child close to family and community, as understood by best practice in child rights legislation.
- A child aged 10 and above must provide consent regarding the placement option.
- Children in this type of care option may stay until reaching the age of 18 unless they go on to study at a vocational or higher education facility at which time they may stay until 23 years of age.
- Ethnic origin, culture, religion, language and health of the child should all be considered when determining the placement type.
- Keeping siblings together should always be prioritized unless not in the best interest of the child.

⁶¹ Government of the Republic of Moldova, Decision no 614/ 06.07.2010 for approval the Modification and Clarification of Certain Government Decision (*related to protection of rights of orphans and children without parental care in Family Type Children’s Homes*). The Decision also includes mental and physical health issues and diseases that make a candidate ineligible including for example, HIV, mental illness, alcoholism, etc.

Caregivers of CCTF typically own their own home although in some cases they were provided with a home. The home must meet certain basic sanitation, education and infrastructure requirements (e.g., sanitary facilities, access to schools, electricity, etc.). In many of the homes visited, the local authorities and/or civil society organizations supported the costs of upgrading homes to meet the requirements. Caregivers receive a monthly salary that is based upon level of education and number of children in care. In addition, they also receive an allowance of 450 Moldovan Lei (MDL) per child per month. In many cases NGOs are also supplementing that amount with an additional 20 Euros per child per month, causing a discrepancy in the amount that families are receiving depending on who supports them.

Additional benefits for the children placed in CCTF include:

- Pre-school and other educational benefits; including exemption from school fees⁶², etc. Free medical care, which is universal for children in Moldova. Some informants did mention free medication as well.
- At the age of 18, local authorities in the place of birth of children educated in the CCTF will contribute to placing them in employment.
- Material goods received from donations and sponsorship CCTF will be shared equally among all children taken into care.
- Children in vocational or secondary schools receive educational benefits, including living support and housing and free access to summer camps.⁶³

An important benefit differentiating CCTF and foster care is that caregivers in CCTF are the legal representatives of the child and protect the rights and interests without attorney in all instances, including courts.⁶⁴

4.2 Professional Parental Assistance

The Professional Parental Assistance (APP) is a relatively new service. It was piloted beginning in the early part of the millennium by the NGO, EveryChild, who later used the experience to help the country to develop the policy and regulatory framework.⁶⁵ The current

“No matter how difficult the child is coming from an institution they will find the love in their hearts to enjoy life in a family. Now he is like any child of this village. - It is like he was born here.”

APP of two children describing the transition

regulatory framework is strong and involves the following: Government Decision no 1361/07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service; Government Decision no 1479/25.12.2008 for approval of the Minimum Standards of Quality for the Professional Parental Assistance Service; and Government of the Republic of

⁶² Although education is free there are fees required to rent textbooks and pay for specific special activities.

⁶³ As per the Government Decision no 1182/20.10.2008 for approving amendments and completions to certain governmental decisions

⁶⁴ *Ibid.*

⁶⁵ Governmental Decisions no 1361/07.12.2007 and no 924/31.12.2009, Oxford Policy Management and EveryChild (2009) *Op cit.*

Moldova Decision no 924/ 31.12.2009 on allowances for Children placed in Professional Parental Assistance Service. In addition, there also appears to be a training curriculum that has been submitted to MoLSPF but at the time of this report had not yet officially endorsed by the MoLSPF.⁶⁶

Several NGOs were involved in promoting this type of foster care but EveryChild Moldova (P4EC), in particular, has been especially rigorous in supporting the development of a strong policy framework, standards of care and training materials. According to the regulatory framework there are four types of foster care: short-term, long-term, emergency, provisory, and respite. *Emergency placement* is for a period of 72 hours but can be extended up to one month.⁶⁷ *Short-term* foster care is for a period no longer than twelve months.⁶⁸ *Long-term* placement is until the child reaches 18 years of age.⁶⁹ *Provisional* (also referred to as respite) placement is planned placement in a foster family for a period of up to one week to allow the parents or regular caregivers of the child time to rest.⁷⁰

Short term and long-term foster care appear to be the most readily utilized. Numbers of children in this type of alternative care have dramatically increased over the past several years with one report stating that the number of children in this type of care has increased six times from 2007 to 2012.⁷¹ Despite these significant gains, this type of foster care is still not being utilized as much as hoped for. P4EC and local public authorities in the *raions* of Orhei and the municipality of Chisinau have piloted respite or “short break” care for children with disabilities.

“ I heard about it on the radio. At first I was too nervous to mention it to my husband. I finally did and he agreed. Now there is laughter in our house. It is like we (the children and APPs) knew each other before. It is as if I have two more children.”

APP describing how she learned about the service and how they have adjusted.

Eligibility requirements for APPs include:

- Moldovan citizen
- Single or married
- Live in a home that is assessed to meet basic needs and be safe
- Mentally and physically healthy
- There appears to be no maximum age limit in the regulatory framework but there were many informants that believed it was maximum age of 55-57 years old.

Eligible children for foster care placement must be:

⁶⁶ National Curriculum for modules of Professional Parental Assistance Service. Draft provided by P4EC

⁶⁷ Government of the Republic of Moldova, Decision no 1361/ 07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service.

⁶⁸ *Ibid.*

⁶⁹ Government of the Republic of Moldova, Decision no 1361/ 07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service.

⁷⁰ *Ibid.*

⁷¹ Evans, P. (2012) *Op cit.*

- Temporarily or permanently deprived of a family environment or their needs can not be ensured by the biological or extended family; they can be victims of violence, trafficking, abandoned or neglected by a primary caregiver or legal guardian;
- They can be under 14 years old and in conflict with the law; or
- They can be between 14-18 years old in conflict with the law but not with deprivation of liberty
- They have to be siblings

Benefits and allowances for the foster care service include the following:

- A monthly salary paid to the foster caregiver. This ranges from 760-1120 depending upon educational background and years as a foster caregiver.⁷²
- An initial placement allowance ranging from 250 MDL to 3000 MDL depending on the type of placement (i.e., if it is short term then it is 250 per month or if it is longer term it is a once a year provision of 3000 MDL).
- Daily allowance of 21 MDL/day/child equaling approximately 630 MDL per month. This is 30% more for children with disabilities.
- Free medical care (as per right of every Moldovan child) but not free medicines.
- Annual allowance of 1000 MDL for purchase of clothes and sanitary/hygiene supplies.
- 1000 MDL to the child at the time the child turns 18 and leaves foster care.
- The APP is not the legal guardian of the child and therefore does not have the legal right to make decisions for the child *e.g.*, in medical emergencies as the local authorities has that role and responsibility.

Table 4, below, highlights the similarities and differences of the two types of family-based alternative care.

⁷² In some key informant interviews there was discussion about some additional support provided to some foster families such as in kind donations, etc., if supported by an NGO thus there is concern about discrepancy in remuneration.

Table 4: Family Type Children’s Home and Professional Parental Assistance Services

Type of Care	Profile of Caregivers	Profile of Child	Max # of children	Allowances & Benefits	Regulatory Framework
CCTF	<ul style="list-style-type: none"> ▪ Moldovan citizen ▪ Minimum 25 years old ▪ Married/two parent home ▪ Some kind of educational background 	<p>Maximum up to age 14 at time of placement.</p> <p>Not available for children with disabilities</p>	<p>Min. of 3 and max of 7 (including biological children in the home)</p>	<ul style="list-style-type: none"> ▪ Monthly salary⁷³ ▪ Monthly allowance of 450 MDL per child (sometimes NGOs supplement by 20 Euro per child); ▪ Monthly or annual payment for utilities (e.g., ranging from 3,000-5,000 MDL per household); ▪ Free medical and educational care, including exemption of all schools fees. They also benefit from free health care but this is universal for all children; ▪ Support through vocational school or higher education including living costs, housing and access to summer camps; ▪ Caregivers are legal guardians; ▪ Additional ad-hoc support from NGOs; ▪ Initial allowance – 3000 MDL; ▪ Annual allowance – 3000 MDL; 	<ul style="list-style-type: none"> ▪ Government Decision no 614/06.07.2010 for approval the Modification and Clarification of Certain Government Decision (<i>related to protection of rights of orphans and children without parental care in Family Type Children’s Homes</i>) ▪ Placement has to be approved by Directorate for Social Assistance and Family Protection ▪ Government Decision no 937/12.07.2002 on Approval of Regulations for Family Type Children’s Homes ▪ Government Decision no 812/02.07.2003 on approval of the Minimum Quality Standards for CCTFs ▪ Payments for children in CCTFs who study in professional and higher educational settings (last modified Government Decision no1182/20.10.2008)

⁷³ According to Government Decision nr 381/ 13.04.2006, parent educators can be paid based on a scale that includes level of education and number of children. For example, with secondary education and up to five children, category 10; with 6-7 children, category 12. With higher education and up to five children, category 11; with higher education and 6-7 children, category 13.

Type of Care	Profile of Caregivers	Profile of Child	Max # of children	Allowances & Benefits	Regulatory Framework
Professional Parental Assistance	<ul style="list-style-type: none"> ▪ Moldovan citizen ▪ Single or married ▪ Mentally and physically healthy ▪ There appears to be no maximum age limit in the regulatory framework but there were many informants that believed it was maximum age of 55-57 years old. 	Aged 0-18, including children with disabilities and children in conflict with the law.	Max. of three children in care	<ul style="list-style-type: none"> ▪ Initial placement allowance ranging from 250 MDL to 3000 MDL depending on the type of placement.⁷⁴ ▪ Monthly salary ranging from 760 MDL to 1120 MDL depending upon educational background and years as a foster caregiver. ▪ Daily allowance of 21 MDL/day/child equaling approximately 630 MDL per month. This is 30% more for children with disabilities. ▪ No educational allowances. ▪ Free medical care (as per right of every Moldovan child) but not free medicines. ▪ Annual allowance of 1000 MDL for purchase of clothes and sanitary/hygiene supplies. ▪ 1000 MDL to the child at the time the child turns 18 and leaves foster care. 	<ul style="list-style-type: none"> ▪ Government of the Republic of Moldova, Decision no 1361/07.12.2007 for approval of the Framework Regulation on the Professional Parental Assistance Service. ▪ Government of the Republic of Moldova, Decision no 1479/25.12.2008 for approval of the Minimum Standards of Quality for the Professional Parental Assistance Service. ▪ Government of the Republic of Moldova, Decision no 924/31.12.2009 on allowances for Children placed in Professional Parental Assistance Service.

⁷⁴ According to Law nr 355-XVI from 23.12.2005, regarding the system of salary in the public sector (modified in 2009) APPs with secondary education/specialized education are between category 10-12; those with higher education are between category 12-14.

V. General Observations Regarding Foster Care Service

In general, the literature review and the key informant interviews provided a clear understanding of the significant work that has been done to promote foster care, especially the APPs given that it has only been in existence, with a specific policy and regulatory framework since 2007.⁷⁵ In some *raions*, APPs were well developed and included clusters of foster families in villages, significant public awareness, and acceptance at community level, and even initial placements of children with disabilities. In Chisinau, APPs are well connected with each other through an established foster parent network, and have a wealth of experience, given that they were some of the first APPs in the original pilot program. In other *raions*, there was interest but perhaps not as much enthusiasm or focus placed on the APPs, rather a greater tendency to utilize CCTF⁷⁶ It appeared that there was significant understanding of the importance of family-based alternative care for children as a means of preventing placement in residential placement centers as well as a means of de-institutionalizing children when reintegration in the biological or extended family is not possible. It is also apparent that in the *raions* visited recruitment of foster families is more successful in rural areas and amongst people within the 30-40 year age range. It is very common (present in most of the cases discussed) that the foster parent was caring for a pre-school or school-age child and was therefore able to hold another job in addition to being a foster parent because the child attended school. This has significant implications for expansion of the foster care service towards children ages 0-3 and children with disabilities and will be discussed below.

5.1 Specific findings

“APP is more professional, modern, more dynamic and more practical than other forms of care.”

Deputy director of a
DSAFF

In general, the momentum behind expanding and strengthening APP service is strong with recognition by key actors involved in child protection that family-based care is better for children as compared to residential care. There is a strong foundation from which to build and improve service through strengthening the regulatory framework, continue with public awareness campaigns, develop new models, new recruitment strategies and profiles of caregivers, and increase allowances and exemptions.

Key findings of the assessment include the following:

- **There appears to be increasing awareness around the importance of APP as a preventative measure.** Local public officials, at *raion* level in particular, were vociferous in expressing the prioritization of family-based care alternatives for children, illustrating the results of significant training and awareness raising being done in the past several years. Many *raions* have benefitted from several years of experience, deepening their own

⁷⁵ Foster care was piloted beginning in the early part of the Millennium by the NGO, EveryChild, who later used the experience to help develop the policy and regulatory framework, Governmental Decisions no 1361/ 07.12.2007 and no 924/ 31.12.2009. EveryChild (2009); Oxford Policy Management and EveryChild (2009) *Op cit*.

⁷⁶ CCTF refer to community-based homes for larger groups of children and under different regulations, having different minimum qualifications for caregivers and a different payment structure than APPs.

“evidence bases” for alternative care. This buy-in has created immense political will in many regions.

- **There is significant variation in the levels of understanding of the role and function of APPs at the most local level of public administration (Mayor’s offices).** This appears to cause some challenges for APPs and the community-based social workers who work within those offices. In cases where the Commission for Child Protection at district level has been proactive in informing, involving and making Mayors accountable for supporting foster care, there is more support at the community level. Ideally, *raions* that have strong awareness campaigns involving the Mayors should be utilized as examples and can provide lessons learned for how to approach other localities that are not as cooperative.
- ***Raions* with strong local leadership** as well as those who have had technical assistance from NGOs appeared to have stronger foster care services. Many expressed significant pride in the role that their *raion* has had in the development of foster care services. They appear dedicated to ongoing development, and open to sharing knowledge with less-experienced *raions*. In many cases, local *raion* councils have advocated for and proactively supported increased budgets for child-focused services including foster care.
- **The differentiation between APP and CCTF appears to be more of a hindrance than a benefit.** The minimum qualifications for caregivers in the two options are different (although not significantly), the profile of children is different and the allowances are different. This appears to play a role in continued confusion over the two types of care, especially at community level. It also appears that many misunderstandings exist regarding eligibility of children (*e.g.*, have to be abandoned to be placed in CCTF) and caregivers (*e.g.*, foster parents cannot be over 57 years of age). The difference in remuneration was also frequently mentioned and the idea that CCTF receive a “house” and that utilities are covered is a frustration voiced by APPs.
- **There appears to be different understandings of the maximum age limit for APPs** (although the regulations do not specify an age). In some contexts it is 55 or 57. This appears to be one of the reasons that pensioners have not been recruited as possible APPs.
- **There was unanimous agreement that the salary of the APP and the monthly allowance must be increased to meet the rising costs of food and clothing, and in order to meet the basic needs of children in care.** At 21 lei/day it is far below the minimum food basket of 1,400 lei/month.⁷⁷ The majority of informants stated that if salaries and allowances were increased, recruitment of APPs, including for special populations of children would greatly increase. Caregivers, local officials and other key informants voiced the concern over

⁷⁷ National Bureau of Statistics communicates that in 2010 living subsistence constituted in average per person 1373,4 lei, which is with 15,6% more than in 2009.

payment, allowances and benefits. It was also stated by many that if there were nominal increases (although “not too much to become incentive”) recruitment and retention of APPs would be much easier.

- **At the local level, there is limited to no standardization regarding exemption from school or medical fees (especially medicine) for children cared for by APPs.** This appeared to be entirely dependent upon and at the discretion of the local public authorities (LPA) (Mayor and educational officials). In the case of CCTF, there is general awareness that children cared for in this type of care are exempt from all medical and educational fees.
- **There was significant variation in the payment scale for CCTF.** In some cases where CCTFs were supported by NGOs and LPAs, they received an additional 20 € per month per child. Again, there were concerns regarding equity, consistency in payment scales and voiced concern that community members viewed CCTF as moneymaking schemes rather than alternative care for children in need.
- **There was voiced concern from APPs, social workers and members of the Commissions for the protection of Children in Difficulty that the lack of legal guardianship status of the child by APPs is a risk and a challenge** (*note: there were differing opinions on this as some were in favor and others said it was too much of a risk*). This differs from the status of the parents in CCTF and therefore should be reviewed and standardized.
- **APPs are primarily in rural areas (outside of municipalities or urban areas). They are also between 30-50 years old. The same is true for CCTF.** In many cases, the APPs have another job in addition to being APPs which appears to be a significant reason for the large focus on placement of children of pre-school and school age, as well as a challenge to placement of other types of children (ex. children with special needs or infants who require 24 hour care).
- **The quality and dedication of APPs is very impressive.** Through interviews and observation it is clear that recruitment, assessment and training of the existing APPs have been very strong. It is clear that the APPs are moved to care for children through personal motivations and not financial benefits. The children are doing well under their care and the relationship between the APP and social worker appears very positive.
- **There are a few examples of APPs who have had children with disabilities placed in their care, although they appear to be rare.** These are caregivers well versed in child care and with a strong sense of religious calling and/or desire to give back. Some of the caregivers who had been working for a number of years and had cared for children who had come from residential care settings and perhaps had some effects from that felt more confident about their ability to care for children with disabilities. Interestingly, some of the cases of children cared for in foster care, although not “diagnosed” with a disability did have

“We need more time to build awareness. Maybe 2 in 100 would apply to be a foster parent of a child with disabilities.”

Member of Commission in
Telenesti

challenges due to institutionalization. Several of the APPs discussed these challenges and their coping mechanisms for how they addressed it as the primary caregivers. These are particularly good lessons in how these same APPs might transfer these skills to caring for children with “diagnosed” disabilities.

- **There are few examples of children under the age of three being placed in the care of APPs.** It was expressed that there is fear of the responsibility of caring for a baby. It was also mentioned on several occasions that caring for a child below the age of three or with disabilities requires a stay at home caregiver. Many expressed that this would require higher salary. Furthermore, some informants expressed concern that caring for a baby in an urban setting was difficult due to lack of space. There is definitely a need for increased public awareness of local officials, social workers and the general public.
- The assessment also revealed that **APPs with experience caring for children should be the first to care for young children or those with disabilities** given their comfort with the service, training and experience.
- **Caregivers (APPs) with positive experiences in caregiving are excellent spokespeople and should be utilized as recruiters of other APPs.** This was exemplified in a community where six foster families had been recruited by the local social worker - a foster parent herself. These clusters of foster families set up informal support groups and provide the children with an additional community of support.
- **There were no cases of children in conflict with the law in either type of foster care.** It is not clear if this was just in terms of the regions visited during the assessment or if it is in general. It is clear that this was never identified as a care option for this population of children with any of the key informants, whether due to lack of willing APPs, lack of children meeting this profile, limited coordination with the justice sector, or another reason. As such, it is strongly recommended that this should be further explored to see why it is not being utilized or even considered as a care option, and if there is room for piloting of such a model.
- **There does appear to be a need for additional psychological support provided to children in care.** This was specifically mentioned in the case of children coming from severely abusive environments, and in some cases from residential care. Although progress and development of the children has been positively noted whilst in the care of APPs it does appear that some of the psychological and emotional needs go beyond the skills of the foster caregiver and additional supports are needed.
- **In some of the districts, temporary or emergency placement centers continue to exist. Although not considered residential placements, children are still remaining in care for an average of 6-12 months.** It appears that in areas where these placement centers exist there is a tendency to always place children there before looking for an alternative family placement. Again, this is not definitive but in some districts, members of the Commission

for the protection of Children in Difficulty and Social Workers appeared to use temporary placement as a first resort rather than increasing the number of APPs to meet the need.

- **The role of NGOs and provision of technical assistance to LPAs is impressive.** It is clear that where there has been strong NGO/LPA collaboration, local social services and alternative family-based care are better developed.
- **There could be stronger collaboration and coordination between NGOs, especially in a concerted effort to promote APPs.** For example, there seemed to be confusion regarding the existence of a standardized, government endorsed APP training curriculum.⁷⁸ Additionally, there was limited sharing of training materials between NGOs.
- **Successful raions should be used as best practice centers to train other raions and local officials and practitioners.** Given that some raions do not have any foster care programming there appears to be an obvious role for the successful raions to be used as training centers with informational/educational exchanges taking place.
- **APPs mentioned the need for support and on going training.** In particular how to positively address emotional issues of children coming from severely abusive homes or other care settings. Many of the children in care have violence, neglect or long-term institutionalization in their backgrounds and the effects of this are significant. APPs recognize that it takes more than just “good parenting” and are requesting additional training for how to support these children.

“Foster care lets me share a little bit of kindness to someone else. I have things in this life and I can’t take them with me when I go so it is better to share now.”
APP from Făleşti

- **In the same vein, APPs also mentioned that many of the children in care come with significant emotional issues.** Specific instances of children coming from severely abusive (sexually and physically) environments were mentioned and the foster parent recognized that the children required additional professional psychological support that was above and beyond what the foster parent could provide.

V. Recommendations

Based on the findings above, the following recommendations are made to guide future strategies, actions and programming. They are particularly aimed at increasing the number of APPs that are specially trained, prepared and ready to care for children with disabilities, children under three years of age, and children in conflict with the law, as well as national replication of existing models of both preventative foster care and care as a means for deinstitutionalization.

⁷⁸Ministry of Labor, Social Protection and the Family, National training Curriculum for Modules for Foster Care Service Providers (APPs). Received via email from MoLSPF.

- **Once the new Law on special protection of children at risk and children separated from parents, received from Ministry of Labor, Social Protection and Family is approved⁷⁹ it is strongly recommended that a new regulation for Professional Parental Assistance Service be developed.** It should gradually unify both the current APP and CCTF services into one unified social service: *family-based alternative care for children*. This should include a range of placement types, including emergency placement, short-term placement, long-term placement, and respite care for different populations of children including children less than three years of age, children in conflict with the law, and large family placements (currently understood and referred to as CCTF).
- **It is recommended that current CCTF stay in place given the best interests of the child** but once a new regulatory framework is in place that all new family-based alternative placements (excluding guardianship) be under one foster care regulation with different minimum standards, eligibility requirements for caregiver; and child and benefits and allowances depending upon the profile of child in care.
- **Once the regulatory framework and standards of care are developed, it is strongly recommended that multi-disciplinary groups develop, test and endorse standardized training curriculum for the different types of placement.**
- **Continued development of and expansion of inclusive education and support services for children with disabilities and their caregivers (parent or foster parent) needs to occur.** Services are in the relatively nascent stage and it was noted by many informants that day care centers, specialized support centers, respite care and inclusive education are all necessary supports and enables caregivers of children with disabilities.
- **As stated above there was unanimous agreement that salaries and allowances should be increased, although particular focus was placed on allowances. It is strongly recommended that a scale be developed with caregivers of children with disabilities and/or children under the age of three having the highest salary and increased allowances.** This is to recognize that the caregiver is required to be home and cannot be employed elsewhere. If the salary and allowances are increased there was complete agreement by all informants that the number of potential APPs would dramatically increase.
- **It is recommended that the monthly salary increase to between 1,000-2,000 lei depending upon the level of education, experience in child care, specialized training, and years as an APP.**

⁷⁹ Government of the Republic of Moldova (2012), DRAFT Law on special protection of children at risk and children separated from parents, received from Ministry of Labor, Social Protection and Family.

- **It is recommended that the allowance for food, clothing and other essentials be reviewed based on minimum food basket and other pricing indexes. It is safe to say that it should be increased to reflect the daily food basket of 1,400 lei per month.** It is also recommended that this amount be increased in the case of children under three that require formula, diapers, etc. as well as children with disabilities who require special dietary requirements, etc.
- **It is recommended that the regulations include clear information regarding standardized exemptions for all children in care.** It would make sense to promote total exemption from educational costs, as has been the case with CCTF. After this occurs, a strategy for information local public administrations (especially Mayors) is strongly recommended given the lack of standardized practice currently in existence.
- **A thorough review should be done regarding the legal status as guardian for the APP.** Using the experience of caregivers in the CCTF model, it is recommended that a thorough analysis of the benefits and risks of giving legal guardianship to APPs be considered.
- **It is clear that a new recruitment strategy and different profile of APPs needs to be developed to increase access for children with disabilities and children 0-3 years of age.** This population will require full time care at home, different from the care required by older children. Therefore, it is strongly recommended that recruitment strategies look at involving more pensioners and/or homemakers, including attempting more recruitment in semi-urban or urban areas. In particular, children with disabilities require care in urban areas where access to services will be higher.
- **It is also recommended that recruitment strategies and increased public awareness continue.** Radio announcements, TV ads and posters in key locations at the local level were all mentioned as successful means of identifying potential caregivers. A number of supportive media relationships can be built upon.
- **Existing APPs should be used for recruitment of other APPs. There are strong examples of where this has been successful.** For example in Ungheni, one APP has recruited five other families in her village of 1,000. This is especially important with current caregivers of children under three and children with disabilities.
- **NGOs and government or an identified training institute should develop regular in-service training curriculum for current APPs to enhance their knowledge and skills around relevant topics.** Regular opportunities that bring APPs together to share experiences and build rapport and support systems for one another is also strongly recommended. Ongoing training and opportunities to meet is an important way of building commitment, recognizing efforts and increasing the length of service provided by APPs.
- **It is clear that strong local leadership at district and community level is a critical component influencing the success of the foster care service. Therefore, technical**

assistance and awareness raising at the district and community level (especially with Mayors) must be a part of the larger recruitment strategy. Utilizing existing inter-sectoral approaches (health, education, protection) for identification, referral and response (*e.g.*, domestic violence and trafficking in persons) were mentioned as important models to emulate with foster care in particular and child protection in general.

- **To ensure stronger coordination, standardization of training, recruitment strategies, etc. it is strongly recommended that MoLSPF and/or UNICEF organize a national-level technical working group focused on expansion of foster care services, public awareness and standardization of training and practice.** Technical assistance and coordination with NGOs has been an important element in the successful roll out of local social service systems. There is strong collaboration between NGOs and LPAs. This same kind of coordination must also happen between NGOs.
- **It is strongly recommended that APPs of children with disabilities benefit from similar services as biological families raising children with disabilities.** Access to respite care, day care services, or mobile clinics is vital services that should be made available to APPs. This will assist in both recruitment of potential caregivers and retention of APPs for children with disabilities.
- **There is growing recognition that some children in foster care require additional psychological and emotional supports.** Although benefitting from family-based care, some children still have significant psychological, emotional and sometimes behavioral issues that could benefit from professional services. This is especially true for children who have come from very abusive environments and/or who have spent significant time in residential care. This issue must be highlighted and district level LPAs must be strongly encouraged to identify funds to ensure that children in APPs have access to services.
- **APPs also need continued on-going, in service training to enhance their own skills. These kinds of opportunities to bring APPs together are much needed and provide an important forum for processing experiences, brainstorming improvements, and working through challenges.** Organizing or supporting foster parent support groups such as the one in Chisinau is also strongly recommended. In addition to this, children in foster care also need opportunities to get together. Local authorities, with support from NGOs, UNICEF or the private sector should identify ways to foster these opportunities.
- **Similarly, it is recommended that more attention be paid to resolving the legal status of children in care in a timely manner.** In some cases, mention was made of the need for additional legal services at the district level. It is recommended that district-level Departments for Social Assistance and Family Protection be encouraged to identify

"Foster care is the future"

Member of a local
Commission for Social
Assistance and Family Protection

additional juridical assistance to provide to children in care in an effort to ensure the legal status of children, especially ones whose parents are in the process of losing parental rights.

VII. Conclusion

The Government of Moldova has been remarkably successful in reforming their social service and child protection system in the past five years. Significant changes to the legal and policy framework, the development and deployment of a new workforce, the decentralization process of social services and alternative care, and de-institutionalization efforts are to be applauded. Results are impressive as is the obvious commitment of all relevant government ministries. The November 2012 strategy meeting illuminated this with the presences and active participation of the MoE, MoH, MoLSPF and Ministry of Finance. The desire to improve the system to better support families to care for children and provide family based alternative care for children outside of parental care is palpable. This is the case not just with the government but also present within the NGO community, academia and perhaps most importantly, by the caregivers themselves. The APPs visited during this assessment proved to be the best ambassadors of the service. They have firsthand knowledge and understanding of the benefits to children and should be utilized as a primary resource in developing new recruitment strategies, addressing on going challenges and advocating for the needs and rights of children outside of parental care.

This assessment has made it clear that foster care is a recognized and valued service within the larger social service system and is a critical component of alternative, family based care. A strong foundation exists and foster care can and should be expanded to make it more accessible and utilized by children with disabilities, children under three years of age and children in conflict with the law. This will require strategic recruitment plans, development of appropriate training curriculum, on-going public awareness, and ensuring that benefits and supports meet the demands and expectations of the service. The time is right. The momentum exists. The experience to date supports and promotes continued learning and expansion. The key actors involved are advocates and appear willing to work together to improve and strengthen foster care. It is clear that people believe in and support foster care as a necessary, family-based alternative for children outside of parental care and want to see it as an option for more children who not only need but also have the right to a family environment.

Appendices

Appendix I: Agenda for Mission to Moldova

Monday, 29 October 2012

- 10:00 – 11:00** Meeting with Mrs. Alexandra Yuster, UNICEF Representative, Mr. Dejan Mincic, Deputy Representative, Mrs. Sanja Saranovic, Chief of Child Protection Programme, Mrs. Silvia Lupan, Child Protection Officer, Ms. Valeria Ilies, Child Protection Officer
Venue: UNICEF Office/AY office
- 11:00 – 12:00** Meeting with UNICEF Child Protection Team
Participants: Mrs. Sanja Saranovic, Mrs. Silvia Lupan, Mrs. Ana Groza, Mrs. Valentina Timina, Ms. Valeria Ilies
Venue: UNICEF Office/UNICEF Fish room
- 14:30 – 15:30** Meeting with UNICEF Communication Team
Participants: Mrs. Lina Botnaru, Mrs. Irina Lipcanu
Venue: UNICEF Office/Communication office
- 16:00 – 18:00** Meeting with Stela Grigoras, EveryChild
Participants: Mrs Kelley Bankers
Venue: EveryChild office/UNICEF car

Tuesday, 30 October 2012

- 10:00 – 14:30** Attending the CCF Moldova event and meeting with Liliana Rotaru, Copil, Comunitate, Familie (CCF Moldova)
Participants: Mrs. Silvia Lupan, Mrs Kelley Bankers
Venue: CCF Moldova/UNICEF Car
- 15:00 – 17:00** Meeting with Mrs. Viorica Dumbraveanu, Mr. Cornel Tarus, and Mrs. Natalia Grapin, Ministry of Labour, Social Protection and Family
Participants: Mrs Kelley Bankers
Venue: MLSPF (4th floor); UNICEF Car

Wednesday, 31 October 2012

- 09:00 – 17:00** Field trip to Orhei District
Meeting with Foster cares, Local Public Authorities, Gate keeping commissions, School authorities, Caregivers, Children, Institutions with children severe disabilities
Participants: Mrs Kelley Bankers, Mrs. Natalia Grapin
Venue: Orhei District/ UNICEF car

Interpreter: Svetlana Morarenco

Thursday, 1 November 2012

09:00 – 17:00 **Field trip to Făleşti District**
Meeting with Foster cares, Local Public Authorities, Gate keeping commissions, School authorities, Caregivers, Children,
Participants: Mrs Kelley Bankers, Mrs. Natalia Grapin
Venue: Făleşti District/ UNICEF car
Interpreter: Svetlana Morarenco

Friday, 2 November 2012:

09:00 – 10:00 **Meeting with Liliana Oleininc, Ministry of Health**
Participants: Mrs Kelley Bankers
Venue: MoH; UNICEF Car
Interpreter: Svetlana Morarenco

10:30 – 12:30 **Meeting with Svetlana Chifa, Chisinau Municipal Department for Child Rights Protection**
Participants: Mrs Kelley Bankers
Venue: MDCRP (str. Octavian Goga, 16)/ UNICEF Car
Interpreter: Svetlana Morarenco

14:00 – 15:00 **Meeting with Parascovia Munteanu, Keystone Human Services International Moldova Association**
Participants: Mrs Kelley Bankers
Venue: Keystone office; UNICEF Car
Interpreter: Svetlana Morarenco

15:30 – 16:30 **Meeting with Mr. Fiodor Sidnic, Director of “Aşchiuța Home” of the Association of Child and Family Empowerment “AVE Copiii”**
Participants: Mrs Kelley Bankers
Venue: Aşchiuța Home office; UNICEF Car
Interpreter: Svetlana Morarenco

Monday, 5 November 2012

09:00 – 17:00 **Field trip to Ungheni District**
Meeting with Foster cares, District and Local Public Authorities, Gate keeping commission, School authorities, Caregivers, Children,
Participants: Mrs Kelley Bankers, Mrs. Natalia Grapin
Venue: Soroca District/ UNICEF car
Interpreter: Svetlana Morarenco

Tuesday, 6 November 2012

09:00 – 17:00 **Field trip to Telenesti District**
Meeting with Foster cares, District and Local Public Authorities, Gate
keeping commission, School authorities, Caregivers, Children,
Participants: Mrs Kelley Bankers, Mrs. Natalia Grapin
Venue: Telenesti District/ UNICEF car
Interpreter: Svetlana Morarenco

Wednesday, 7 November 2012

09:00 – 17:00 **Field trip to Leova District**
Meeting with Foster cares, District and Local Public Authorities, Gate
keeping commission, School authorities, Caregivers, Children, Home for children/ adults with
disabilities

Participants: Mrs Kelley Bankers, Mrs. Rodica Morari
Venue: Leova District/ UNICEF car
Interpreter: Svetlana Morarenco

Thursday, 8 November 2012

10:00 – 11:00 **Meeting with ULIM-School of Social Work**

1:00-3:00 **Preparatory meeting for work group facilitation for Conference on Child**
Care Reform

Friday, 9 November 2012

09:00 – 17:00 **Participation and the Conference on Child Care Reform, working groups**
Debrief with Mr. Tarus of MoLSPF, present initial findings and
recommendations

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Appendix III: Detailed List of Key Informants

	Date	Name	Title/Organization
1	Oct. 29, 2012	Alexandra Yuster	Representative UNICEF
2	Oct. 29, 2012	Dejan Mincic	Deputy Representative UNICEF
3	Oct. 29, 2012	Sanja Saranovic	Chief Child Protection Officer, UNICEF
4	Oct. 29, 2012	Silvia Lupan	Child Protection Specialist, UNICEF
5	Oct. 29, 2012	Stela Grigoras	Director, Partnerships for Every Child (P4EC)
6	Oct. 30, 2012	Maria Jechiu	Manager, Centrul Municipal de Plasament si reabilitare Pentru Copii de Visrta Frageda
7	Oct. 30, 2012	Liliana Rotaru	Director, Copil, Comunitate, Familie (CCF) Moldova
8	Oct. 30, 2012	Livia Marginean	Psychologist, CCF Moldova
9	Oct. 30, 2012	Anastasia Iacob	Social Worker, CCF Moldova
10	Oct. 30, 2012	Corneliu Tarus	Deputy Chief of Directorate of Family and Child protection, Head of Section of Child Rights Protection, Ministry of Labor, Social Protection and Family (MoLSPF)
11	Oct. 31, 2012	Ion Vlas	Mayor of Biesti, Orhei district, President of the Commission for Protection of Children at Risk
12	Oct. 31, 2012	Ion Racu	Director of the Directorate for Social Assistance and Family Protection (DSAFP) Orhei district
13	Oct. 31, 2012	Natalia Grapin	Senior Consultant with the MoLSPF
14	Oct. 31, 2012	Elisabeta Lucru	Senior Specialist, DSAFP, Orhei district
15	Oct. 31, 2012	Svetlana Chetrari	Social Worker, Foster Care Department, DSAFP, Orhei district
16	Oct. 31, 2012	Lucia Trofim	Social Worker, Foster Care Department, DSAFP, Orhei district
17	Oct. 31, 2012	Elena Craciun	Foster Parent, Orhei Respite caregiver
18	Oct. 31, 2012	Vasile Ciobotar	Coordinator for Family Type Children's Home Motoc-Children with Disabilities
19	Oct. 31, 2012	Veronica	Caregiver at Family Type Children Home Motoc, Orhei district
20	Oct. 31, 2012	Ion	Child living at Family Type Children's Home Motoc, Orhei district
21	Oct. 31, 2012	Lidia Popa	Director of Boarding Care Facility for Mentally Disabled Children (boys), Orhei district

22	Nov. 1, 2012	Emilia Ciobanu	Deputy Director of Social Assistance and Family Protection Directorate, Falesti district
23	Nov. 1, 2012	Ludmila Balan	Social Worker, APP, Făleşti district
24	Nov. 1, 2012	Olga	Social Worker, guardianship, Făleşti district
25	Nov. 1, 2012	Violeta	Social Worker, P4EC, child hotline, Făleşti district
26	Nov. 1, 2012	Commission for Social Assistance and Family Protection, Feleşti,	Members of the Commission included seven members representing, the Direction, school, health, employment offices, ministry of internal affairs, and civil status department
27	Nov. 1, 2012	Emilia Luiul	Foster mother of two boys, APP, Făleşti district
28	Nov. 1, 2012	Andrei Turcanu	Foster child (12 years old), Făleşti district
29	Nov. 1, 2012	Irina & Igor Lienmanduc	Parents-educators of four children, CCTF, Făleşti district
30	Nov. 1, 2012	Adriana (10) Nadia (5) Stefan (7) Nicolai (14)	Foster children, Făleşti district
31	Nov. 1, 2012	Svetlana Cretu	Community Social Worker, Făleşti district
32	Nov. 2, 2012	Galina Morar	Deputy Director of Directorate for Medical/Hospital Emergency Care, Ministry of Health
33	Nov. 2, 2012	Svetlana Chifa	Director, the Municipal Directorate for Child Right Protection (MDCRP), Chisinau
34	Nov. 2, 2012	Natalia Terteac	Senior Specialist, MDCRP, Chisinau
35	Nov. 2, 2012	Olga Zaharia	Manager of the APP, MDCRP, Chisinau
36	Nov. 2, 2012	Aurelia Pospai	Psychologist, MDCRP, Chisinau
37	Nov. 2, 2012	Clara Katz	Deputy Director, MDCRP, Chisinau
38	Nov. 2, 2012	Paraschovia Munteanu	Director of Community and Family Services, Keystone Human Services, International Moldova Association, Chisinau
39	Nov. 2, 2012	Fiodor Sidnic	Director of "Casa Aschiuta" of the Association for Child and Family Empowerment "AVE Copiii", Chisinau
40	Nov. 5, 2012	Tudor Radeanu	Vice-president of the raion Unghen, responsible for social problems, Chef of the Directorate of Social Assistance and Family Protection (DSAFP)

41	Nov. 5, 2012	Constantin Potlog	Deputy Director, DASFP, Ungheni district
42	Nov. 5, 2012	Marina Croitoru	Director of the section for child and family protection, DASFP, Ungheni district
43	Nov. 5, 2012	Ludmila Fortuna	Member of the Commission for the protection of Children in Difficulty, Police Inspectorate, Ungheni district
44	Nov 5, 2012	Zinaida Vrabie	Member of the Commission for the protection of Children in Difficulty, Ungheni district
45	Nov 5. 2012	Svetlana Marcuta	APP (AS plus two kids) Denis and Carolina, Ungheni district
46	Nov. 5, 2012	Lidia Burghila	Parent-educator from CCTF (5 kids and one adopted), Ungheni district
47	Nov. 5, 2012	Olga Bobeico	Teacher of foster child, Ungheni district
48	Nov. 6, 2012	Angela Sirbu	Director, DASFP, Telenesti district
49	Nov. 6, 2012	Grigore Cocodel, Nina Botezat, Mariana Placinta, Anatstasia Tolmaciov, Eugenia Rosca, Tamara Cantargiu	Members of the Commission for the protection of Children in Difficulty, Telenesti district
50	Nov. 6, 2012	Valentina Draguta	Senior Specialist on Problems of Families with Children at risk, DASFP, Telenesti district
51	Nov. 6, 2012	Petru Gojan	Senior Specialist on Children Rights issues, DASFP, Telenesti district
52	Nov. 6, 2012	Galina Botezan and husband, Anna and Nicolai	APPs and two foster children (Anna and Nicolai), Telenesti district
53	Nov. 6, 2012	Feodora Golban and husband	Parents-educators from CCTF, Maria and 7 children, Telenesti district
54	Nov. 7, 2012	Efrosinia Gretu	President of Leova Raion
55	Nov. 7, 2012	Serghei Postica	Director, DASFP, Leova district
56	Nov. 7, 2012	Commission	6 members of the Commission for the protection of Children in Difficulty, Leova district
57	Nov. 7, 2012	Pavel Paslaru and Efrosinia Paslaru	CCTF Cupcui, Leova district
58	Nov. 7, 2012		Hospital for girls with mental disabilities
59.	Nov. 8 2012	Dr. Maria Terus	Director of Republican Center for Placement and Rehabilitation of Young Children, Chisinau
60.	Nov. 8, 2012	Stefan Socolovichiu	Faculty of Psychology and Social

		Victoria Gonta Svetlana Rusnac Irina Getu Justin Grotelueschen	Assistance, Free International University of Moldova (ULIM)
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