Changing THE WAY WE care SM

Findings from Child Assessments in Six Residential Institutions

Executive Summary

Chisinau, 2021

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Situational Analysis of the Care System in the Republic of Moldova

Changing The Way We Care℠ (CTWWC) is implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are the Better Care Network, Lumos Foundation, and Faith to Action. CTWWC is funded in part by a Global Development Alliance of USAID, the MacArthur Foundation and the GHR Foundation.

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

ACKNOWLEDGEMENTS

This report is the result of collaboration between Changing the Way We Care℠ (CTWWC) and many partner organizations.

Research was conducted by Copil Comunitate Familie (CCF) Moldova with the support of Partnerships for Every Child (P4EC) and Keystone Human Services Moldova.

CTWWC global consortium partners include Catholic Relief Services and Maestral International. National partners include CCF Moldova, Keystone Human Services International Moldova Association, and P4EC.

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ACRONYMS

CCF	Child, Community, Family
CPA	Central Public Authorities
CRS	Catholic Relief Services
CTWWC	Changing the Way We Care
LGA	Local Guardianship Authorities
LPA	Local Public Authorities
MERC	Ministry of Education, Culture, and Research
MHLSP	Ministry of Health, Labor, and Social Protection
NGO	Non-Governmental Organization
P4EC	Partnerships for Every Child
PPAS	Psycho-Pedagogical Assistance Service
RI	Residential Institution
SS	Social Services
STAS	Territorial Structure of Social Assistance
TGA	Territorial Guardianship Authorities
UAT	Territorial Administrative Unit

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EXECUTIVE SUMMARY

Background

Changing the Way We Care℠ (CTWWC) is a global initiative launched in October 2018 by a consortium of organizations, including Catholic Relief Services (CRS) and Maestral International. CTWWC is working with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments.

In the Republic of Moldova, CTWWC aims to end the placement of children in residential care institutions and to ensure that family support systems are strengthened, so children can continue to thrive in families. CTWWC has embarked on a detailed needs analysis of the care reform sector to establish a baseline and plan of action for the coming years. The current research is part of a series of seven thematic reports that provide a picture of the situation of vulnerable children and their families, both in the context of deinstitutionalization, and prevention of placement in residential institutions. This research will form a theoretical and practical picture of the child care system in the Republic of Moldova, in particular in the post-COVID-19 context.

Six residential institutions (RI) are included in the assessment. Of the RIs assessed, two offer residential placement to highly vulnerable children, such as very young children; three offer placement to children with severe disabilities; and one offers placement to children with learning difficulties. There are existing regulations outlining residential care for young people up to age seven. After the age of seven, the regulations change as the children are considered "school age". Four of the assessed RIs house children, however, two of RIs (those in Orhei and Hincesti) house a majority of adult residents.

Five of the six RIs assessed are operated by central public authorities (CPA), namely by the Ministry of Education, Culture, and Research (MECR) and the Ministry of Health, Labor, and Social Protection.[1] One institution is run by local public authorities (LPA).

The assessment was conducted from May–July 2021.

Purpose and Objectives of the Research

The purpose of the individual assessment of 184 children in six RIs was to collect up-to-date information on the demographics, as well as the social, educational, psychological, and medical status, of children placed in RIs in order to plan their reintegration into their families of origin and/or to prepare them to transition from residential to family care.

The objectives of the assessment focused on: (i) Analysis of case files and interviews with RI personnel to assess the social situation of children; (ii) Medical assessments of the children utilizing individual health records and interviews with health workers; and (iii) Psycho-emotional and behavioral assessments of the children based on interviews with the children themselves (depending on the child's age and/or other factors) and with Psycho-Pedagogical Assistance Service (PPAS) personnel.

Methodology

The assessment methodology was adapted to the COVID-19 context and abided by the restrictions imposed by public health authorities regarding access to RIs.

The methodology included the collection and analysis of primary field data collected by local teams consisting of practitioners from RIs and PPAS. Teams were supported (remotely) by employees of CTWWC implementation partners Child, Community, Family (CCF) Moldova, Partnerships for Every Child (P4EC), and Keystone Moldova.

Each member of the local assessment teams received about nine hours of group and individual training and about 124 hours of mentoring (group and individual). The process was completed with follow-up sessions with all local assessment teams.

Professionals who knew the children well answered assessment questionnaires and were interviewed regarding the children. In cases where their development allowed for it, the children themselves answered the questionnaires and/or were interviewed directly. Recommendations were made by multidisciplinary teams assisted online and/or offline by mentors.

The teams used several types of questionnaires, depending on the ages and capabilities of the children. The forms were developed by employees of CTWWC partners (CCF Moldova, Keystone Moldova, and P4EC) in consultation with universities, representatives of the RIs run by MECR and MHLSP, and civil society. All forms and questionnaires were developed in line with the case management methodology and were based on the legal and regulatory framework for the field.

The assessment questionnaire was the same for all 184 children and took into consideration each child's age and level of development.

Principles and ethical norms promoted by the United Nations Evaluation Group[2] were taken into account when designing the assessment. The research protocol developed includes: (i) Protection of the identity of professionals participating in the research and (ii) Protection of the collected data, etc. The assessment principles include: (i) Respect for dignity and autonomy; (ii) Best interest of the child; (iii) Non-discriminatory practices; (iv) Compliance with ethical standards; (v) Informed consent; (vi) Respect for confidentiality; (vii) Respecting the rights of the child, and (vii) Child participation and inclusion.

Research management was provided by CTWWC implementation partners, namely CCF Moldova, P4EC, and Keystone Moldova and involved six stages: (i) Development of research protocol and tools; (ii) Selection and training of local assessment teams (through training and mentoring by RIs and external professionals); (iii) Data collection; (iv) Data control and quality assurance; (v) Analysis and development of the research report; and (vi) Validation and dissemination of research results and key recommendations.

The main limitations of the assessment included: Data collection for two RIs run by MERC was carried out over a limited timeframe due to the end of the school year. The data collection team also had limited assessment experience, as well as limited human resources from some RIs (lack of social workers, psychologists, and doctors) which would have otherwise been included in the assessment teams. The mentor team had limited capability to check and validate the shared data because of COVID-19 restrictions. Lastly, three children were not in the RIs during the assessment. To make up for some of these limitations, the project team strengthened the data collection team through initial training, support in the tool testing process, and mentoring throughout data collection and during follow-up sessions (post-assessment) where the successes and challenges of the children's individual assessments were discussed. The fact that the assessment teams consisted of local employees from RIs presented an advantage in that they knew the children well.

Limitations aside, the report presents valuable data on the main causes of children's placement in RIs as well as their communities of origin; their relationships with their biological families; their legal status and the duration of their stay in the RIs; the need for social, medical, and psycho-emotional support for children and their families; preliminary recommendations on the possibility of reintegration with their families of origin or a family-type placement; and the development of social services for children from RIs.

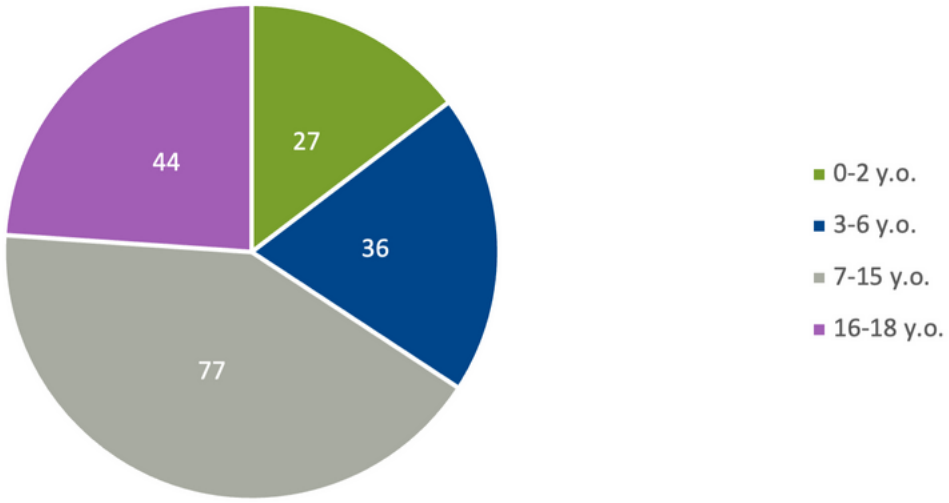
FINDINGS AND CONCLUSIONS

First: The assessment of children in RIs highlighted the main demographics of children in residential care such as: girls and boys are represented in almost equal proportion (93 are boys, 91 are girls). The age percentages reflect the specific age requirements of the residential institutions involved in the assessment. Therefore, there were an especially high number of very young children because two RIs were specifically for this age group. (Figure 1) Almost 15% of the children are 0–2 years old and 19.6% are 3–6 years old. The children in this age range are placed in the two RIs specifically for children aged 0-6. The high rate of very young children is explained by the inclusion of these two RIs in the assessment process.

Most children aged 7–18 are housed in the four RIs for school-age children. In addition, 17 children over the age of 6 are housed in two RIs for young children, some exceeding the maximum age by 1–5 years, which is a violation of the regulations of these institutions, but is also a violation of the children's right to education. Only one of the children aged 7-12 has begun school with home-based learning, and another child is to go to the first grade. The right to education of 15 children over the age of 7 is being violated. In the RIs for children with disabilities (Orhei [boys] and Hincesti [girls]), over 80% of residents are adults and lack necessary services for both adults and children[4]

The evaluators noted that 136 of the children (74%) in the assessed RIs have siblings, some of whom are in the same institution. The assessment discovered that out of the 184 children, 96 (47 girls, 49 boys) have disabilities and 88 are children with typical development. The large number of children with disabilities in the six evaluated RIs is explained by the details of the institutions, namely: four RIs are specifically for children with disabilities, and in two of the RIs for young children, both children with disabilities and children with typical development are placed. It should be noted that in the RIs for young children, the evaluators identified cases of children whose disabilities are not confirmed by the National Council for Determination of Disability and Work Capacity. The RI workers noted that the process of determining the degree of disability for several children was planned for when they reach a certain age (3–4 years). Thus, we can assume that the number of children with disabilities in the RIs is actually larger than currently noted. Most of the children with disabilities over the age of seven had experienced residential care before being placed in the RIs. It can be assumed that, for children with disabilities, the state does not have a means by which to prevent separation from the family or to provide family-type placements in line with their developmental needs. Consequently, these children spend their childhoods in RIs. Sixty children with disabilities from the four RIs that accommodate children over the age of seven are adolescents aged 15-17 who require assistance preparing to leave residential care and/or assistance planning for reintegration into their biological/extended families and/or into family-type services. According to discussions with RI employees, because of the lack of services, most of these young people either remain in the same RI, are transferred to psycho-neurological RIs for adults, or enter shelters for residents who reach the age of majority and can be transferred to adult residential care facilities.

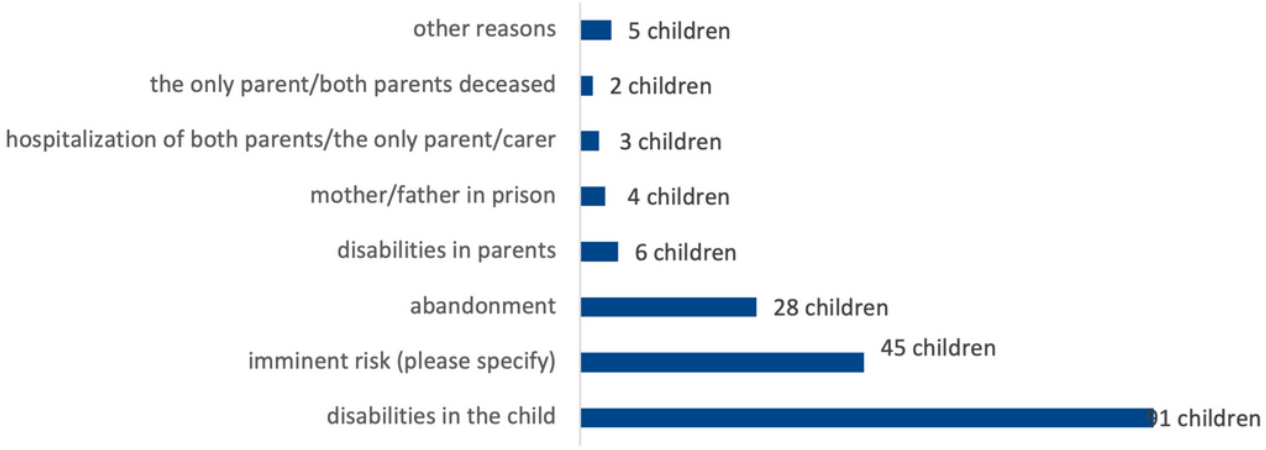
Figure 1. Number of Children Placed in Residential Institutions, by Age



Second: The assessment found that there is a correlation between the location of an RI in a territorial administrative unit (UAT) and the placement of children from that UAT in the RI. Although the six RIs accommodate children from 28 districts and metropolitan areas, as well as children repatriated from other countries, more than 62% of assessed children are from the four UATs where five RIs are located.

Third: Although the causes of placement of children in RIs are multiple and complex, the assessment teams identified that the three main causes of children's placement in residential care are: disability of the child (almost 50%), imminent risk[3] to a child's health and/or life (about 22%), and abandonment or refusal of parents to take care of their child (about 15%) (Figure 2).

Figure 2. Distribution of Children by Causes of Placement, Number of Children



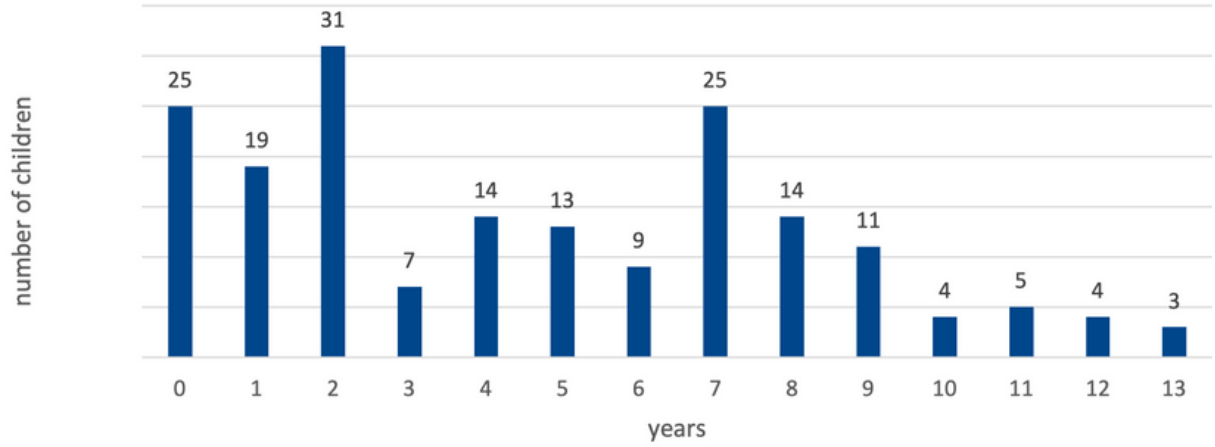
Fourth: According to the children's files, 65% of the placed children (120 out of 184 children) don't have an established legal status. This contradicts current legislation, which stipulates that for each child separated from family/deprived of parental care, the legal status of the child must be established. If the status of the child is not established, the child cannot be adopted or placed in kinship care service, making their their exit from a residential institution into a family care option and/or placement in an optimal form of protection more complicated.

Fifth: Most children (about 60%) were placed in RIs directly from the care of their biological or extended family. Fifteen percent of the children were institutionalized from the maternity ward or hospital, and 25% had previous experience with residential care, usually having been transferred from an institution for young children to an institution for older children.

If there had been services in place to prevent the separation of the child from the family, the trauma of separation could have been avoided for many of the children. Alternatively, if there had been sufficient family-type placement services, the institutionalization of children could have been prevented.

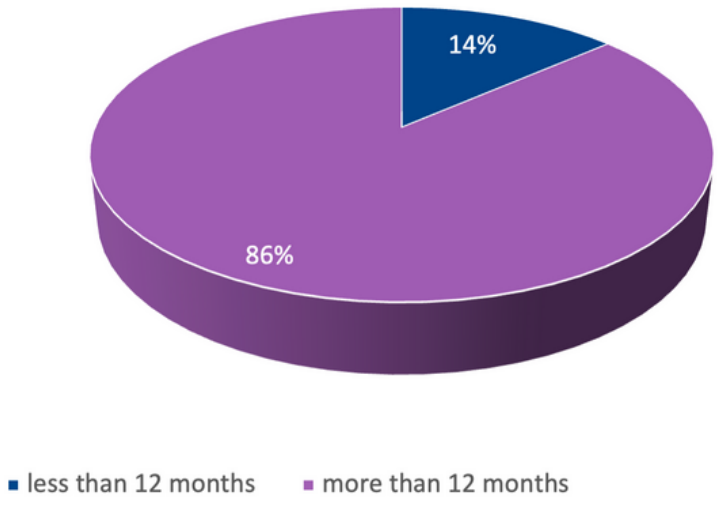
Sixth: Assessment teams identified that the children were placed in residential care for anywhere from a few months to 13 years (Figure 3). The children (25%) who had previously experienced residential care before being placed in their current RIs stayed longer in the residential system than the duration identified during the assessment.

Figure 3: Distribution of Children by Duration of Stay in Residential Institutions, Number of Children



Although regulations for minimum quality standards state that a child's placement in a RI cannot exceed 12 months, 86% of the children assessed have been institutionalized for longer than that. (Figure 4)[5]

Figure 4. Distribution of Children Whose Stay in Residential Institutions Exceeds Standards, Number of Children



Seventh: The study found that approximately 53% of the assessed children come from single-parent families with 47% coming from intact families. Eleven percent of the children come from large families (with three or more children), which is associated with an increased risk of poverty, especially during the COVID-19 pandemic. The poverty rate among families with three or more children is 42%.[6]

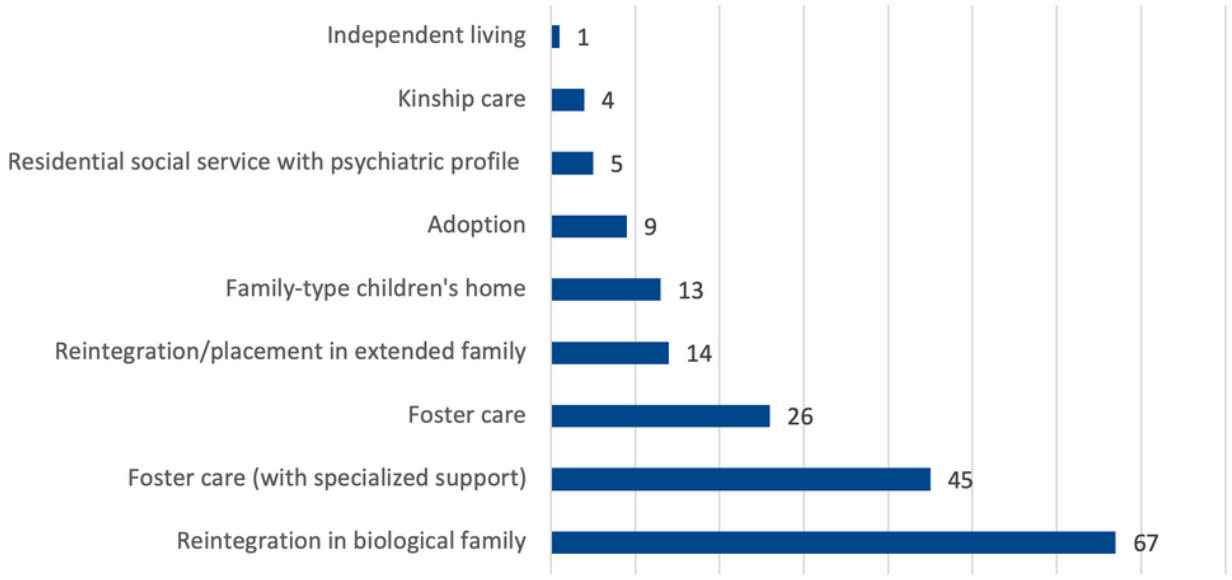
Further, children with severe disabilities of single-parents caring for large families are at a very high risk for family separation. These issues also present a significant obstacle to reintegration once the child has been placed in residential care.

Eighth: Approximately ⅔ of children placed in RIs maintain no or very little (less than once a month) contact with their families or relatives. This situation has been particularly affected by the COVID-19 pandemic, which imposed restrictions regarding access to the RIs. Contact via phone calls or social media was made possible, however, communication was often between RI employees and families, not directly with children as many of them are very young.

Ninth: Based on information from the children's files, evaluators determined that about 36% of the children could be reintegrated into their biological families. Evaluators also found that about 60% of the children could be recommended for placement in family-type services (extended family, kinship care, foster care, family-type children's homes, etc.) (Figure 5). For five children, who will soon reach the age of 18 and who have mental health problems and/or behavioral disorders, social services with a residential component and social-medical support with a psychiatrist was recommended. This type of service, however, does not exist in the Republic of Moldova.

These recommendations are preliminary and will be reviewed after assessment of the families of children who are in RIs. It should also be noted that RIs do not provide psychological counseling services and do not have enough enough social workers nor psychologists who can provide counseling. Some RIs do not have psychologists, social workers, or doctors at all, and behavioral support is not offered.

Figure 5. Distribution of Children by the Preliminary Recommendations for Deinstitutionalization, by Number



RECOMMENDATIONS

CTWWC implementation partners developed both preliminary individual recommendations as well as recommendations for the authorities and institutions in the field of social protection and care of children separated from parents.
Together with the implementation team, evaluators formulated individual recommendations for each child separately after the assessment was completed. The recommendations concern social, medical, and psycho-emotional needs of the children and the best setting in which they should be raised. The preliminary recommendation on the settings in which the children should grow up takes into account the UN Guidelines for the Alternative Care of Children, which stipulate that efforts should primarily be directed to enabling the child to remain in (or return to) the care of his/her parents or, when appropriate, other close family members. If, however, children are to be separated from their families in order to ensure their best interest and protection, such decisions should have due regard for the importance of ensuring children have a stable home and that their basic need for safe and continuous attachment to their caregivers be addressed, with permanency generally being a key goal.

The general recommendations were formulated and categorized according to the mandate of each authority and/or institution as follows:

For CPAs

- Establish moratorium on admission to residential services for children under age three regardless of their developmental characteristics.
- Review and approve the framework, regulations, and minimum quality standards on the care, education, and socialization of children in RIs, and specify the period of planned placement - the recommended length of stay in a specific care option.[7]
- Review and approve the regulations of RIs according to the target group and align them with current legislation, specifying the admission criteria and the documents that must be submitted by the authorities, as well as the age limits of RI beneficiaries and the maximum duration of placement.
- Ensure the implementation of the regulation of the Gatekeeping Commission in order to prevent unnecessary separation of the child from the family, especially in the case of the most vulnerable groups, e.g., children under age three and children with disabilities.
- Ensure the operation of the working group coordinated by the National Social Assistance Agency (ANAS) in order to examine the situation of children who are admitted to planned placement, and thoroughly assess cases proposed for institutionalization by analyzing the objective reasons that led to separation.
- Periodically review the situation of children placed in RIs and the capacity of the Territorial Guardianship Authorities (TGA) who take insufficient actions for family reintegration/placements, etc.
- Develop, diversify, and expand services for child separation prevention and family-type care at the national level.
- Ensure the right to education for all children with disabilities in RIs in accordance with the Code of Education.

For TGAs/Local Guardianship Authorities (LGA)

- Ensure the operation of the Gatekeeping Commission in order to prevent child separation and children being placed into institutions(and those at risk of being placed in institutions) in family-type placements, especially in the case of young children who are placed in the institutions under the Ministry of Health and children with disabilities.
- Carry out all required actions to reintegrate children into their biological/extended families or place them in family-type services within the limits of TGA/LGA competences.
- Provide access to Family Support Services for families that have children in RIs and address the problem of alcohol abuse, limited parental skills, financial issues, etc. to improve the living and caring conditions for children in the family setting.
- Develop, diversify, and expand the forms of family-type protection and services in line with children's needs (including counseling, behavioral support, development stimulation, information, and financial support for families with children in the process of reintegration and others) in all UATs of the second level.
- Develop, expand, and monitor the allocation of necessary funds.
- Provide all children at risk with services in accordance of their needs through direct provision or by purchasing services from private providers.
- Finalize the legal status of children who are in RIs, observing the legal provisions and the maximum term of six months.
- Ensure the schooling of children over age seven, and prepare children who are about to reach age seven.
- Update and complete information in files, including locating/completing missing documents according to the case management and regulations of RIs.
- Identify family-type placement solutions for all children in RIs, prioritizing the most vulnerable groups (children with disabilities, children with health issues, children under age three, sibling groups, young people aged 15-17 who will soon leave the system, etc.).

For RIs

- Review and approve the regulations of RIs according to target groups and align them with current legislation, specifying admission criteria and documents that must be submitted by the authorities, as well as the age limits of RI beneficiaries.
- Strengthen, on the basis of an inter-institutional memorandum, relations between the institution and the STAS and LGAs of the regions children come from in order to boost the efforts of establishing the legal status of children and identify alternative family-type care services.
- Maintain relationships with families of placed children, encourage visits/meetings, and ensure the quality of family contacts with the placed children through counseling and guidance.
- Encourage relationships between children who are part of sibling groups through joint activities, outings, games, etc.
- Update and complete information in files, including locating/completing missing documents according to the regulations of the RIs or other regulatory acts.
- Initiate the procedure of establishing and/or confirming the degree of disability for children with physical, neuro-motor, sensory, mental, and/or functional deficiencies.

- Update health checks for placed children who do not have an up-to-date health check.
- Organize physical tasks and/or occupational therapy activities, support communication and inter-relational skills to prepare children in care.
- Prepare children under age seven and school-age children for school, and enroll children over seven in educational institutions.
- Provide vocational and career guidance to children in the graduating classes of Bulboaca and Hincesti auxiliary schools.

Further Actions

CTWWC implementation partners envisage carrying out the assessment of families of children who have lived in institutions and working with the authorities to identify the best forms of protection for each child (including family reintegration) based on the initial findings of the children and family assessment. Partners also plan to map the existing services available in the communities of origin correlated with each child's need for social, health, and educational services.

ENDNOTES

1.Names of ministries at the time of assessment; they were changed in August 2021, after the reform of the government
2. UNEG Code of Conduct for Evaluation in the UN system.
http://www.unevaluation.org/document/detail/100
3. The clarifications made by the assessment team concerning the reasons that led to imminent risk to the life and health of children in RIs were: alcohol abuse by parents, family conflicts/domestic violence, parents not fulfilling their parental obligations (neglect of parental obligations), children not attending school/kindergarten, children left without supervision (medical, educational, oversight neglect), lack of housing, lack of incomes, poor living conditions, etc.
4. According to Article 16 of the Law 140/2013 on the special protection of children at risk of separation and children separated from their parents (paragraph 1), the territorial guardianship authority that keeps records of the child, in cooperation with the local guardianship authority, takes the necessary actions to (re)integrate the child into their family and/or to establish the status of the child. These actions must not exceed six months, cumulatively.
5.Government Decision 432/2007, section 3, art. 25
6.https://www.md.undp.org/content/moldova/en/home/library/inclusive_growth/social-and-economic-impact-assessment-of-covid-19-in-the-republi.html
7. Government Decision 432/2007, section 3, art. 25

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