



Country Care Profile:

MOLDOVA

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ACRONYMS

ADA	Austrian Development Agency
ATU	Administrative Territorial Units
CIS	Commonwealth of Independent States
CMT	Community Multidisciplinary Team
CPA	Central Public Authorities
CTWWC	Changing the Way We Care
DFID	Department for International Development
DI	Deinstitutionalization
ED	Educational Department
FC	Foster Care
GKC	Gatekeeping Commission
IEP	Individualized Educational Plan
LPA	Local Public Authorities
ME	Ministry of Education and Research
MH	Ministry of Health
MIA	Ministry of Internal Affairs
MLSP	Ministry of Labor and Social Protection
NBS	National Bureau of Statistics of the Republic of Moldova
NCPP	National Child Protection Program 2022–2026
NGO	Non–Governmental Organization
SAD	Social Assistance Department
SEN	Special Education Needs
SIDA	Swedish International Development Cooperation Agency
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

GLOSSARY OF TERMS¹

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

Assessment: The process of building an understanding of the problems, needs, and rights of a child and his/her family in the wider context of the community. It should cover the physical, intellectual, emotional and social needs and development of the child. There are various types of assessment e.g. rapid, initial, risk, comprehensive, etc.

Adoption: A social and legal protective measure for children. Adoption is the permanent placement of a child into a family whereby the rights and responsibilities of the biological parents (or legal guardians) are legally transferred to the adoptive parent(s).

Best interests of the child: In relation to children's care specifically, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including: ~ the importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children; balancing children's immediate safety and well-being with their medium and longer term care and development needs; recognizing the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships; a consideration of children's attachments to family and communities, including the importance of keeping siblings together; ~ the problems associated with care in large-scale institutions. In assessing best interests, it is

¹ Definitions borrowed or adapted from: Better Care Network. (n.d.) *Better Care Network Toolkit Glossary*. Retrieved from <http://bettercarenetwork.org/sites/default/files/attachments/glossary.pdf>

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

Bunkers, K., Cox, A., Gesiriech, S., & Olson, K. (2014). *Children, orphanages, and families: A summary of research to help guide faith-based action*. Faith to Action. Retrieved from: https://www.faithtoaction.org/wp-content/uploads/2014/03/Children-Orphanages-and-Families_-_A-Summary-of-Research-to-Help-Guide-Faith-Based-Action.pdf

Faith to Action Initiative. (2016). *Transitioning to Family Care for Children: A Guidance Manual*. Retrieved from <https://www.faithtoaction.org/wp-content/uploads/2016/12/Transitioning-Care-Guidance-Manual.pdf>

Global Social Service Workforce Alliance. (n.d.). Retrieved from www.socialserviceworkforce.org

United States Agency for International Development (USAID) and the Health Communication Capacity Collaborative. (n.d.). *Social and Behavior Communication Saves Lives*. Retrieved from: http://ccp.jhu.edu/wp-content/uploads/JHU_Social_and_Behaviour_FULL_OUTLINES_V2.pdf

Wedge, J., Krumholz, A., & Jones, L. (2013). *Global learning on family reintegration in low and lower-middle income countries*. The Interagency Group on Reintegration. Retrieved from:

<http://bettercarenetwork.org/sites/default/files/attachments/Reaching%20for%20Home%20-%20Global%20Learning%20on%20Family%20Reintegration.pdf>

UISG= International Union of Superiors General: <http://www.internationalunionsuperiorsgeneral.org/>

important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs.

Care Planning: The process of planning a program of alternative care for a child that has clear short-term and long-term goals. A care plan is a written document that outlines how, when and who will meet the child's developmental needs.

Care reform: refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.

Care system: The legal and policy framework, structures and resources that determine and deliver alternative care; a sub-system of the child protection system.

Child Protection: Measures and structures intended to prevent and respond to abuse, neglect, exploitation and violence affecting children.

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

Children: Defined as girls and boys under the age of 18 years.

Children without parental care: All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.

Child abuse: A deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological, or emotional ill treatment.

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

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

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

- **Family support interventions:** A range of measures to ensure the support of children and families – similar to community-based support but may be provided by external agents such as social workers and providing services such as counselling, parent education, day-care facilities, material support, etc.,

- Parenting skills training,
- Home visiting,
- Case management,
- Health and nutrition programs,
- Education and early childhood development,
- Psychosocial support,
- Household economic strengthening programs,
- and specific support for children and/or their caregivers with disabilities.

Family Support Services: A range of measures to ensure the support of children and families. Similar to community-based support but may be provided by external agents such as social workers and providing services such as counselling, parent education, day-care facilities, material support, etc.

Formal Care: All care situations where the child's placement was made by order of a competent authority, as well as residential care, irrespective of the route by which the child entered.

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

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

Guardianship authority: State authority that is legally responsible for child protection.

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

Inclusive education: Educational process that responds to children's diversity and individual development requirements and provides opportunities and equal chances to benefit from fundamental human rights to development and quality education in common learning environments.²

² Parlamentul Republicii Moldova. (2014). *Codul Educației al Republicii Moldova*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=110112&lang=ro

Kinship care: There are two definitions of kinship care, informal and formal:³

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

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

Neglect: Deliberately, or through carelessness or negligence, failing to provide for, or secure for a child, their rights to physical safety and development. Neglect is sometimes called the 'passive' form of abuse in that it relates to the failure to carry out some key aspect of the care and protection of children which results in significant impairment of the child's health or development including a failure to thrive emotionally and socially.

Prevention: A variety of approaches that support family life, strengthen caregivers, and help to diminish the need for a child to be separated from her or his immediate or extended family or other caregiver and be placed in residential or alternative care.

Person with Lived Experience: Someone with personal experience of the care system. This term includes children in different forms of alternative care, care leavers and parents or care givers of a child who has experienced alternative care. This can include biological parents, foster families and kinship carers. For the purpose of this document, we do not include residential care staff.

Referral: The formal process of requesting a service for a child, young person, or adult, e.g. for psychosocial services, for a placement, for education, etc. The request is usually made in writing using agreed formal referral form.

Residential Care: Care provided in any non-family-based group setting. Any living arrangement/facility where salaried staff or volunteers ensure care for children living there. This includes large institutions and all other short- and long-term residential institutions including group homes, places of safety, transit centers, and orphanages. A distinction is often made between different forms of residential care:

³ Guvernul Republicii Moldova. (2023). *Hotărârea nr. 81 din 22 februarie 2023 pentru aprobarea Regulamentului-cadru cu privire la instituirea custodiei și asigurarea organizării și funcționării Serviciului de tutelă/curatelă*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=136348&lang=ro

- a. **Large scale residential institution:** Large-scale facilities characterized by having between 70 – 400 children living together in one building, where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities.
- b. **Small group home:** A small institution or children's home refers to a building, housing 11 to 25 children, usually with a consistent caregiver. (Editorial note: In Moldova, a small group home refers to a building housing 4-6 children. This is not to be confused with larger foster care, which also has 4-6 children).

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

Social service workforce: A variety of workers – paid and unpaid, governmental and non-governmental – who staff the social service system and contribute to the care of vulnerable populations.

Social service system is defined as the system of interventions, programs and benefits that are provided by governmental, civil society and community actors to ensure the welfare and protection of socially or economically disadvantaged individuals and families.

Social services: Services provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability and old age.

Supervised independent living: Settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers. Such arrangements and support may be provided for individuals or small groups.

Vulnerable Children: Children whose rights to care and protection are being violated or who are at risk of those rights being violated. This includes children who are poor, abused, neglected, lack access to basic services, are ill or living with disabilities, as well as children whose parents face similar circumstances or are living in institutions.

INTRODUCTION

The current state of child protection and care in Moldova is the result of multiple factors including changes in Moldovan society over the past two decades, as well as developments in the economy, social policy, institutional and administrative context, and the international legal, political and cultural environment. In the last 20 years, efforts by governmental institutions, international structures and civil society have combined to achieve economic and social reforms, administrative restructuring, a revised legal framework, and implementation of new social, health and educational programs have increased the role of the family and the community in ensuring that children are raised in a safe and nurturing environment.

PURPOSE AND OBJECTIVES OF THIS DOCUMENT

This Country Care Profile aims to provide an overview of care reform efforts in Moldova over the past thirty years, including successes, challenges, and lessons learned from the process. The Country Care Profiles (<https://bettercarenetwork.org/country-care-profiles>) are a series of reports, published on the Better Care Network, that document the experiences of several countries engaged in the care reform process highlighting different legal and policy frameworks, approaches, tools, successes and challenges that have been part of each care reform journey. These documents together provide an in-depth look at how care reform has happened in different contexts. The hope is that they provide useful insight and learning for others who are interested in or already engaged in care reform.

Moldova is the newest addition to this series that aims to provide the reader with an in-depth look at how and why care reform has occurred, who has been involved in the process, what are the specific roles and responsibilities and, perhaps most importantly and of interest to practitioners and policymakers, how this was done.

STRUCTURE OF COUNTRY CARE PROFILE

This document provides an overview and analysis of key areas of the care reform process that has occurred in Moldova over the past thirty years. It is based within a rights-based framework reflective of international and national standards relevant to children's care, including the United Nations Convention on the Rights of the Child (UNCRC), the United Nations Convention on the Rights of Children with Disabilities (UNCRPD), and the Guidelines for the Alternative Care of Children. The key areas highlighted in this report, include:

- A summary of the state of care three decades ago,
- A summary of the state of care today,
- Chronological summary of key highlights in Moldova's care reform journey,
- Key factors contributing to success, ongoing challenges, and future actions required to push care reform across the finish line.

CHAPTER 1. CARE IN MOLDOVA: A HISTORICAL AND CONTEMPORARY PERSPECTIVE

A SUMMARY OF THE STATE OF CARE THREE DECADES AGO

The Republic of Moldova is a small country, located in south-eastern Europe between Romania and Ukraine. Moldova's declaration of independence from the Soviet Union occurred in 1991 and was recognized internationally in 1992 when it became a member of the United Nations (UN). At the time of gaining independence, Moldova had a population of around 4.4 million people.

Like other post-Soviet countries, Moldova inherited a child welfare system heavily reliant on institutional care as the primary protective measure for children facing vulnerable situations. The main factors driving children's institutionalization were poverty and educational reasons such as low school performance, complex rigid curricula, and lack of individualized approach.⁴

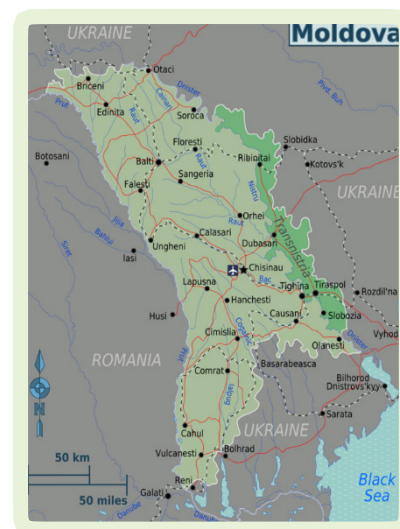


Image: Maplands.com

GEOGRAPHY	Between 45°28' and 48°28' degrees latitude
AREA	33,700 km ²
POPULATION	4.3 million
FRONTIER COUNTRIES	Romania and Ukraine
COUNTRY NAME	Moldova
OFFICIAL NAME	Republic of Moldova
NATIONAL CAPITAL	Chisinau
INDEPENDENCE	27 August 1991
ADMITTED TO THE UN	2 March 1992
CONSTITUTION ADOPTED	29 July 1994
LEGISLATURE	Parliament, 101 deputies
TYPE OF GOVERNMENT	Parliamentary
NATIONAL CURRENCY	Moldovan leu
LANGUAGE	Romanian

The child protection system in Moldova was fragmented and inefficient, with large residential institutions serving as the primary form of protection for children at risk. These institutions were often isolated from the broader community and operated under different administrative structures.

Community and family support services were virtually non-existent, and the recognition of social work as a profession only began in 1996 when universities started training professional social workers.

An analysis of poverty in 2002 revealed that 35% of children were living in poverty, with 37.7% of children experiencing limited access to resources,

⁴ Informational system for children placed in residential care in the Republic of Moldova. (2003). *EU Commission*.



Photo: Partnerships for Every Child

particularly those from rural areas and families with many children.⁵ This placed them at a higher risk of poverty.

For children and their parents or caregivers facing difficulties, the only available option was separation from the family and placement in a residential institution. Society and governmental authorities encouraged parents to make this choice, believing that institutions were the best solution for children struggling at home or in school.⁶

Eight out of 10 children in these institutions had living parents, reflecting global statistics.⁷ Families encountered a range of problems, including unemployment, inadequate housing, addiction, disabilities, lack of community-based and preventive services, absence of support networks and significant parental migration abroad in search of work, especially by mothers.

An entire post-Soviet generation believed that the state should take responsibility for their children's care, further driving the separation and institutionalization of many children.

Approximately 48% of placements were made at parents' requests, even for children with disabilities who were often placed in institutions far from their homes, often in isolated rural areas.⁸

There was a strong belief that the state provided better care.⁹ When children left these institutions upon graduation, they were unprepared and lacked support to start independent lives.

In 2003, official data indicated that 13,500 children were placed in residential care due to economic and

Box 1. Types of large-scale residential institutions

Children's homes: for children 0–6 years, under the Ministry of Health (MH)

Boarding schools for 7–17 years children assessed as 'normal', under the Ministry of Education and Research (ME)

Placement Centers for Children with Disabilities, under the Ministry of Labor and Social Protection (MLSP)

Auxiliary schools for children with learning disabilities, under the ME

Sanatorium type schools for children with psycho-neurological issues or chronic illness, under the ME

Special schools for children with hearing and visual impairments, children in conflict with the law, under the ME

Rehabilitation centers for children affected by tuberculosis, under the MH

⁵ Department of Statistics and Sociology of the Republic of Moldova. (2002). *Poverty in the Republic of Moldova*.

⁶ IMAS, Every Child Moldova. (2004). *Child institutionalization in the Republic of Moldova and its alternatives*.

⁷ UNICEF. (2016). *The State of the World's Children 2016: A fair chance for every child*. Retrieved from https://www.unicef.org/media/50076/file/UNICEF_SOWC_2016-ENG.pdf

⁸ United Nations Development Programme (UNDP). (2003). *National Human Development Report 2003: Good Governance and Human Development*.

⁹ IMAS, Every Child Moldova. (2004). *Child institutionalization in the Republic of Moldova and its alternatives*.

social situations.¹⁰ This represented about 1.34% of all Moldovan children, cared for and educated in 67 large- scale residential institutions of various types (**see Box 1**). Sadly, many of these children remained in these facilities until adulthood, losing contact with their parents along the way.

The government supported child separation from families and was hesitant to close residential institutions, primarily due to the employment of more than 5,800 people in these institutions.

There were no social workers in the institutions or communities, nor were there community - based social services to provide family support. Alternative services, such as foster care, were lacking, and inclusive education for children with disabilities was not in place.

All these issues underscored the urgent need for interventions and support systems to address the underlying challenges faced by these families and children.

THE STATE OF CARE TODAY

Accession to the United Nations Convention on the Rights of the Child (UNCRC) in 1993 legally binds the Government of Moldova to uphold and adhere to its provisions, imposing an obligation to ensure the rights and welfare of children are respected and protected within the country.

Over the past two decades, Moldova's child protection system has undergone significant improvements, aligning its legal framework, services and practices with the standards set by the European Union (EU) and the United Nations (UN). This progress has led to a decrease in the number of children placed in residential care, now accounting for only 0.12% of Moldova's total child population, which stands at 531,700.¹¹ (**see Table 1**)

Table 1. *Trends in the number of children in institutions*¹²

Year	Population under 18	Number of children in institutions	Number of children in alternative family-based care
1995	1,458,454	17,000	-
2002	1,009,046	13,486	-
2007	918,892	11,544	6,562
2010	765,600	10,000	6,000
2011	745,606	5,813	8,116
2012	728,100	4,843	11,099
2014	700,350	3,808	9,998
2023	531,700	617	18,320

¹⁰ Department of Statistics and Sociology of the Republic of Moldova. (2003). *Child institutionalization in the Republic of Moldova and its alternatives*.

¹¹ UNICEF. (2016). *The State of the World's Children 2016: A fair chance for every child*. Retrieved from https://www.unicef.org/media/50076/file/UNICEF_SOWC_2016-ENG.pdf

¹² National Bureau of Statistics, Moldova. (n.d.). There are no official statistics on the number of children in alternative family-based care in 1995 and 2002.

At the national level, the MLSP is now the national guardianship authority responsible for child protection and, at the local level, this role is under the responsibility of the district Social Assistance Departments (SAD) and mayoralties.¹³

Gatekeeping mechanisms¹⁴ with skilled staff have been established at the district level across the country, including Gatekeeping Commissions (GKC). A GKC serves as a forum, made up of a range of independent professionals mandated to review the situation of each child and to make recommendations on how his/her best interest can best be met through a coordinated and regulated process (**see Box 2**).

Inter-agency cooperation mechanisms, which enforced health, education, and police sectors to prevent violence¹⁵ and intervene at early stages of concerns to ensure child wellbeing,¹⁶ were regulated and scaled up nationwide.

Currently, approximately 1,200 community social workers are employed throughout the country. At the national level, 29 types of social services for children and families are available and delivered by the government and NGOs, but with an uneven distribution, particularly in rural areas.¹⁷

Box 2: The Gate Keeping Commission

The Commission comprises nine members, each with at least five years of experience in child-related fields. It includes representatives from the Rayon Council, excluding those from the Social Assistance or Education Departments. Additionally, the Commission includes local experts in psychology, psychiatry, medicine, or education who are well-respected within the community, along with representatives from local NGOs specializing in child protection and esteemed community members, such as mayors or school directors.

¹³ Parliament of the Republic of Moldova. (2023). *Legea Nr. 256 privind modificarea unor acte normative*.

¹⁴ Better Care Network, & United Nations Children's Fund (UNICEF). (2015). *Making Decisions for the Better Care of Children*. UNICEF.

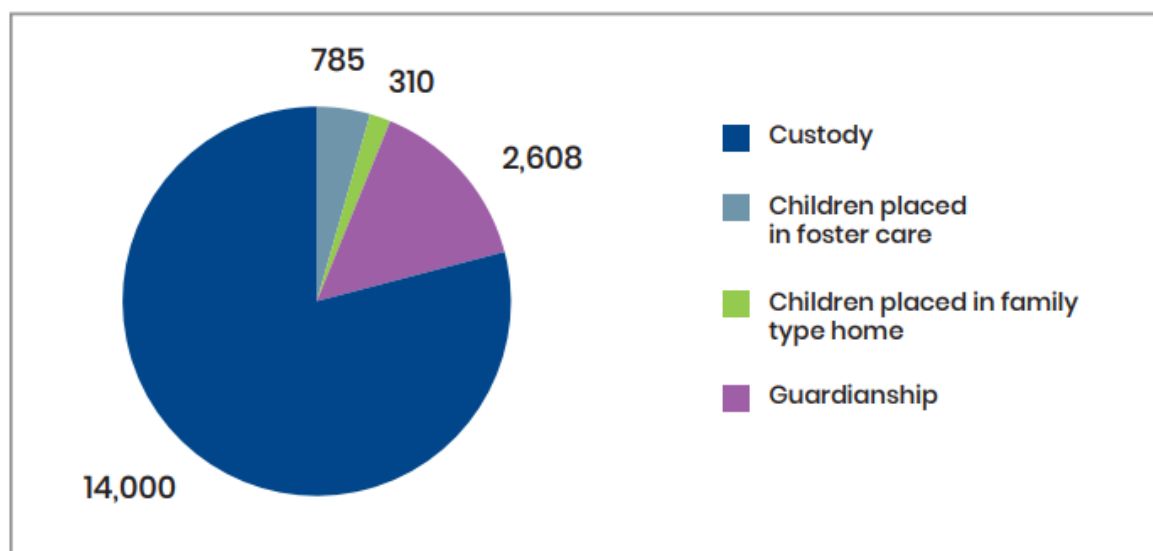
¹⁵ Guvernul Republicii Moldova. (2014). *Hotărârea Nr. 270 cu privire la aprobarea Instrucțiunilor privind mecanismul intersectorial de cooperare pentru identificarea, evaluarea, referirea, asistența și monitorizarea copiilor victime și potențiale victime ale violenței, neglijării, exploatării și traficului*.

¹⁶ Guvernul Republicii Moldova. (2018). *Hotărârea nr. 143 din 12 februarie 2018 pentru aprobarea Instrucțiunii cu privire la mecanismul de cooperare intersectorială pentru prevenirea primară a riscurilor privind bunăstarea copilului*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro

¹⁷ Better Care Network. (n.d.). *Situația actuală la nivel național în prestarea serviciilor sociale destinate copiilor și familiilor*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-protection-policies-and-programmes/situa%C8%9Bia-actual%C4%83-la-nivel-na%C8%9Bional-%C3%AEn-prestarea-serviciilor-sociale-destinate-copiilor-%C5%9Fi-familiilor>

In 2023 the official data¹⁸ indicated that 18,320 children were placed in family type alternative services such as custody, guardianship, foster care or family type home services (**see Figure 1**).

Figure 1. *Children in family type alternative care, 2023*



About 14,000 children with parents who have migrated (primarily for employment) were in legal custody. Fifteen years ago, these children would have been placed in residential institutions. 2,608 children were placed in Guardianship. 398 foster carers are employed within the SAD across the country, which provide care for 785 children. Another 310 children were placed in 62 family type homes. According to the latest official data, a total of 1,327 children were adopted either nationally (1,303) or internationally (24).¹⁹

Approximately 600 children still living in residential care, including in the new temporary placement centers and small groups homes established as result of the deinstitutionalization (DI) process. Of these children, two categories are the most vulnerable and face several difficulties: children under the age of three and children with disabilities. Among those with disabilities, a significant majority have a severe degree of disability. In terms of the duration of stay in residential care, a notable portion of children have been there for less than a year, while a similar number have been in care for more than three years.²⁰

Out of “old” residential institutions, only five institutions are still operational, most of which are for children with severe disabilities or young children (0–6 years of age).

¹⁸ Ministry of Labor and Social Protection (MLSP). (2023). *Annual Statistical Report*.

¹⁹ Ministry of Labor and Social Protection (MLSP). (2023). *Annual Statistical Report*.

²⁰ Better Care Network. (2022). *Care Assessment Report 1*. Retrieved from <https://bettercarenetwork.org/sites/default/files/2022-01/Report%201%20Care%20Assessment%20187%20Web.pdf>

CHAPTER 2. A JOURNEY THROUGH TIME: CHRONOLOGICAL OVERVIEWS HIGHLIGHTING KEY PHASES OF CARE REFORM IN MOLDOVA

PREPARATION PHASE

KEY ACTIONS 1993 – 2006

The Government of Moldova, as with many countries of Eastern Europe and the Commonwealth of Independent States (CIS), has been undertaking a reform of its child care system in line with its international commitments including the UNCRC and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Gradual changes in the approach to child care have been taking place over many years, especially following Moldova's accession to the UNCRC in 1993. Early developments include the adoption of Law No. 338-XII on Child Rights in 1994 and the Law on Youth in 1999, the introduction of university training in social work in 1995 and the establishment of the National Council on Child Rights Protection in 1998.

However, the reform gained in intensity around 2002 when the Committee on the Rights of the Child offered its *Concluding Observations on Moldova's first report on implementation of the UN CRC*.²¹ In this year the country began to develop the national concept paper on child and family protection. In 2003 the Government of Moldova approved the *National Strategy on Child and Family Protection and its Action Plan for 2003–2008*.²² It was the first policy document which outlined strategic directions to improve the child protection system in Moldova by means of legal and institutional reform, the development of human resources working in child care and the development of community and specialized social services for children and families in difficulty.

Non-governmental organizations (NGOs) took on a leading role in advocating for change in the child care system. They took the lead in developing and piloting new service models as alternatives to institutionalization, supported by donors like the European Union (Food Security Programme; Extension for Community Healthcare Outcomes [ECHO] Programme; Technical Assistance for Commonwealth of Independent States [TACIS] Programme), the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), the UK

²¹ Committee on the Rights of the Child. (2017). *Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova*. Retrieved from <https://www.refworld.org/publisher,CRC,MDA,5a0ed42e4,0.htm>

²² Monitorul Oficial al Republicii Moldova. (2003). *Hotărîrea Guvernului nr.727*.

Department for International Development (DFID), Swedish International Development Cooperation Agency (SIDA), Austrian Development Agency (ADA) and international NGOs.

International expertise and best practices were undertaken and adapted to the local context and gradually incorporated into the local child protection system and national policies.

The implemented demonstration programs enhanced the capacities of government staff and other professionals, empowered children and families to actively participate in reshaping the system and services they required and provided crucial support to local and central public authorities in the planning, implementation, monitoring, and evaluation of reform efforts.

The groundwork for initiating the care reform in Moldova required complex interventions and included work at different levels, from individual children and families to local communities, national decision-makers, and general public.²³ This included assessment of residential institutions and children placed in these institutions, resulting in the design of an intense reintegration process, the piloting of essential foundational services, such as foster care and family support, the development of gatekeeping mechanisms and their integration into the overall child care system, including the regulation, approval, and financing processes (**see Table 2**).



Photos: Partnerships for Every Child

²³ Better Care Network. (n.d.). *EveryChild Moldova Programme Experience: Improving Lives Through Deinstitutionalisation*. Retrieved from <https://bettercarenetwork.org/sites/default/files/attachments/EveryChild%20Moldova%20Programme%20Experience%20%20Improving%20Lives%20Through%20Deinstitutionalisation.pdf>

Capacity building of human resources was another key element in the reorganization of the care system, as achieving the reform objectives was only possible by providing an appropriate level of skills that was imposed by tasks set for all the stakeholders involved. At the outset of this effort, the key problems related to the human resources were determined by the fact that there was no training system for the social workers in the country, and the social assistance system mostly employed people without adequate training. Moreover, there was no system of in-service training for social assistance, trainings continued to be sporadic, underfunded, and not following a government mandated list of training requirements.

In 2004, a working group for professional development was created. It consisted of representatives of the MLSP and the ME, as well as and of four universities training social workers.²⁴ The objectives of the working group were to analyze the training needs of the social service providers, universities training social workers and NGOs; analyze the existing training courses, the courses delivered by donors and international organizations; define the target groups and develop the national training program; improve the university courses to unify the curricula for the fundamental subjects, maintaining the opportunity to decide on the specializations, as well as strengthen the practical training of students and adapt the curricula to the development of new social services for families and children. In this period, the professional standards for social assistance were elaborated: the Ethical Code of Social Workers (approved by the Social Work Promotion Association of the Republic of Moldova on April 25, 2005), the job description of the community social worker (approved by the MLSP collegium in 2005), the Framework-Regulation on the Assessment of Professional Skills of Social Workers and Social Assistants (approved by the MLSP collegium in 2005).

At the same time, **communication campaigns** played a crucial role in supporting the care reform process by facilitating a change in the attitudes and perceptions of individuals, professionals, and decision-makers. The decision made in 2006 to reorganize the residential care system was followed by a two-year, extensive communication and advocacy campaign with the motto *Call Your Future Back Home*.²⁵ The campaign aimed to raise awareness among decision-makers and the general public about the detrimental impact of residential care on children, highlighting real-life situations such as children who had parents capable of caring for them, inefficient use of funds, corruption, abuse and blatant violations of children's rights. In addition to audio and video clips^{26, 27} TV and radio programs and articles published in the print press, the campaign utilized a theatrical play as another promotional and advocacy tool.

The play, entitled *Apple Tree Flowers*, was performed by actors from the National Theater *Mihai Eminescu* and was based on the true story of two children who escaped from a residential

²⁴ USAID. (2014). *Case study on Capacity building of the Social Workforce*.

²⁵ USAID. (2014). *Case study on communication in the process of reorganization of the residential childcare system*.

²⁶ YouTube. (n.d.). [Video: EX7_hC7Fe6s]. Retrieved from https://www.youtube.com/watch?v=EX7_hC7Fe6s

²⁷ YouTube. (n.d.). [Video: 0Imxx4peleo]. Retrieved from <https://www.youtube.com/watch?v=0Imxx4peleo>

institution and tragically froze to death while attempting to return home in a forest in southern Moldova. This case, which had been hidden by both the media and the ME, prompted action within the residential care system reform. A journalistic investigation into the experiences of several children who had graduated from the residential system revealed instances of violence and physical and emotional abuse suffered by children in these institutions. This evidence played a pivotal role in demonstrating the inefficiency and harmful effects on children, ultimately advocating for the need for reorganization.

Establishment of a gatekeeping mechanism to stop unnecessary entries in residential care was another key element in preparation of DI process. As mentioned above, placement in residential care was the most frequently used response to vulnerable children. A large proportion of children in institutions had parents. The main causes of separation were poverty related (almost 85%) and others were related to failures of the universal services such as education, housing, health and social assistance to reach those most in need. Lack of proper assessment methodology of children in difficulty before making the decision of institutionalization also determined high rates of residential care placements. Insufficient number of personnel in child protection but also limited training was another issue. Only one specialist at the regional level was responsible for the identification, assessment, placement, and monitoring of vulnerable children. The lack of alternative services to residential type care services, especially family support services, also contributed to the high rate of institutionalization of children.

The aim of the GK is to comply with UNCRC²⁸ and Alternative Care Guidelines especially as related to the necessity and suitability principles to make an informed, independent decision and offer a better-quality service for children in difficulty, reducing the child residential care and increasing family type care **(see Box 3)**.

Box 3: Decision-making process on child separation

The GKC reviews the documentation for each child proposed for separation to ensure that he or she has been assessed comprehensively and that all community-based options have been fully explored to meet the eligibility criteria for out-of-home placement. Only if the GKC concludes that there is no other option available for the child, it supports the recommendation made by the social worker. It is only following consideration by the Commission that the Guardianship authority should approve an out of home placement for any child referred for such services.

²⁸ UNICEF. (n.d.). *Convenția cu privire la drepturile copilului*. Retrieved from <https://www.unicef.org/moldova/media/1401/file/Conventia-cu-privire-la-drepturile-copilului.pdf>

Beginning in the late 1990s, Moldova established the Child and Family Protection Directorate as the body responsible for child protection (**see Box 4**).²⁹ Separate from this, development of family type services and monitoring frameworks were further strengthened through the creation of an independent GKC. These actions represent vital components in the achievement of good decision-making in relation to children who are unable to remain with their family.

Box 4. The establishment of the first Child Protection Directorate in the country

In May 1997, the first structure responsible for child protection in Chisinau was established. The Directorate for Reintegration and Family Support, later renamed the Directorate for the Protection of the Rights of the Child, brought together the various professional functions that had previously been fragmented, ultimately creating a more developed approach to child protection at the municipal level.

Chisinau's initiative benefited from the support of the European Children Trust (ECT). The earliest documented intervention by ECT in Moldova is the 1995 Protocol of Cooperation between the Mayor of Chisinau and ECT. The document outlines an agreement under the Ouverture programme to link the Strathclyde Regional Council in Scotland, the Piedmont Regional Government in Italy and the Bacau County Council in Romania to support the Chisinau Municipality in establishing a Child Protection Working Group under the guidance of ECT. This directorate was one of the platforms where family support and foster care services were piloted. Chisinau Municipality was the first council in the country to approve regulations for the services and their funding. These practices were extended in 2001 to two other regions of the country: Cahul and Ungheni. The GKC reviews the documentation for each child proposed for separation to ensure that he or she has been assessed comprehensively and that all community-based options have been fully explored to meet the eligibility criteria for out-of-home placement. Only if the GKC concludes that there is no other option available for the child, it supports the recommendation made by the social worker. It is only following consideration by the Commission that the Guardianship authority should approve an out of home placement for any child referred for such services.

Besides the fact that residential care seriously affects all areas of child development and creates multiple problems in social reintegration, residential care is expensive and ineffective compared to a child protection system that prioritizes family support and community services.

In order to argue this, in 2005 the **expenditures for residential care of children** in the Republic of Moldova were analyzed.³⁰ This research was focused on a cost-benefit comparison between two models of services provided to children in difficulty and their families: residential services and community-based services.

²⁹ EveryChild. (2013). *EveryChild Moldova's Programme Experience: Improving Children's Lives Through Deinstitutionalisation*. Retrieved from <https://resourcecentre.savethechildren.net/document/everychild-moldovas-programme-experience-improving-childrens-lives-through/>

³⁰ Every Child Moldova. (2006). *Expenditure on residential care in the Republic of Moldova. A financial analysis based on 2005 budget data*.

The findings revealed that residential care, while accessible, was both costly and inefficient in promoting children's development. For instance, the average annual costs per child in residential settings were:

- Children's Homes (state budget): 36,237 MDL
- Institutions for Young Offenders: 30,000 MDL
- Institutions for Mentally Disabled Children: 27,984 MDL

In contrast, community-based services demonstrated significantly lower costs:

- Family Support: 2,867 MDL
- Reintegration: 4,817 MDL
- Foster Care: 10,155 MDL

Averaging these community services results in an annual cost of approximately 4,700 MDL per child, markedly less than the expenses associated with institutional care.

This comparison underscores the inefficiency of residential care, which not only demands higher financial investment but also often yields poorer outcomes for children's development and well-being. Conversely, community-based services offer cost-effective and impactful alternatives, fostering better family and social integration at a fraction of the cost.

At the same time, the analysis of costs for community services proved that these services were cheaper, reasonably affordable for the local public authorities (LPA) and followed the principle that the child must be raised in the family and community, which ensures that the child's psycho-social-emotional development is stimulated. These findings highlighted the ineffectiveness of the residential system in meeting the overall needs of these children.

The preparation for the closure or reorganization of a residential institution was preceded by complex assessments of the institution's various facets, including children and families, financial and human resources, and the services provided. It also involved mapping the services available in the communities (**see Box 5**).



Photo: Partnerships for Every Child

Box 5. Key components of the Assessment Methodology

Child assessment aimed to analyze the potential for reintegrating the child into a family or placing the child in family-type services.

Family assessment aimed to analyze the family's ability/capacity to provide care and meet the child's needs.

Analysis of social and educational services in the community was primarily aimed at identifying potential social and educational services that could be included in the deinstitutionalization process. In addition, careful consideration was given to the allocation of resources to the Family Support Service and the readiness of educational institutions to accommodate children, including those with behavioral and learning difficulties. This analysis helped to identify needs for services to be developed or expanded.

Analysis of services in the institution aimed to understand the quality of the services provided and whether they met the child's specific needs. The formal educational process and the extracurricular activities were analyzed to see if they met the educational standards approved by the ME (school subjects, children's performance, organization of the process, extracurricular activities planned their suitability to the children's needs and interests, etc.). In addition, the evaluation extended to the description of the physical premises, including their availability, equipment, use, child-friendliness, provision of personal space, wardrobes and storage for personal belongings, as well as the presence of personal items from home, such as toys and photographs. Moreover, evaluators considered the condition of the children themselves, including their grooming, the appropriateness of clothing and footwear for the season, hairstyles and general cleanliness.

The human resource analysis involved gathering data on the qualifications, training and work experience of the employees. Special attention was paid to assessing the employees' ability to interact effectively with children, including their child-friendliness, the quality and enthusiasm of their work, and their ability to communicate with children.

Financial resource analysis included the dynamics of the main indicators observed during the data collection in relation to recurrent expenditure, average number of students, average number of staff in the institution, analysis of recurrent expenditure by budget headings – salary payments, purchase of products and services, distribution of expenditure between education and care.

Technical evaluation of the property was carried out in order to determine the degree of technical wear and tear and the possibility of continuing to use the building for social and educational services, the extent to which the building corresponds to the services provided, and a description of the necessary expenditure for the continued maintenance and use of the building.

This type of analysis was fundamental to the decision-making process regarding the reorganization of each residential institution, be it closure, transformation into another service model. Additionally, it identified the need for supporting children to ensure their successful deinstitutionalization.

The assessment methodology was developed in 2004 and applied in three districts participating in the DI process. Over time, it was adapted in collaboration with other non-governmental organizations (NGOs) involved in the DI initiative and Government and expanded to all residential institutions involved in the DI process.

Participation of children in the development of social services and DI process was promoted and tested so that it could be integrated into the national policies and practices. The concept of child participation in decision-making processes was virtually inexistent in the early 1990s. There was no culture among decision makers to consult the children and young people regarding the issues affecting their lives, to involve them in the strategic planning, implementation, monitoring and evaluation of the policies and services addressed to them.

This attitude comes from traditional approaches according to which children have a beneficiary role and are an object of the interventions, but not an active participant in the process. The adults tended to believe that they knew better the children's needs and were developing policies and programs without consulting the children.

Starting with 2000, various initiatives on child participation were developed focused on promoting children's rights (e.g. Children's Parliament initiative).

It should be noted that in 2006, before the child care reform was officially launched, the comprehensive package of gatekeeping and family-based alternative services implemented in three districts of the country, was scaled to 50% of the districts in Moldova.

Moreover, a National Conference under the umbrella of the Presidential Administration³¹ was organized to officially launch the child care reform in the country and to establish a national network of community social workers.

In conclusion, the preparation for the child care reform in Moldova included steps that laid the groundwork for a transition to family-based and community-centered child protection system **(see Table 2)**. These efforts enabled the care reform stakeholders to use evidence-based advocacy to drive systemic change in child care reform.



Photo: Partnerships for Every Child

³¹ Ministry of Health and Social Protection, Every Child. (2006). *Newsletter "Together for Children"*

Table 2. Key actions in the preparation of the child care reform

1993	The Republic of Moldova ratified the UNCRC ³²
1994	The Law on the Rights of the Child approved by the Parliament ³³
1996	Official recognition of social work as profession, opening Social Work departments in
1997	The Directorate for Child Rights Protection established as the first structure of this type in
1998	The first team of 15 social workers were recruited and trained to pilot the Family Support and
1999	The first Small-Group Home for children with disabilities without parental care was established in Chisinau. Replication of the Family Support and Reintegration services started in Cahul and Tiraspol.
2000	The first Foster Care Service pilot was launched in Chisinau, in collaboration with the Directorate for Child Rights Protection and ECT Moldova;
2002	Creation of the Alliance of NGOs active in Child and Family Protection.
2002	New models of services for children with disabilities developed: Day-Care Center in Cahul. Replication of the Foster Care and Family Support and Reintegration services started in Ungheni district.
2003	The National Strategy on Family and Child Protection was approved ³⁴ ; the National Strategy "Education for All" was approved ³⁵ .
2004	The gatekeeping legislation and methodology were developed, and piloting started in three districts. A successful awareness raising and advocacy campaign on the need to reform the care system was launched, with the slogan "Call Your Future Back Home".
2005	The National Council for Child Rights Protection was established by the Government to ensure the development and implementation of policies to protect the rights of children. The Expenditure Analysis of Residential Care of Children in the Republic of Moldova and Cost Benefit Analysis of Residential Care and Community Services were conducted. The first three institutions were assessed and local level strategies for reforming the child care system were developed.
2006	The pilot package of gatekeeping and family-based alternative services developed in three districts scaled to 50% of the districts in Moldova. The residential care system reform was launched by the President of the country at a national conference organized with UNICEF and Every Child Moldova support.

³² Guvernul Republicii Moldova. (2018). *Hotărârea nr. 143 din 12 februarie 2018 pentru aprobarea Instrucțiunii cu privire la mecanismul de cooperare intersectorială pentru prevenirea primară a riscurilor privind bunăstarea copilului*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=29549&lang=ro

³³ Guvernul Republicii Moldova. (2003). *Hotărârea nr. 727 din 23 iunie 2003 pentru aprobarea Regulamentului privind organizarea și funcționarea Serviciului de asistență socială*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=17346&lang=ro

³⁴ Guvernul Republicii Moldova. (2018). *Hotărârea nr. 143 din 12 februarie 2018 pentru aprobarea Instrucțiunii cu privire la mecanismul de cooperare intersectorială pentru prevenirea primară a riscurilor privind bunăstarea copilului*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=29549&lang=ro

³⁵ Guvernul Republicii Moldova. (2008). *Legea nr. 186 din 10 iulie 2008 privind securitatea și sănătatea în muncă*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=31937&lang=ro

IMPLEMENTATION OF THE REFORM

KEY ACTIONS 2007 – 2011

The reform of the residential care system in the Republic of Moldova was officially launched in 2007 in a relatively prepared context. The reform's guiding documents, including the National Strategy and the Action Plan for the 2007 – 2012 period, established clear objectives for the transformation process set to culminate with a reduction by 50% of children placed in residential care. The key intervention areas included:

1. *Reviewing the legal framework to safeguard vulnerable children;*
2. *Developing local community-based services to support children and families;*
3. *Enhancing the skills of staff to provide better protection for vulnerable children;*
4. *Reorganizing residential institutions to prioritize the support of children and families; and*
5. *Redirecting government spending from institutions toward bolstering community-based services.*

Reforming the care residential system inevitably involved decision-making regarding the future functioning of the residential institutions, reorganization or closing of some of them, developing a shared vision regarding this process, with the development of an action plan for each institution. All these assessments were made based on the previously tested methodology (*assessments of children, human resources, financial resources, buildings, social and educational services provided within the institution*).

At the beginning of the reorganization of the care system, the key problems related to the human resources were caused by the fact that there was no training system for the social workers in the country, and the social assistance system mostly employed people without adequate training. Moreover, there was no system of in-service training for social assistance. The rapid employment of over 1,200 community social workers (in 2007) without appropriate training and guidance aggravated the problems of the initial and in-service training system.³⁶

Furthermore, the local authorities and the service providers had a low level of organizational and human capacities, did not have social work methodologies to guide the intervention practice. Even though the residential institutions claimed that they were dealing with social problems, they did not have professional employees in the social assistance field and applied only educational and medical approaches. There was no coordination between departments and organizations responsible for child protection on the separation of the child from the family and on the protection of children without parental care.

In 2007–2008, the national program on initial training of the **social service workforce** was developed with support from UNICEF and DFID and implemented by the MLSP and NGOs. In 2009–

³⁶ Evans, P. (2013). *Evaluation report: Implementation of the national strategy and action plan for the reform of the residential childcare system in Moldova 2007–2012*. UNICEF.

2010, the social service workforce received in-service training focused on strengthening their specialized skills for solving specific problems related to child protection. Due to a range of factors such as ongoing change of social issues, evolution of knowledge and experience in implementing the new services, revisions in the national legislation, new methodologies and procedures in social service delivery, the training program required continuous adjustments. Moreover, the rapid restructuring of the care system in 2007–2012 (deinstitutionalization, development of alternative services, inclusive education, etc.) resulted in a higher need for capacity building programs to provide a more balanced development of human resources in this process.

The focus of the **workforce capacity building** was on supporting the deinstitutionalization of children, the early identification and elimination of family separation risks, the development of the family support service, the targeting of funds to the most vulnerable families with children, the consolidation of the gate-keeping mechanism, the development of alternative services, the reintegration of children from residential institutions, the closure/transformation of residential institutions, the use of case management based on the multidisciplinary intervention in the child's problem, the monitoring and assistance of children who live with their families (prevented cases) and children placed in alternative care. Moreover, the training approach was to involve different groups of professionals who must collaborate at different stages to ensure the successful reorganization of the care system through strengthened skills (**see Table 3**).

Table 3. *Target groups covered by trainings*

Community level	Regional level	National level
Community social workers and supervising social workers	Decision makers (regional authorities, SAD, ED, police and health workers)	Decision makers from the MLSP, ME, MH, Ministry of Internal Affairs (MIA)
Members of the multidisciplinary group (mayors, teachers, family doctors, sector police officers)	Professionals from the social assistance, education, public order and health sectors	Parliament
Providers of primary social services, including local NGOs	Members of the GKC	Members of the NGO Alliance
Teachers in mainstream schools (inclusive education)	Providers of specialized services (residential services and family-type services)	
Caregivers (foster carers, guardians, adoptive families)	Service managers	
Children and families	NGOs providing services	

The child care reform implementation was supported by **revision of legislation and policy development**. This was carried out through the development of many strategies and action plans and the development of some new laws and regulations as follows: the National Strategy on the Development of the Integrated Social Service System (2009–2012)³⁷, the Law on Social Services (2009)³⁸, the Law on Cash benefit (2008)³⁹, the Regulations of the Gate Keeping Commission (2007)⁴⁰, Foster Care service and Minimum Quality Standards (2008)⁴¹ and the Professional Supervision and case referral mechanisms, others.



Photo: Partnerships for Every Child

In 2011 an analysis on the alignment of the legislation with the UN Guidelines on alternative care was carried out and an action plan for the revision of the legal framework was developed.

Inclusive education is a critical factor in the DI process. However, in Moldova, inclusive education primarily existed on a declarative level. There were no structures and resources at the national, district and community level that would support the process from the methodological point of view and with trained human resources.

Integration of children from residential institutions and children with disabilities within mainstream schools was more formal and did not require a lot of changes and adaptation from the educational institutions. Inclusive education was not regarded as a component of the socializing process. Mostly, the child and his/her parents were stressed by the requirements the school had for them, the school would not ensure an individual approach for them, the child and the family had to adapt to the school requirements without any support in the process, in some cases, without even realizing their roles in the process.

³⁷ Guvernul Republicii Moldova. (2008). *Hotărâre Nr. 1512 pentru aprobarea Programului național privind crearea sistemului integrat de servicii sociale pe anii 2008–2012*.

³⁸ Guvernul Republicii Moldova. (2010). *Legea nr. 123 din 18 iunie 2010 cu privire la serviciile sociale*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=112516&lang=ro

³⁹ Guvernul Republicii Moldova. (2008). *Legea nr. 133 din 13 iunie 2008 cu privire la ajutorul social*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=129347&lang=ro

⁴⁰ Guvernul Republicii Moldova. (2007). *Hotărâre Nr. 1177 cu privire la instituirea Comisiei pentru protecția copilului aflat în dificultate și aprobarea Regulamentului-cadru de activitate a acesteia*.

⁴¹ Guvernul Republicii Moldova. (2014). *Hotărârea nr. 760 din 17 septembrie 2014 pentru aprobarea Regulamentului-cadru cu privire la organizarea și funcționarea Serviciului de asistență parentală profesionistă și a standardelor minime de calitate*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=18529&lang=ro



Photo: Partnerships for Every Child

In the case of challenges with a child's school integration process, the conclusions were that the child was the problem. The school status was determined by the academic achievements of the children.

The promotion and implementation of inclusive education were primarily driven by NGOs which played a pioneering role by introducing innovative initiatives. Many of these NGOs included parents of children with disabilities among their members, who were actively involved in advocating for and developing inclusive schooling models. In the process of DI, several models were tested and then integrated in the national system in close cooperation with the ME. In piloting the inclusive education model, a complex approach focused on the

preparation of children, families, communities, and mainstream schools was applied (**see Box 6**).

Box 6. Preparing schools for the inclusion of the child

The development of inclusive education in the context of DI required radical changes in the organization and functioning of the community schools. An important role in the preparation of the school environment was played by the Deputy Directors for Education, who had the role of key persons for inclusive education in the school.

A system of support for school inclusion was created and it included the following: the person responsible within the Directorate of Education, Youth and Sports, the Intra-scholar team formed of the deputy chief on education, school psychologist, support teaching staff (STS), teaching staff on different subjects and the School Resources Centre (RC).

The capacity building program had two target groups: teachers and children and their families from the community.

The training for teaching staff aimed to build their skills on working with and provide appropriate support for children with special needs and their parents. The training topics were as follow: knowledge on the national and international legal context of the inclusive education; definition of the main principles of the inclusive education; recognition of the importance of the school and social inclusion of the children with disabilities; knowledge on the types and characteristics of disabilities; the nature of the inclusive practices developed in the Republic of Moldova; an understanding of individualization of the training and education methods; acknowledging the roles of the teaching staff and support person in the inclusion process; the types of problems that could emerge in the educational inclusion process; institutions that could be involved in solving the emerged problems faced by the parents in the school and social inclusion context; familiarity with and applying methods of solving the problems that emerged in the school inclusion process; understanding the essence of the concept regarding the educational environment focused on the child; the methods of organizing the educational process; practical support to the families with children with special educational needs.

The workshops with children and families from the community focused on children's rights, acceptance, empathy, the importance of communication and cooperation. As usual, these workshops were organized before the children started school and had a positive impact on their behavior. When the children who had been deinstitutionalized arrived at school, they were welcomed and supported by their classmates.

A comprehensive capacity building program was developed and tested that was later used as the foundation for the national replication of the inclusive education system.

The Ratification of the United Nations Convention on the Rights of People with Disability (UNCRPD)⁴² by the Republic of Moldova in July 2010, motivated further changes in promoting inclusive education, culminating in the approval of “Programme on developing the inclusive education in the Republic of Moldova for 2011–2020”.⁴³

A collaborative approach was key to the development and integration of all reform components. The aim was to create a common vision among the key stakeholders on child care reform and the development of family and community-based care services.

To facilitate this, spokespersons, including influential decision-makers in ministries, local authorities (in areas like social assistance, education, and finance), and directors of residential institutions were identified and trained. They participated in joint training events, contributed to radio and TV programs, and engaged in study tours to align their perspectives on the reform process.

The key stakeholders such as the ME, the MLSP, the MH, the Ministry of Finance (MF), Social Assistance Departments (SAD), residential institutions, and civil society organizations started to speak the same language and promote common messages. In time their relationships were strengthened, and they became one strong team.⁴⁴

The National Council for Coordinating the Reform of the Residential Childcare System and Developing Inclusive Education established by the ME Order No.338 of 14th June 2010 was a key mechanism in coordination inter-ministerial and NGO actions within the DI process **(see Box 7)**.⁴⁵

Box 7. The National Council for Coordinating the Reform of the Residential Childcare System and Developing Inclusive Education

The Reform Coordination Council, established in 2011 to promote the reorganization of the residential care system and the development of inclusive education, demonstrated the political commitment of the state to all stakeholders involved in the change. This council, which was chaired by the ME but also included representatives from the MLSP, the MH and NGOs involved in the reform of the residential care system, coordinated the overall implementation of the child care reform. The Council was an effective advocacy platform for the NGOs involved in the DI process. All the findings of the child and family assessments, various studies in the field, lessons learned, challenges as a result of the piloting, development of social services were shared and promoted within the Council.

⁴² Office of the High Commissioner for Human Rights (OHCHR). (n.d.). *Submission Thematic Study on the Rights of Persons with Disabilities in Moldova*. Retrieved from <https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/SubmissionThematicStudy/Moldova.pdf>

⁴³ Guvernul Republicii Moldova. (2011). *Hotărâre Nr. 523 cu privire la aprobarea Programului de dezvoltare a educației incluzive în Republica Moldova pentru anii 2011–2020*.

⁴⁴ IMAS, Partnerships for Every Child. (2011). *Protection of the rights of children deprived of parental care or who are at risk of being separated from their families: Qualitative study*.

⁴⁵ Evans, P. (2013). *Evaluation report: Implementation of the national strategy and action plan for the reform of the residential childcare system in Moldova 2007–2012*. UNICEF.

Reallocation of funds from residential care to community based social services continued to be a priority of the reform. The analysis of public expenditure in the social sector⁴⁶ with special focus on the funding of social services indicated the high costs of residential services and the fact that, even though the MLSP is responsible for social policies, it does not have any responsibility for the budgets allocated in this field. More than two-thirds of public spending continued to be under the responsibility of the local and other national authorities, even if officially, the welfare functions have been decentralized. At the national level, about 80% of these expenditures were managed by the ME, even if the MLSP had formal responsibility for child care functions. There was a gap between official policy on child care resource management and practical implementation. On average, about half of the resources allocated to child care institutions were spent on salaries. At the same time, it became necessary to consolidate the financial management capacity of local authorities involved in the DI process.

Models for strengthening the financial management during the deinstitutionalization process were developed underlining several key aspects: the need to assess the costs of services necessary for children placed in residential care, evaluation of the current resources used for both residential and social services, reallocation to new community and family based services and their management, and legal revision and administrative modifications at the national level in order to stimulate the deinstitutionalization process.

All these actions were recommended to avoid the overlapping costs that represent a critical moment in the process of deinstitutionalization. These overlaps are generated by the costs of services where children who are deinstitutionalized are placed as well as the temporary maintenance of institutions with a fixed number of staff and declining number of children (beneficiaries). Trainings in financial management were provided to key national and local level stakeholders involved in the DI process aiming to empower them to understand the issues and advocate for the change.

The first strategic period of the residential care reform (2007–2012) resulted in a 50 percent decline in the number of children in residential care.

As a result of a complex package of actions **(see Table 4), 18 residential institutions were closed and the number of children in residential care decreased from 11,096 in 2007 to 4,843 at the end of 2012.**

The radical change occurred in the last two years of the strategy implementation, when UNICEF and USAID started to allocate large investments in the continuation of the reform. In 2010, there were still over 10,000 children placed in residential institutions. There were over 6,000 children in

⁴⁶ Oxford Policy Management, EveryChild Moldova. (2010). *Social Protection Public Expenditure Review*.

alternative care, including small family-group homes, temporary placement centers and foster care.⁴⁷

The key lessons learned at the end of this strategic period were that, for a successful reform, several elements are absolutely critical. These include the **development of family support services, early identification and multidisciplinary response to the risks of family separation**, including in cases of **child disability, cash transfers** for the most vulnerable families with children, the **strengthening of gatekeeping mechanisms**, the **strengthening of family-based alternative care services, the reintegration of children living in residential institutions, the closure or transformation of these institutions and redirection of budget savings from deinstitutionalization to fund community-based services, the development of inclusive education**.⁴⁸

In addition to the documented results, it was important to integrate these elements into legislation, systems and practices at the local level to ensure the success of the reform process.

Children's views

"It is ok there in the boarding school, but with the parents is better" (boy, Calarasi)

"I was very glad [when told I would go home]. I was happy that I will always live at home with my family" (girl, Ungheni)

"I think that all children should go home or in other families, to enjoy having a home" (girl, Falesti)

"Nowhere is better than home" (boy, Ungheni)

"At home is better than among strangers" (boy, Falesti)

When asked if he wanted to go home: "Yes and no. I wanted to go home because I was missing my parents. But at home I do not have friends" (boy, Ungheni)

"I liked it [in the auxiliary school], but if it's closing down, I don't have any other option, I'll come to live here [at home]" (boy, Calarasi)

Longitudinal Study and Reintegration, EveryChild UK



Photo: Schimbator Studio for CRS

⁴⁷ Evans, P. (2013). *Evaluation report: Implementation of the national strategy and action plan for the reform of the residential childcare system in Moldova 2007–2012*. UNICEF.

⁴⁸ Evans, P. (2013). *Evaluation report: Implementation of the national strategy and action plan for the reform of the residential childcare system in Moldova 2007–2012*. UNICEF.

Table 4. Key actions in the child care reform implementation in the period 2007 – 2012.

2007	The National Strategy and Action Plan for the Reform of the Residential Childcare System 2007–2012 ⁴⁹ ; The National Strategy on Community Actions to Support Children at Risk for 2007–2014 ⁵⁰ ; and The Gatekeeping and Foster Care Regulations were approved by the Government of Moldova.
2008	The first residential institution was closed in Cahul as a result of an advocacy campaign (auxiliary school in Crihana Veche). Two other institutions (boarding schools from Cahul and Carpineni) began the process of assessment and reorganization based on the Action Plan of the new strategy.
	The network of community social workers was established nationwide. The Regulation of the Community Social Assistance Service was approved, and 1,200 community social workers were provided with initial training.
	The National Program for the Development of the Integrated Social Service System and Foster Care Quality Standards was approved by the Moldovan Government.
	The Law on cash benefits was approved by the Parliament and nine more districts established the gatekeeping system as a result of the approval of the national legislation.
2009	The Law on Social Services was approved by the Parliament. The cash benefit legislation was implemented nationally; monthly around 16,000 households (most of them families with children) received financial support.
	New services providing specialized support to babies and their parents to prevent abandonment (Parent-and-Baby Units) were established in several districts of the country. A Social Assistant role was incorporated as part of the medical staff in maternity hospitals in both regions.
	The first residential institution in Moldova was reorganized into a small-scale family-type placement center. All children were integrated into mainstream schools – the first model of inclusive education tested as part of the DI process. The referral mechanism ⁵¹ was approved.
2010	A National Council for the reform of child care residential system and development of inclusive education was established to coordinate the implementation of the child care reform in the country
	An intersectoral cooperation mechanism for the prevention and reduction of infant mortality and of children under 5 was approved. The Strategy for the social inclusion of persons with disability 2010–2013 was approved
	A model of inclusive education for children with special needs in residential care was piloted in 3 districts as part of the DI process.
	Nine new residential institutions for children entered in the DI process. The Advisory Board of Children as a child participation platform was established.

⁴⁹ Guvernul Republicii Moldova. (n.d.). *Legea nr. 15236 privind protecția socială*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=15236&lang=ro

⁵⁰ Commonwealth of Independent States (CIS). (1995). *Convention on the Rights and Fundamental Freedoms of the Person*. Retrieved from <https://cis-legislation.com/document.fwx?rgn=19530>

⁵¹ Ministerul Muncii și Protecției Sociale al Republicii Moldova. (n.d.). *Mecanismul de referire aprobat*. Retrieved from http://www.old.mmpsf.gov.md/file/documente%20interne/Mec%20de%20referire%20aprobat_rom.pdf

Table 4. *Key actions in the child care reform implementation in the period 2007 – 2012 (continued).*

2011	The National Program on Inclusive Education 2011–2020 was approved. ⁵²
	An Action Plan on the implementation of the UN Guidelines for the Alternative Care of Children (UNGACC) was developed, based on the analysis of national legislation, and was integrated in the governmental action plan.
	The DI process continued by covering other new districts. Five residential institutions in 4 districts were closed. In addition, 112 children placed in the institution for hearing impaired children and 126 children from the health facility for children living with tuberculosis were assessed and care plans were developed.
	The inclusive education model for children with special educational needs started to be implemented in approximately 100 mainstream schools.
	A model of supervised care leavers service was established in Cahul, integrating Social Apartments and Vocational Workshops: sewing, cooking/confectionery, carpentry and computer literacy. A “Life Skills Educational Program” and a Vocational Program were developed.

KEY ACTIONS 2012 – 2019

Despite a sound National Strategy for the Reform of the Residential Care System (2007–2012), in 2012 residential care continued to be overrepresented, while alternative family- and community-based care continues to be undersupplied. The reallocation of funds to community-based prevention services and family-type alternatives continued to be a challenge as residential institutions were being closed down.

The reform of the child protection system was largely decentralized to the local social assistance departments.⁵³ At the district (county) level, a network of community social workers provided support to families in their communities. Each district had at least one professional supporting children and families and one professional responsible for child protection issues. This decentralization took place quickly, at the end of 2010. It demonstrated the potential of a family and community-based protection and prevention system. The evaluation of the implementation of the Residential Care Reform Strategy found that the lack of services or access to services at the community level, particularly in rural areas, was more of an ongoing challenge at this stage than decentralization itself.⁵⁴

Residential care was comprised of 49 large-scale residential institutions housing 4,843 children and 27 small group homes with 1,557 children. Family-type alternative care primarily took the form of guardianship care, which was the most popular form of care, with 9,389 children placed

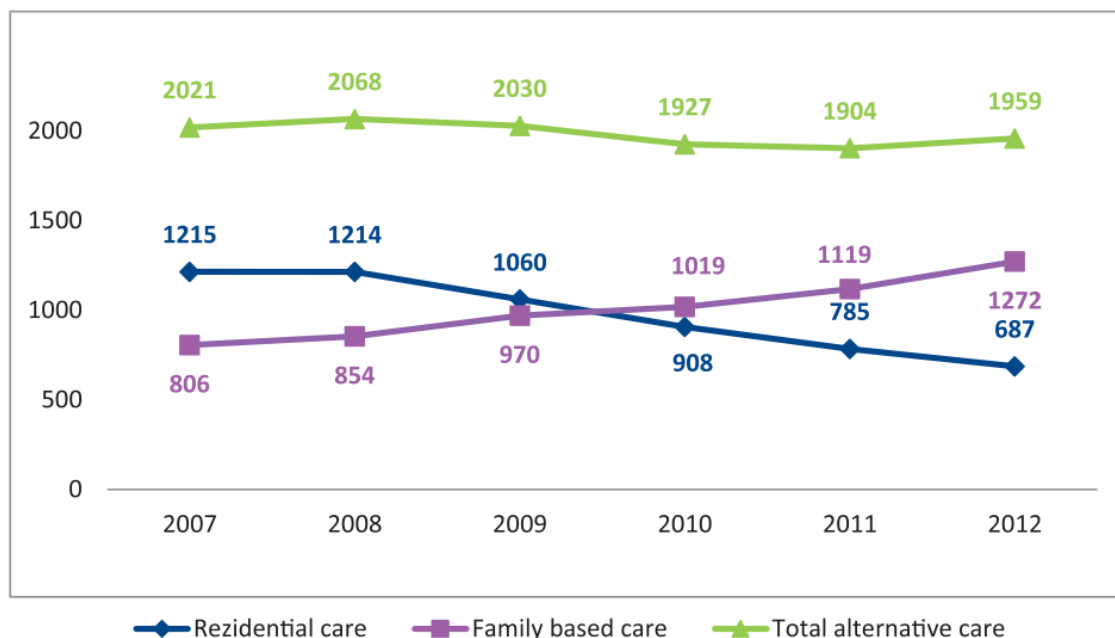
⁵² Guvernul Republicii Moldova. (2012). *Hotărârea nr. 339343 privind protecția drepturilor copiilor*. Retrieved from <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=339343>

⁵³ Parlamentul Republicii Moldova. (2006). *Lege Nr. 436 privind administrația publică locală*.

⁵⁴ Evans, P. (2013). *Evaluation report: Implementation of the national strategy and action plan for the reform of the residential childcare system in Moldova 2007–2012*. UNICEF.

with extended family members or family friends. There were 207 foster carers who were caring for 320 children. Additionally, there were 86 family-type homes providing care for 351 children.⁵⁵

Figure 3. *Number of children in alternative care*



Notably, adoption was a more frequently chosen option than foster care in this system. Until 2008, 300 children were adopted in the country each year, while around 70 children were adopted internationally. The total number of children who had been adopted in the period of 2000 – 2010, whether domestically or internationally, stood at 2,366.⁵⁶

However, all these changes were primarily due to the efforts and the engagement of civil society organizations⁵⁷ as a key voice for reform. NGOs that had been working with institutions and LPAs to deinstitutionalize children and supported the care reform included: **CCF Moldova, EveryChild (localized in 2011 as Partnerships for Every Child), Keystone Moldova, Lumos Foundation, Speranta Centre, the Woman and Child, Support and Protection Association, Amici dei Bambini, Centre for Information and Documentation on Children Rights, National Center for Prevention of Child Abuse, and others.**⁵⁸

Continuous support provided by the NGO and donors to the Government was key in strengthening the results of the reform, with national policy moving towards the

⁵⁵ Ministry of Labour and Social Protection. (2012). Annual Statistic Report.

⁵⁶ National Bureau of Statistics of the Republic of Moldova. (2012). *Copiii Moldovei*. Retrieved from https://statistica.gov.md/files/files/publicatii_electronice/Copiii_Moldovei/Copiii_Moldovei_ed_2012.pdf

⁵⁷ Evans, P. (2013). *Evaluation report: Implementation of the national strategy and action plan for the reform of the residential childcare system in Moldova 2007–2012*. UNICEF.

⁵⁸ Ibid.

deinstitutionalization of children and care, protection, and support of children within their families and communities. Despite political instability and administrative changes, the Government remained engaged in the reform and the methodological approaches used in the first strategic cycle have been expanded to all institutions that have become part of DI process **(see Box 8.)**

Box 8. Methodological approaches in deinstitutionalization

Specific methodological approaches were developed and applied throughout the process to achieve the goals of residential system reform.

A comprehensive approach to reforming the residential system, aligning it with national and local child protection policies, as well as social and educational services, allowed the reform to be implemented in a holistic manner and integrated into child protection systems and policies.

Deinstitutionalization of children only occurred when secure conditions for every child's upbringing and development were ensured. The decision for deinstitutionalization was made when families were prepared for reintegration, a network of family-type services existed for children unable to be reintegrated into biological families, and a flexible family support system was available.

The deinstitutionalization process aimed to provide every child with a family, prioritizing children's interests over institutional concerns. Decisions on closure or reorganization of an institution were based on the highest interests of the child.

The approach focused on **not transferring children from one institution to another** but reintegrating them into families or placing them with alternative services, guided by clear assistance plans that specified the duration of placement.

Reorganization or closure of an institution **involved evaluation, consultation with stakeholders, and the development of a reorganization plan,** which varied based on the type of institution (general or special).

Mobilization of local resources played a crucial role in ensuring efficient reintegration into families, schools, and the community, involving community mobilization and the creation of support networks for families.

Strategic and operational approaches were utilized to facilitate reform implementation, including government leadership, well-coordinated partnerships, capacity building of decision-makers and professionals, attitude shifts, and active involvement of children and families in decision-making.

Various models of reorganization were employed in the residential system reform process:

- **Closure** of institutions, rebalancing the child care system in favor of family-type services.
- **Reorganization of institutions into different types** of child services, involving infrastructure improvements, method and practice enhancements, and better resource management.
- **Interior reorganization of institutions,** preserving them while ensuring they met required quality standards.

Legislative and policy measures have been adopted, in particular Law no. 140 on the Special Protection of Children at Risk and Those Separated from their Parents (2013)⁵⁹, Family Support service Regulations (2013)⁶⁰, the Law no. 315 on social benefits for children (2016)⁶¹, the establishment of the National Agency for Social Assistance (2016)⁶² and of the People's Advocate for the Rights of the Child (2016), among others.

Regulations and minimum quality standards of social services for children and families were adjusted to the requirements of the UN Guidelines on Alternative Care for Children. One of the key policy developments included adoption of a new Child Protection Strategy for 2014–2020 and its Action Plan for 2016–2020⁶³ with a particular focus on deinstitutionalization and prevention of violence against children.

National authorities were supported to enforce the implementation of the approved legislation across the country and strengthen the capacities of the workforce to advance the overall reform process and to achieve compliance with the internationally recognized standards for an efficient child protection system.



Photo: Partnerships for Every Child

⁵⁹ Guvernul Republicii Moldova. (2013). *Legea nr. 140 din 14 iunie 2013 privind protecția specială a copiilor aflați în situație de risc și a copiilor separați de părinți*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=83908&lang=ro

⁶⁰ Guvernul Republicii Moldova. (2013). *Hotărârea nr. 889 din 10 decembrie 2013 pentru aprobarea Regulamentului-cadru cu privire la organizarea și funcționarea Serviciului social de sprijin pentru familiile cu copii*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=103106&lang=ro

⁶¹ Guvernul Republicii Moldova. (2016). *Legea nr. 315 din 23 decembrie 2016 privind prestațiile sociale pentru copii*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=97162&lang=ro

⁶² Agenția Națională Asistență Socială (ANAS). (n.d.). *Despre ANAS*. Retrieved from <https://www.anas.md/despre-anas/>

⁶³ Guvernul Republicii Moldova. (2014). *Hotărârea nr. 434 din 10 iunie 2014 pentru aprobarea Strategiei pentru protecția copilului pe anii 2014–2020*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=18628&lang=ro

In addition to the extensive capacity-building program provided to professionals nationwide, special attention was given to professional supervision.⁶⁴ This approach sought to empower the workforce engaged in the DI processes and service delivery, equipping them to achieve the best possible outcomes for beneficiaries. Furthermore, it fostered honest and open relationships between professionals and the individuals they served. Professional supervision primarily served as a form of professional and peer support, closely linked with effective case management, capacity building and the practical application of theoretical knowledge in real-world scenarios.

Another major focus was placed on developing **inter-agency mechanism of collaboration on child abuse and neglect and early intervention procedures**. Instructions on the inter-agency cooperation⁶⁵ were developed, tested, and approved by the Government aiming to cover the gaps in cooperation procedures and referral system as well strengthening the universal services and inter-agency approach to identify and respond to the wellbeing concerns at an early stage.⁶⁶

A collaborative approach continued to be key in achieving a balanced development of the child care system. It occurred across all administrative levels fostering cooperation between various sectors, national ministries, district authorities, and professionals at the community level.

At the national level entities such as the MLSP, the ME, the MoH and the MIA worked together to coordinate and implement various initiatives. These included inter-agency mechanisms for preventing child abuse and neglect, wellbeing and primary prevention of risks, efforts related to children's deinstitutionalization and prevention of unnecessary separation of children, etc.

At the district level, departments within local authorities collaborated across all phases of strategic planning, from needs assessment and planning to budgeting, monitoring, and evaluation.



Photo: Partnerships for Every Child

⁶⁴ Ministerul Muncii și Protecției Sociale. (2009). *Ghid de implementare a mecanismului de supervizare profesională în asistență socială, aprobat prin ordinul nr. 15 din 10 noiembrie 2009*.

⁶⁵ Guvernul Republicii Moldova. (2014). *Hotărârea nr. 270 din 8 aprilie 2014 pentru aprobarea Instrucțiunii cu privire la mecanismul de cooperare intersectorială pentru prevenirea primară a riscurilor privind bunăstarea copilului*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=18619&lang=ro

⁶⁶ Guvernul Republicii Moldova. (2018). *Hotărârea nr. 143 din 12 februarie 2018 pentru aprobarea Instrucțiunii cu privire la mecanismul de cooperare intersectorială pentru prevenirea primară a riscurilor privind bunăstarea copilului*. Retrieved from https://www.legis.md/cautare/getResults?doc_id=102076&lang=ro

This helped to mobilize and improve the utilization of existing resources, avoiding duplication and gaps in service provision.

Joint training initiatives involving diverse social service providers, including community social workers, teachers, and medical assistants, as well as local authorities like mayors, contributed to increased responsibility and awareness within each sector. This cross-sector collaboration proved effective in reducing the number of children separated from their families, thereby enhancing the child care system.

Overall social services became more available and accessible, including family support services. At the end of 2017 the number of children who benefited from family support at the national level was 45,000, which represented a 400 percent increase in previous number of beneficiaries.⁶⁷

However, fiscal decentralization reform launched in 2015 with the aim to increase financial and functional autonomy of the local public authorities put the entire child protection system at risk.⁶⁸ As a result of amendments to the Law on the Local Public Finance, the burden of financing all social services delivered at the local level was transferred to the local public authorities, which did not consider social services a priority.

As a result, some LPAs had to reduce their budgets for social services because they only had funds to maintain existing services; not to expand or develop new services. Moreover, across the country, some services like small group homes and community-based multifunctional centers were reorganized and some even closed.

Intensive advocacy work was carried out by the NGOs involved in the care reform to overcome the negative effects of fiscal decentralization on the social services system. A set of amendments to ensure that at least a minimum package of social services is funded by the central budget were developed. In 2018, a legal initiative for enforcing financing of a package of social services from the state budget was approved by the Parliament of the Republic of Moldova. As a result, family support and personal assistant services were included in the minimum package of services financed by the national budget.

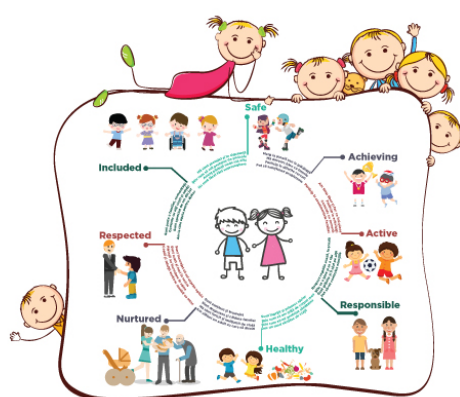
New care and support models were designed around two main approaches – promoting child wellbeing and strengthening families. These approaches were incorporated in the new case management methodology⁶⁹ developed for the use by all child care service providers and were further incorporated into the inter-agency mechanism for social protection, health, education, and police, designed to promote inter-agency cooperation for safeguarding children's wellbeing.

⁶⁷ MLSP. (2017). *Annual Social Report*.

⁶⁸ P4EC. (2018). *Children in Moldova are Cared for in Safe and Secure Families Project Final Report*.

⁶⁹ MLSP. (2016). *Case Management Practical Support Guide (Order No. 96)*.

CHILD WELLBEING INDICATORS



Images: Partnerships for Every Child

FAMILY PROTECTIVE FACTORS



The parental educational programs were implemented in country, in particular, by the NGO sector with support of international donor organizations. Most of the 52 parenting programs delivered in country in this period were not evidence based. The majority of them were universal, targeted parents with children of all ages, only few were focused on fathers and future parents.⁷⁰ Efforts were also made to develop the methodological framework in the field, with curricula and training materials developed for professionals, as well as informative materials for parents. At the same time, some progress has been made in the professional training of human resources in the field of parental education, including master's programs.⁷¹

To ensure a successful deinstitutionalization of the child care system, **inclusive education** proved to be critical. The National Program for the Development of Inclusive Education, approved in 2011, was implemented through the efforts of both the ME and NGOs.⁷²

“

Efforts have been made to perform the initial and life-long training of teachers and to pilot accessible and inclusive schools, in particular with the help of international organizations such as UNICEF, the World Bank and civil society organizations such as Lumos, CCF Moldova, Kultur Kontakt, Keystone, Partnerships for Every Child, Pas cu Pas (Step by Step), FCPS (this should be defined, even in brackets) etc. The initial and ongoing training targeted to develop the competences of the teaching staff, through numerous courses and seminars, but also through developed methodological resources.

”

UNICEF Joint evaluation of the implementation of Inclusive Education Programme

⁷⁰ NPAC. (n.d.). *Raport de cercetare: Cartografierea programelor de educație parentală furnizate în Republica Moldova*. Retrieved from <https://www.cnpac.md/ro/raport-de-cercetare-cartografierea-programelor-de-educatie-parentala-furnizate-republica-moldova/>

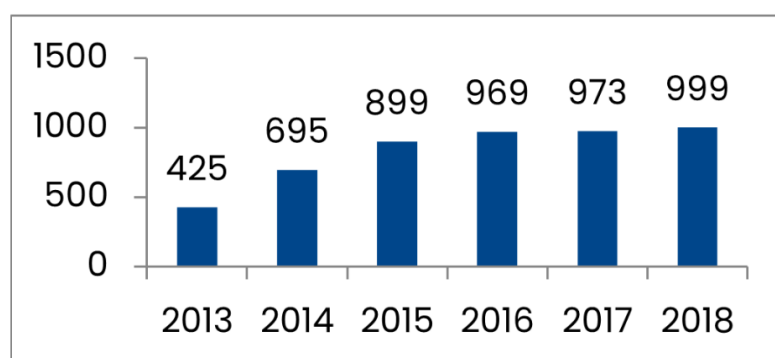
⁷¹ NPAC. (n.d.). *Raport de cercetare: Cartografierea programelor de educație parentală furnizate în Republica Moldova*. Retrieved from <https://www.cnpac.md/ro/raport-de-cercetare-cartografierea-programelor-de-educatie-parentala-furnizate-republica-moldova/>

⁷² UNICEF Moldova. (n.d.). *Annexes: Joint evaluation of implementation of the Programme for Development of Inclusive Education 2011–2020*. Retrieved from <https://www.unicef.org/moldova/media/3086/file/Annexes%20Joint%20evaluation%20of%20implementation%20of%20the%20Programme%20for%20Development%20of%20Inclusive%20Education%20%2011%E2%80%932020.pdf>

Regulations, Guidelines, procedures, training modules,⁷³ skilled staff, individualized educational tools, and systems to support the inclusive education were developed and integrated into the national educational system. Support teaching staff was employed in the mainstream schools and resource centers were created in most educational institutions. At the community level, both were essential for promoting inclusion of children who had been reintegrated. In the period of 2013 –2018 the number of support teaching staff in mainstream schools increased twofold, indicating that a certain level of maturity of the system had been reached **(see Figure 4)**.

At the same time, it must be noted that number of support teaching staff was insufficient for the total number of children with special education needs (SEN) in the pre-school institutions. For example, in 2018, 113 support teaching staff were working in 87 schools that had enrolled 1,807 children with SEN.

Figure 4. Support Teaching Staff for inclusive education



Source: National Psycho Pedagogical Assistance Centre (NPPAC)

A model of specialized unit was developed to demonstrate how children with severe disabilities could be included in the mainstream schools.⁷⁴ A vision for the educational inclusion of deaf and hard of hearing children was developed and approved by the ME.⁷⁵ Inclusive educational models on working with this specific group of children were piloted.⁷⁶ Challenges remain, however, including continued resistance of professionals, communities, and parents to accept the inclusion of children with severe disabilities in mainstream schools.⁷⁷ These obstacles stem from various factors, including the attitudes of parents, teachers, other professionals, and fellow students towards integrating children with disabilities into mainstream classrooms. Additionally,

⁷³ Ministry of Education, Culture and Research of the Republic of Moldova. (n.d.). *Educație incluzivă*. Retrieved from https://mecc.gov.md/sites/default/files/educatie_incluziva_final.pdf

⁷⁴ Lumos. (n.d.). *Validare UEI*. Retrieved from <https://www.wearelumos.org/moldova/media-centre/news/Validare-UEI/>

⁷⁵ Ministry of Education, Culture and Research of the Republic of Moldova. (n.d.). *Viziune strategică*. Retrieved from https://mecc.gov.md/sites/default/files/document/viziune_strategica_def_auz_formatat_var_1.pdf

⁷⁶ CCF Moldova. (n.d.). *Incluziunea copiilor cu dificultăți de auz în învățământul general*. Retrieved from <https://www.ccfmoldova.org/proiecte-derulare/incluziunea-copiilor-cu-dificultati-de-auz-invatamantul-general>

⁷⁷ APSCF. (2018). *Sumar studiu sociologic*. Retrieved from https://aliantacf.md/wp-content/uploads/2018/07/APSCF_sumar-studiu-sociologic-RO.pdf

there remains a lack of support services and comprehensive guidance and training on inclusive education of deaf and hard of hearing children.



Photo: Schimbator Studio for CRS

Ensuring **meaningful child participation**, particularly in the care reform process implied a complex preparation of both children and adults.⁷⁸ It was vital for the adults to understand the value of child participation in their activities by applying the participation principles, by manifesting an appropriate, non-discriminatory, and non-manipulative attitude in the activities with children, so that children would feel valued, and their involvement would be appreciated to the extent of their maturity. On the other hand, the children needed a certain baggage of knowledge, communication skills to interact with different groups of children in order to be able to represent the voices of their peers before the decision-makers and professionals who work with and for children **(see Box 9)**.

⁷⁸ USAID. (n.d.). Retrieved from https://pdf.usaid.gov/pdf_docs/PA00T8JC.pdf

Box 9. Training for Advisory Boards of Children (ABCs)

The training program consisted of 11 modules and 78 hours of training. The content was structured in such a way as to provide a gradual entry of children in the subjects of the program, ensuring that the new information is based on the previous one and offers more insight into the child's rights.

Children started with the concepts of child and childhood, the differences between a child and an adult and the child's rights as human rights. Then, they studied the relationship among needs, obligations, and rights. Next, children were informed about the UNCRC and other international and national documents, presented in a language that was appropriate to their age and understanding. A separate module was dedicated to monitoring children's rights and the ethics of this process. The shift to the following level of competence of the ABC members in the training program included grouping children to engage in advocacy activities. Children were informed about participation in decision making, the levels and methods of participation, and the importance and benefits of child participation in community life.

A challenging element in the training of ABC members was their involvement in collecting opinions from child beneficiaries of services about the quality of such services, their security, and their comfort with the services provided. To prepare the ABC members for these activities, modules were added to inform them about the types of social services for children and families, indicators of child wellbeing, and the identification and reporting of cases of abuse.

To achieve these objectives, the training program applied different teaching strategies: individual and group work, analysis and commenting of the laws and regulations, guided discussions on cases of violation of rights, debates on controversial subjects, implementation of projects with suggestions of solutions for specific issues of the community life, analysis of specific examples, examination of case studies, stimulation of the advocacy methods, cooperation in solving learning tasks, expression of the own points of view, and ongoing evaluation of the activities. In addition, children were supervised by trainers throughout the training program. Children were encouraged to work in groups so they could consult each other and share ideas, experiences, best practices, and problems. Activities outside of ABC meetings was a key element in the training program. After each training module, children were asked to complete specific tasks at school or in the community.

Practical interactions between ABC and specialists in different areas of service provision and visits to social services were facilitated in all districts to familiarize children with the system of social services and its role in supporting children and families.

Starting with 2011, representatives from 14 local public authorities in Moldova managed to overcome prejudices related to child participation and their decisions have been closer to children's interests; and this became possible thanks to the child participation model established in their districts – Advisory Boards of Children (ABC), which act as a partner of the social assistance departments in the development, evaluation and monitoring of child welfare policies and programs at the local level. The ABCs are an innovative means for youth to become involved and advocate for children's rights and needs in protection. Each ABC consists of approximately 20 members, including children and young people from diverse backgrounds and with various care experiences.

This diversity is essential to ensure a comprehensive representation of children's perspectives and needs. The primary duty of ABC members is to promote alternative child care and advocate for children's rights and needs in protection. At the same time, ABCs have been instrumental in identifying gaps in service provision and reviewing existing services. They also play a vital role in pinpointing the need for new services. Their active involvement ensures that the opinions and input of children who are beneficiaries of these services are considered in decision-making processes.⁷⁹



Photo: CTWWC

⁷⁹ Ibid.

Box 10: Monitoring and evaluation of the social services by children

Monitoring and evaluating social services with children's participation aimed to provide valuable insights into service quality. National and international practices show that child-to-child data collection is more efficient and accurate than when adults undertake it. Children are more open, sincere, and capable of building trust with their peers, resulting in improved communication and fewer defensive reactions.

This type of activity required thorough preparation for both ABC members and adults. The children were already familiar with the needs of children living with their families or in social services and understood that all children have equal rights, regardless of their social status or care arrangements. Ethical guidelines were emphasized, and additional training was provided on monitoring and evaluation concepts, objective setting, data collection methods, data analysis, and report writing. A primary information-gathering tool for children was developed through detailed discussions on the principles and functioning of various services.

During the initial phase, ABC members created a guide and consulted it with responsible specialists within the social assistance departments to ensure transparency in the monitoring and evaluation process, eliminating suspicions of scrutiny by the children.

Children were taught various games to create a comfortable atmosphere and foster trust during discussions and home visits. The ABC members were also briefed on what to observe during child interactions and home visits. Specialists in charge planned home visits for children receiving social services and employees of placement centers.

To participate in the monitoring process, ABC members had to express their willingness and obtain parental consent. They independently selected the localities to visit and divided roles among themselves, with some conducting interviews and others taking notes. Discussions with the children followed an interview guide, with adaptations made based on the child's age, comprehension, and previous experiences.

Following home visits and discussions, ABC members, together with local child specialists, compiled monitoring and evaluation reports on the situations of children placed in social services. A meeting was organized with the ABC children and the adult coordinator to systematize the information collected based on the interview guide. They discussed all observed aspects and shared reflections on the situations of children in social services. Children were encouraged to collect comprehensive information, observe changes and challenges, and maintain a balanced presentation of positive progress and difficulties in the data.

The process of child participation in monitoring and evaluating social services was guided by principles such as voluntary participation, information confidentiality, consultation on issues affecting children and their rights, and respect for their age, maturity levels, individual skills, and group dynamics.

The model of ABC was recognized and recommended for dissemination across the country by the UN Committee on the Rights of the Child, which underscored their significance in the context of child welfare and participation.⁸⁰ Monitoring and evaluation of the DI process was mainly conducted by national and local authorities in partnerships with NGOs. Staff from the social assistance departments were provided with training in monitoring and supported to collect, analyze and use the data for planning services to deinstitutionalize children and prevent family separation. A national informational system aiming to collect data on children's situation at the national level and to inform the decision-making process was developed and tested starting with 2016.

Overall, in the period of 2012– 2020, significant progress was made (**see Table 5**) in several key areas of the child protection system, particularly the impressive **decrease in the number of children placed in residential institutions, including those aged 0–3 years**, and the **significant increase in the capacity to identify cases of violence, neglect, and abuse** of children by developing and strengthening the cross-sectoral mechanism of combating violence along with **development of IT, monitoring and evaluation mechanisms**.⁸¹

Moreover, the inclusion of a child protection chapter, Chapter 27, in the Association Agreement signed between the Republic of Moldova and the European Union in 2017⁸² reaffirmed the government's commitment to advancing reforms and upholding the principles outlined in the Convention on the Rights of the Child. This commitment signified an important step toward ensuring the well-being and rights of children in the Republic of Moldova.

By 2018, the number of children living in institutions has dropped from about 5,000 in 2012 to fewer than 2,000, while the number of children placed in family-based services has increased from 6,000 to roughly 12,000.⁸³ The financing of care services increased as well, offering alternatives to residential care placement. The number of children in detention has declined considerably and alternatives to detention are increasingly used. While abandonment of young children was rare, the high level of emigration continued to lead to family separation.

Despite the successful care reform, young children and those with disabilities constituted the majority of children in institutions and were staying longer than others in residential institutions.⁸⁴

The key lessons learned as a result of child care reform implementation in the period of 2012 – 2020 were focused on the importance of: strengthening the institutional capacity at the local

⁸⁰ UN Committee on the Rights of the Child. (2017). *Concluding observations on the combined fourth and fifth periodic reports of the Republic of Moldova*. Retrieved from <https://www.refworld.org/publisher/CRC.MDA.5a0ed42e4.0.html>

⁸¹ UNICEF Moldova. (n.d.). *Final evaluation report: Child Protection Strategy 2014–2020*. Retrieved from <https://www.unicef.org/moldova/media/6536/file/Final%20Evaluation%20Report%20Child%20Protection%20Strategy%202014-2020.pdf>

⁸² Government of Moldova. (n.d.). *Acord de asociere*. Retrieved from https://gov.md/sites/default/files/document/attachments/7048451_en_acord_asociere.pdf

⁸³ Ministry of Education, Culture and Research (2019). Data.

⁸⁴ UNICEF. (2017). *Situational analysis*.

level to prevent the separation of children from their family; extending the foster care network as a family-type alternative to institutionalization; coordinating the deinstitutionalization process across the Government; intensifying the parental education activities implemented throughout the country; developing the specialized services available at the local level (including services for the aggressors); increasing enrolment in preschool education, especially in rural areas and among Roma children; along with the strengthening of the monitoring and evaluation capacity both at the central and district levels.⁸⁵

Table 5. *Key actions in the child care reform implementation in the period 2012 – 2019.*

2012	Evaluation of the implementation of the Strategy for the Reform of the Residential Childcare System 2007–2012. Findings shared with key national and local stakeholders. New DI action plan developed and issued by the Ministry of Education, covering institutions for deaf children.
	The Regulation on the reallocation of funds from residential care to social and educational services developed and approved by the Government
	Inclusive Education as part of the DI process continued to be developed and strengthened. Regulations and various support tools for new units responsible for psycho-pedagogical assistance of children with special needs developed and piloting started
	National Child's Help Line legislation developed
	A model of respite foster care for children with disabilities developed and tested in two pilot sites – Orhei and Chisinau. Nine other districts received technical assistance to local authorities for developing foster care services and a gatekeeping system
2013	The Law on Special Protection of Children at Risk and Children Separated from their Parents was approved by the Parliament
2014	The Education Code was approved ⁸⁶
	Development of a new Child Protection Strategy and Action Plan started
	The Instructions on the inter-agency cooperation mechanism for the assistance and monitoring of children – victims and potential victims of abuse, neglect, exploitation, traffic was piloted and approved by the Government
	Regulations on Family Support Service, ⁸⁷ Early intervention (health sector) and Psycho-pedagogical assistance services were approved
	The new revised foster care regulations based on the UN guidelines on alternative care for children was approved
2015	Fund for inclusive education established
	Piloting of an inclusive education model for children with severe disabilities
	Inclusive Education included in the university curriculum. Child protection included in the curriculum of Police Academy

⁸⁵ Ibid.

⁸⁶ Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=101012andlang=ro

⁸⁷ Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=103106andlang=ro

Table 5. Key actions in the child care reform implementation in the period 2012 – 2019.
(continuation)

2016	Child Protection Strategy and Action Plan for 2014–2020 ⁸⁸ and the Strategy for development of parental skills and competences 2016–2022 ⁸⁹ were approved
	Vision for Specialized Child Protection Services in the Republic of Moldova developed ⁹⁰
	The revised Gate-keeping Regulation ⁹¹ was approved by the Government
2017	Initial and continuous training system developed for social service workforce to strengthen capacity for provision of child-centered and family-focused services. Assessment Report on Alternative Care for Children in Moldova. ⁹²
2018	Interagency cooperation mechanism on primary prevention ensuring wellbeing of children ⁹³ was approved. Minimum package of social services financed from the state budget ⁹⁴ was approved
2019	Violence Against Children and Youth Survey – data collection
	Mid-term evaluation of implementation of the Child Protection Strategy 2014–2020 and its Action Plan for 2016–2020 in the Republic of Moldova

THE CURRENT PHASE 2020 – PRESENT

Despite Moldova making significant progress in advancing key child rights, according to a UNICEF situational analysis, there are several groups whose rights are not adequately protected and who suffer of persistent deprivations and inequities. These vulnerable groups comprise children from poor families, especially from rural areas, young children, children with disabilities, Roma children, most at risk adolescents and children left behind because of migration.⁹⁵ The most recent data shows that about 150 thousand children have been affected by parents' migration, 5% of children have both migrant parents. The phenomenon of violence against children is a major concern. Data illustrates that children in Moldova suffer from high rates of sexual, physical, and emotional violence. There are systemic gaps and deficiencies in addressing the phenomenon of violence against children in the country. Data on bullying among adolescents indicates that 86.8% of students in grades 6–12 are affected by bullying in school settings. Every third adolescent was either a victim, a witness, or an aggressor. According to Violence Against Children Survey

⁸⁸ Lex.justice.md. (n.d.). Retrieved from <http://lex.justice.md/index.php?action=viewandview=docandlang=1andid=35345>

⁸⁹ Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=95476andlang=ro

⁹⁰ Early Childhood Workforce. (n.d.). *Vision for Specialised Child Protection Services in the Republic of Moldova*. Retrieved from <https://www.earlychildhoodworkforce.org/Vision%20for%20Specialised%20Child%20Protection%20Services%20in%20the%20Republic%20of%20Moldova>

⁹¹ Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=102553andlang=ro

⁹² Measure Evaluation. (n.d.). Retrieved from <https://www.measureevaluation.org/resources/publications/tr-18-262a.htm>

⁹³ Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=102076andlang=ro

⁹⁴ Legis.md. (n.d.). Retrieved from https://www.legis.md/cautare/getResults?doc_id=108968andlang=ro

⁹⁵ UNICEF Moldova. (n.d.). *Situation Analysis of Children and Adolescents in the Republic of Moldova*. Retrieved from <https://www.unicef.org/moldova/media/8361/file/Situation%20Analysis%20of%20children%20%20and%20adolescents%20in%20the%20Republic%20of%20Moldova!.pdf>

(VACs),⁹⁶ a substantial portion of Moldova's youth experienced a form of violence in their childhood (females 36.8% and males 37.8%).

Although Moldova made significant progress in the inclusion of children with disabilities and special educational needs in mainstream education, they still have lower enrollment rates and are more deprived of quality education, be it pre-school or general education. It is known that health services specifically designed for children with disabilities are far from optimal. However, little else is known about their health conditions, including information on early identification and early detection or access to rehabilitation services. According to the National Bureau of Statistics (NBS), about 12,000 children with disabilities are registered in Moldova. Both children and adults with disabilities have a disproportionately high risk of poverty as compared with the general population.

The COVID-19 pandemic led to a radical decrease in the number of children in residential care across the region, including Moldova, as most children, except those with severe disabilities, were sent back home.⁹⁷ The pandemic primarily affected vulnerable families with children. Due to loss of income, isolation and depression, vulnerable families struggled to meet basic needs of their children such as food, access to education, hygienic and protective products; and the lack of an adult to care for the children in the case of parents who had to move to work, etc.⁹⁸

In 2021, the Changing the Way We Care (CTWWC) initiative relaunched the DI process in six residential institutions, as part of broader care reform. Assessments of children, families, human and financial resources were carried out.⁹⁹ A seventh institution entered the DI process in 2023 at the request of both the ME and the MLSP.

Based on the assessment findings, two categories of children in these institutions were identified as the most vulnerable: children under the age of three (over 10%) and children with disabilities (over 38%). Among those with disabilities, over 68% had a severe degree of disability.¹⁰⁰ The reunification processes for children in selected residential institutions started in 2022. Three out of

⁹⁶ The International Organization for Migration (IOM) and IMAS, and the Centers for Disease Control and Prevention. (2019). *Violence Against Children and Youth in the Republic of Moldova: Findings from a National Survey*, 2019. Chişinău, Moldova: Ministry of Health, Labour and Social Protection.

⁹⁷ Better Care Network. (2022). *Case study: Moldova COVID-19*. Retrieved from https://bettercarenetwork.org/sites/default/files/2022-10/case_study_moldova_covid19_final.pdf

⁹⁸ Hope and Homes for Children. (n.d.). *Research on the situation of families with children at risk in the context of the pandemic caused by coronavirus*. Retrieved from <https://www.hopeandhomes.org/publications/research-on-the-situation-of-families-with-children-at-risk-in-the-context-of-the-pandemic-caused-by-coronavirus/>

⁹⁹ Better Care Network. (n.d.). *Report 7: Findings from child assessments from 6 residential institutions*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/report-7-findings-from-child-assessments-from-6-residential-institutions>

¹⁰⁰ Better Care Network. (n.d.). *Report 7: Findings from child assessments from 6 residential institutions*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/report-7-findings-from-child-assessments-from-6-residential-institutions>

seven residential institutions for children with severe disabilities were closed with CTWWC support.^{101, 102, 103}

Box 11. Targeted Economic Support¹⁰⁴

In September 2022, CTWWC launched an initiative to provide targeted economic support to assist the reintegration of children into families or placement into family based alternative care.

Informed by previous experiences in reintegration and information captured in the individual child and family assessments, the CTWWC team developed a standardized and equitable approach to identifying the type and amount of targeted economic support required. The approach aimed to ensure that: (1) decisions about economic support are made based on clear criteria and (2) critical learnings are documented to inform advocacy efforts and provide evidence as to the types of support required to facilitate safe and sustained family placement.

Over a year into the initiative, the CTWWC team found that the targeted economic support can have an almost immediate benefit for a child and a family.

To support the completion of the care reform efforts, CTWWC conducted a detailed situational analysis of the care system at the national level¹⁰⁵ including social services,¹⁰⁶ workforce,¹⁰⁷ legal and finance components,¹⁰⁸ case management,¹⁰⁹ knowledge, and attitudes of the public toward

¹⁰¹ YouTube. (n.d.). [Video]. Retrieved from <http://www.youtube.com/watch?v=M0gTXFu6ZRw>

¹⁰² YouTube. (n.d.). [Video]. Retrieved from <https://www.youtube.com/watch?v=XaJvvBIsNWM>

¹⁰³ YouTube. (n.d.). [Video]. Retrieved from <https://www.youtube.com/watch?v=0N5WhgSV-pU>

¹⁰⁴ Better Care Network. (n.d.). *Insights from Moldova: Role of targeted economic support in reintegration of children*. Retrieved from <https://bettercarenetwork.org/library/principles-of-good-care-practices/leaving-alternative-care-and-reintegration/insights-from-moldova-role-of-targeted-economic-support-in-reintegration-of-children>

¹⁰⁵ Better Care Network. (n.d.). *Situational analysis of care reform in the Republic of Moldova*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/situational-analysis-of-care-reform-in-the-republic-of-moldova>

¹⁰⁶ Better Care Network. (n.d.). *Report 3: Assessment of social services for vulnerable children and families*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/report-3-assessment-of-social-services-for-vulnerable-children-and-families>

¹⁰⁷ Better Care Network. (n.d.). *Report 2: Situational assessment of child and family protection personnel training in the Republic of Moldova*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/report-2-situational-assessment-of-child-and-family-protection-personnel-training-in-the-republic-of>

¹⁰⁸ Better Care Network. (n.d.). *Report 8: Analysis of the regulatory framework and financing mechanism for the alternative care*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-system-reforms/report-8-analysis-of-the-regulatory-framework-and-financing-mechanism-for-the-alternative-care>

¹⁰⁹ Better Care Network. (n.d.). *Managementul de caz din domeniul protecției copilului și familiei în Republica Moldova*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/managementul-de-caz-din-domeniul-protect%C8%9Biei-copilului-%C8%99i-familiei-%C3%AEEn-republica-moldova>

DI¹¹⁰ and reintegration.¹¹¹ Based on this comprehensive analysis, diverse stakeholders were brought together to review the findings and to plan priority interventions. The recommendations developed through extensive consultations with a diverse group of local and national stakeholders, were provided to the MLSP and integrated into the new National Child Protection Program for 2022–2026 approved by the Government in June 2022.¹¹²

The Russian invasion of Ukraine in 2022 had a devastating impact on children and their families. Hundreds of thousands of people fled their homes to find safety in other parts of the country or across Ukraine's borders. Moldova as a neighboring country did its best to support families and children on the move. There was no need to make critical revisions to Moldovan legislation, as the Law on the Special Protection of Children at Risk and Children Separated from their Parents approved in 2013, allowed the authorities to respond and provide appropriate support to refugee children. Under this law, children at risk or separated from their parents are entitled to protection with no discrimination based on citizenship, parents or legal representatives, place of residence, etc. Consequently, if a child is identified at risk, regardless of his or her origin or citizenship, the child falls under the protection of the Moldovan legislation.

Placement in institutional care, according to this law, is the last recourse that should be applied by the guardianship authority. Moreover, to avoid institutionalization of unaccompanied and separated children (UASC) children, the government decided to strengthen existing family-type alternative care arrangements for refugee children, such as foster care and Family Type Homes.

As part of the immediate and ongoing response to the refugee crisis, various types of support and services were established in Moldova and provided to families and children on the move or those staying in communities: UNICEF funded Blue Dots with



Photo: Schimbator Studio for CRS

¹¹⁰ Better Care Network. (n.d.). *Report 5: Knowledge, attitudes, and practices of reintegrating children into families*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/report-5-knowledge-attitudes-and-practices-of-reintegrating-children-into-families>

¹¹¹ Better Care Network. (n.d.). *Report 7: Findings from child assessments from 6 residential institutions*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/report-7-findings-from-child-assessments-from-6-residential-institut>

¹¹² Government of Moldova. (n.d.). *Cu privire la aprobarea programului național pentru protecția copilului pe anii 2022–2026*. Retrieved from <https://cancelaria.gov.md/ro/content/cu-privire-la-aprobarea-programului-national-pentru-protectia-copilului-pe-anii-2022-2026-si>

child and youth- friendly spaces, mother-and-baby corners, psycho-social support and legal advice; transportation services, medical first aid, mobile counselling teams, cash assistance, etc. Importantly, all developments were carried out within the existing system, reinforcing its strength rather than creating a parallel system.



Photo: Schimbator Studio for CRS

The financing of social services was significantly impacted by both the pandemic and the Ukraine refugee crisis. Although the share of social protection expenditures in the National Public Budget increased from approximately 36% in 2021 to approximately 39% in 2023, this increase was driven exclusively due to compensations for energy prices covered by the Energy Vulnerability Reduction Fund. Meanwhile, the reallocation of funds to address the inflation effects (resulting from these crises) and mitigate social risks, led to a decrease in the share of social assistance in the National Public Budget, from 3.6% in 2021 to 3.1% in 2023.¹¹³ As a result, the social services system has experienced a period of relative stagnation in recent years.

¹¹³ Ministry of Labour and Social Protection (2023). *Social Assistance System Reform RESTART: for Equitable Access to Quality Social Services*.

A study on investments in family-based child care¹¹⁴ conducted by CTWWC in 2023 provides evidence of the comparative cost advantage of placing a child in family-based social services compared to residential care. The financial evaluation results of residential institutions indicate that placing a young child in residential care costs between 245,000–339,000 Moldovan lei (MDL) annually, compared to 120,000 MDL for a child placed in professional foster care.¹¹⁵ Meanwhile, caring for a young child at risk of separation who remains with their biological or extended family involves an average annual cost of about 20,000 MDL for family support services and about 6,000 MDL per child for early intervention services.



Photo: Schimbator Studio for CRS

To address the challenges of ensuring adequate public funding for the well-being of children and strengthening families, an International Conference on Financing of Family Strengthening and Child Protection Services was organized in June 2023. Held in the context of Moldova's European Union Association Agenda, the conference was hosted by the Parliament of the Republic of Moldova, in collaboration with the MLSP, and CTWWC. The event brought together stakeholders

¹¹⁴ Changing the Way We Care. (2023). *Investing in family care for Moldova's future: The case for meeting Moldova's human capital needs*. Better Care Network. Retrieved from <https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova%E2%80%99s-future-the-case-for-meeting-moldovas-human-capital-needs>

¹¹⁵ Changing the Way We Care (2023). *Residential institutional evaluation findings and recommendations*. Retrieved May 15, 2023: EN Final Summary Residential Assessments (bettercarenetwork.org)

from central and local government, non-governmental organizations, the private sector, academia, and international experts to collaboratively explore solutions for these challenges. Financing of family strengthening services and care of children without adequate parental care, including redirection of funds from residential institutions to family-based care were key topics discussed within the international event.¹¹⁶ The conference recommendations informed Moldova's public administration reform agenda, focusing on the Social Assistance Reform initiative, which was in the process of preparation at that time.

These recommendations align closely with the objectives of the **RESTART reform**, aimed at promoting and upholding the right to protection and social assistance for vulnerable populations in the Republic of Moldova, in line with international human rights standards. To achieve this goal, the MLSP has set four key outcomes to be achieved by 2026: (1) Increased access to social services and benefits for vulnerable populations; (2) Social services that meet minimum quality standards and adequately respond to the needs of the population; (3) A social assistance system with sufficient, motivated, and capable human resources to provide benefits to eligible populations and high-quality social services; and (4) Digitalization of the social assistance system to improve efficiency and reduce fraud. Building on these objectives, the Law on the Reorganization of the Social Assistance System¹¹⁷ stipulates the merger of 37 district social assistance authorities into ten regional agencies under the direct management of the MLSP. Implementation of the reform started in January 2024, and the new system is currently under development, involving legislative revisions, capacity building, operational and management procedures, infrastructure development, and more.

In 2023, the development of a **new Child Protection Information System** (CPIS) was launched with the Government's approval, aimed at making social assistance systems more effective for children at risk. The CPIS is a platform designed to store, process, and provide social, medical, educational, and public order information on children at risk, children separated from parents, children eligible for and later placed in adoption, and information on the child's family or legal representatives/guardians. It also tracks actions taken to improve children's welfare and quality of life.¹¹⁸

Currently, most data in the field of child protection is collected on paper, over the phone, or through Word or Excel files. This fragmented approach leads to problems in data quality assurance, difficulties in data processing, analysis, reporting, and dissemination, as well as challenges in making timely, evidence-based decisions. Previous attempts to create an

¹¹⁶ Changing the Way We Care. (2023). *Investing in family care for Moldova's future: The case for meeting Moldova's human capital needs*. Better Care Network. Retrieved from <https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova%E2%80%99s-future-the-case-for-meeting-moldovas-human-capital-needs>

¹¹⁷ Parlamentul Republicii Moldova (2023). *Lege Nr. 256 pentru modificarea unor acte normative*.

¹¹⁸ Gheorghe, C., & Kosma, K. (2023). *D4I's work in Moldova: Using data-informed decisions to protect at-risk children*. Data for Impact. Retrieved from <https://www.data4impactproject.org/blog/d4is-work-in-moldova-using-data-informed-decisions-to-protect-at-risk-children>

information system that could provide relevant, reliable, and real-time data have failed. Thus, the need for standardized, consistent, and accurate data remains a priority to enable authorities responsible for child and family protection to make informed decisions.

To achieve the **commitment of reaching zero children in institutions** by 2026, as stipulated in the National Child Protection Program and the Action Plan for EU accession, a new strategic planning process was launched in 2024. This process has been initiated by CTWWC and its three local partners in close cooperation with UNICEF Moldova.

In March 2024, a second international conference on child protection and care reform in the context of Moldova – EU Association Agenda took place and focused on ending the placement of young children in institutional care.¹¹⁹ The conference was organized under the leadership of the MLSP, in collaboration with the MH, ME, CTWWC, UNICEF, CCF Moldova, Keystone Moldova, and Partnerships for Every Child.

The conference built upon findings from a situational analysis on children at risk of being institutionalized and a legislative analysis that examined the feasibility and impact of imposing a moratorium on placing children aged 0–6 in institutional care.¹²⁰ The analysis revealed that one in ten children aged 0–2 years and one in four children aged 3–6 years were at risk of separation from their families. It also identified major barriers to accessing early intervention services, such as long travel distances (32%), lack of public transport (29%), absence of services (26%), and difficulties in obtaining referrals from family doctors (19%).

These findings underscore the urgent need for better coordination between health and social services to support families and ensure access to early intervention for children with disabilities or developmental delays.

The discussions at the conference also centered around findings from the Bucharest Early Intervention Project and national research. The conference served as a



Photo: Schimbator Studio for CRS

¹¹⁹ Better Care Network. (2023). *International conference: Child protection and care reform in the context of Moldova*. Retrieved from <https://bettercarenetwork.org/international-conference-child-protection-and-care-reform-in-the-context-of-moldova/English>

¹²⁰ Sociopolis. (2023). *Understanding the Possibility of a Sustainable Moratorium on Placing Children aged 0–6 in Institutional Care*. Retrieved from <https://bettercarenetwork.org/library/principles-of-good-care-practices/ending-child-institutionalization/understanding-the-potential-for-a-moratorium-on-placing-children-aged-0-6-in-institutional-care>

Box 12: Ten steps – priority actions of the Road Map

1. Approve Government decision to end the placement of children in residential care
2. Strengthen primary prevention efforts of child wellbeing risks and effective application of case management
3. Strengthen the capacity of community based multidisciplinary teams to prevent child separation
4. Redirect financial resources from residential institutions to family-based care
5. Deinstitutionalize all children aged 0–6 currently placed in residential institutions
6. Ensure adequate financing of foster care and kinship care services and promote domestic adoption
7. Streamline collection and management of data on children aged 0–6 years
8. Strengthen early identification and early childhood intervention systems
9. Ensure access to early childhood inclusive education
10. Develop and promote parenting education programs

platform for these stakeholders to engage in participatory discussions, which resulted in the development of a roadmap for priority actions and specific next steps for the government and relevant stakeholders to prevent and end the institutionalization of young children in Moldova. Following this event, a Road map that included ten steps as priority actions was established to guide the prevention of the institutionalization of young children (0–6 years) in the Republic of Moldova (**see Box 12**).

These steps reflect a comprehensive and coordinated approach to reforming child protection and care in Moldova, aligning with the country's EU Association agenda and its commitment to ensuring all children grow up in family-based care environments.

Building on this effort and aiming **to extend the reform to cover all children** placed in residential care, a rapid assessment of children in all residential settings was conducted by CTWWC in May 2024. This assessment revealed that fewer than 600 children remained in institutional care.¹²¹ In July 2024, under the leadership of the MLSP, a

National DI Participatory Planning Workshop was organized to develop detailed, time-bound implementation plans for the transformation or closure of the remaining residential care institutions for children in Moldova.

The primary objective of the workshop was to provide a platform for key stakeholders, including representatives from social assistance and child protection authorities, NGOs, and development partners, to come together and develop a shared understanding of the deinstitutionalization process. Participants were provided with updated data on the number of children in care, their ages, the duration of their placement, disability status, and specific care recommendations. This data, along with planning templates and guidance, enabled stakeholders to collaboratively design strategic plans that are realistic, achievable, and tailored to the specific needs of children currently in care. Following the national workshop, regional plans for transforming or closing the

¹²¹ Ministry of Labor and Social Protection, CTWWC Moldova, UNICEF, Partnerships for Every Child, CCF Moldova, & Keystone Moldova. (2024). *Rapid assessment report on children placed in residential institutions in Moldova*.

remaining residential care facilities for children were finalized and presented to the MLSP for approval and to agree on the next stages.

Over the last few years, **strengthening the social service workforce** has been a key focus in Moldova, in recognition that a child protection system is only as strong as the workforce responsible for implementing policies, delivering services, collecting data, and positively influencing social norms and practices. A competent social service workforce is required to address the complex challenges related to child protection, prevent family separation and subsequent institutionalization, and reintegrate children with their families to ensure their wellbeing. It is crucial that child protection personnel possess the necessary skills and knowledge to sustain progress and close the systemic gaps that have been identified. Human resources are fundamental to the sustainability and effective functioning of the child protection system.

A comprehensive and well-structured training system is required to ensure that personnel in this field are not only knowledgeable and skilled but also motivated and continuously supported to deliver high-quality services. Recognizing this need, evaluations of the initial and in-service professional training system for the child and family protection workforce and the functionality of the professional supervision mechanism were conducted in 2021 and 2022, supported by CTWWC and led by Keystone Moldova.

The evaluations aimed to identify gaps in how training for the workforce is organized and implemented. The findings revealed that, in most social services, initial and ongoing training for personnel is not based on a unified curriculum approved by the MLSP, as required by the regulatory framework.

The academic sector is only partially involved in providing continuous training, while civil society organizations (CSOs) also play a significant role in developing professional training programs and conducting training for child and family protection personnel. However, these CSO-led initiatives often align with their specific project objectives rather than the actual needs of the workforce. Once these projects are completed, public social service providers do not ensure the continuity of these trainings, impacting the sustainability of the training programs. Additionally, there is no existing structure to monitor the allocation and use of resources for staff training.

These findings underscore the need for a more coherent approach to training that aligns with national standards and better prepares the workforce to meet the demands of child protection and family support (**See Box 13**).

Box 13: Key Lessons Learned:

- A unified curriculum, approved by MLSP, is essential to provide consistent and high-quality training across social services.
- Continuous training should not rely solely on CSOs but must be integrated into the public service system to ensure sustainability.
- Developing clear guidelines and a support mechanism for professional supervision is crucial for maintaining the quality and motivation of the workforce.
- Collaboration among academic institutions, government bodies, and civil society is vital for developing and implementing effective training programs.
- A structured system is needed to plan, assess effectiveness, and allocate training resources to maximize impact and efficiency.

Over the last three years, various actions have been implemented to integrate these lessons into practice. The professional supervision mechanism was reviewed in a participatory manner, and a draft regulation for the certification of personnel in the social assistance field, along with a mechanism for staff motivation, was developed. To further support the objectives of the Restart reform, CTWWC, in collaboration with key stakeholders, developed a draft standard of competencies and qualifications for the micro-qualification «Child Protection». This draft was submitted for a first consultation with relevant stakeholders in 2024. Additionally, a draft curriculum for the micro-qualification «Child Protection» for initial and continuous training was created, along with a draft Code of Ethics for Social Workers. These were developed in collaboration with universities that signed a Memorandum of Cooperation with the MLSP in 2022.

These initiatives aim to build a more coherent, unified, and sustainable framework for the training and professional development of child protection personnel. By ensuring a well-supported and competent workforce, Moldova is better positioned to meet the needs of children and families and achieve its child protection and family reunification goals. However, due to the ongoing implementation of the Restart reform, these actions are expected to be finalized after the recruitment of all specialists and the identification of the authorities responsible for evaluating specialists working in the child protection field.

Aligned with the National Child Protection Strategy Action Plan, and extremely relevant to the new DI roadmap, CTWWC is currently implementing two pilot initiatives: **(1) Specialized foster care for children with disabilities, led by CCF Moldova**, and **(2) Primary family support interventions at the community level, led by Partnerships for Every Child Moldova (P4EC)**.

An important element of the pilot initiatives is establishing a culture of continuous learning. Regular collection and analysis of information are carried out to improve and strengthen the piloted service models. This ongoing learning process will help generate concrete recommendations to enhance the current regulatory framework and guide potential scaling of the models. Furthermore, the insights gained will be shared across CTWWC regions and globally to inform the development of foster care and family support services.

The specialized foster care pilot model, launched in October 2023, aims to strengthen foster care services to ensure that children with severe disabilities grow up in a protective family environment and achieve the best possible health outcomes. Additionally, it seeks to raise community awareness about the importance of solidarity with individuals facing difficult situations, where poverty combined with disability often leads to marginalization and social neglect.



Photo: Schimbator Studio for CRS

The pilot aligns with the objectives of the National Child Protection Program and Action Plan, which focus on increasing the proportion of children in family-based placement services. In the context of ongoing child protection reform, foster care services play a crucial role in promoting alternative family-based care by providing a personalized framework tailored to each child's needs, making them a key element in the DI process.

Recent research on alternative family-based care services in the country,¹²² including the foster care service, highlights the need to review existing regulations and methodological frameworks and invest in developing the skills of caregivers and specialists responsible for these services. The limited number of professional foster parents and parent educators¹²³ prepared to provide specialized care makes these services less attractive and accessible. Moreover, current funding does not adequately align with the actual needs of children and caregivers.¹²⁴

The pilot specialized foster care model proposes solutions to address the main challenges faced by children with severe disabilities, including:

- **Lack of Family-Based Care:** ensuring that children are raised in nurturing family environments rather than institutions.
- **Stigmatization and Discrimination:** combating negative perceptions and biases against children with disabilities.
- **Health and Access to Specialized Medical Services:** providing access to therapeutic and rehabilitative services tailored to individual health needs.
- **Accessibility and Mobility:** improving physical access and mobility options for children with disabilities.
- **Effective Protection of Their Rights:** ensuring children's rights are respected and protected.
- **Basic and Specialized Social Services and Monetary Benefits:** offering appropriate social services and financial support for both children and their caregivers.
- **Social Participation:** promoting inclusion and active participation of children in their communities.

The theory of change for the pilot project suggests that by designing specialized foster care for children with complex disabilities, capturing and iterating on the learning, and using this evidence to advocate for specialized care, children can transition from institutional to family-based care, ensuring sustainable family care for all children in Moldova.

¹²² Better Care Network. (2023). *Comparative analysis executive summary*. Retrieved from

https://bettercarenetwork.org/sites/default/files/2023-08/bcn_ro_comparative_analysis_executive_summary.pdf

¹²³ Foster parents and parent educators both provide temporary alternative care to children, but they are under different forms of foster care, hence the different names.

¹²⁴ Better Care Network. (2023). *Financial analysis of family-type care services for children with disabilities*. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/cost-of-care-and-redirection-of-resources/financial-analysis-of-family-type-care-services-for-children-with-disabilities>

The pilot's learning approach will be used to gather evidence about the relevance and necessity of specialized professional foster care for children with severe disabilities and/or complex needs within the alternative care system. The piloting is conducted based on the Order of the Ministry of Labor and Social Protection No. 138 of September 22, 2023.

The piloting region was chosen to be Territorial Social Assistance Agency (ATAS) Centru, covering the districts of Ialoveni, Strășeni, Criuleni, and Dubăsari. The children evaluated and prepared for placement come from four institutions undergoing reform with technical support from CTWWC: the Placement and Rehabilitation Centers for Young Children in Chișinău and Balti Municipality, the Temporary Placement Centers for Children with Disabilities (girls) in Hâncești, and Orhei Municipality (boys).

The piloting efforts targeted all stages of the service, from community preparation, communication campaigns, and recruitment to the training of applicants, matching, monitoring, and post-placement support.



Photo: Partnerships for Every Child

The **Primary family support pilot model** launched in May 2024 aims to strengthen prevention efforts in the Family Support Service (SSF), focusing on early intervention, family stability, and reducing dependence on specialized services. This approach recognizes that effective prevention is both more impactful and cost-efficient than later interventions for more severe cases.

The pilot was developed based on the findings of a mapping study¹²⁵ conducted in March/April 2024 within the ATAS Centru, which assessed existing support programs and identified best practices,

challenges, and areas for improvement in family support. Despite a high rate of children assisted at the primary level, the study revealed uneven implementation of the Primary Family Support service across the four administrative units, a lack of service accreditation, and difficulties in intersectoral cooperation. It recommends training community actors, creating clear methodologies, proper planning and budgeting for activities, and establishing monitoring and evaluation mechanisms to improve service delivery and support for families with children.

The model proposes solutions to address the main challenges of primary family support, including:

- **Encouraging family participation** in support activities like information sessions and parenting skills development by providing incentives.

¹²⁵ Oceretnii, A., & Batrînescu, V. (2023). *Raport de cercetare privind implementarea programelor și activităților de sprijin familial primar și a altor activități comunitare centrate pe consolidarea familiei.*

- **Expanding parenting skills** development programs through stronger partnerships with NGOs, educational institutions, and medical services to reach more families and have a greater impact.
- **Enhancing community activities** that promote children's emotional and social development, offering more opportunities for communication, mutual support, and inclusion.
- **Establishing peer support groups** for parents and children and creating platforms for sharing good practices and intergenerational learning experiences.
- **Clarifying the distinction between primary and secondary family support** activities to ensure consistent implementation and clear understanding among community social workers.
- **Increasing the involvement of religious organizations** and local NGOs to create a more comprehensive network of community support.
- **Implementing inter-sectoral training** for all service providers to **enhance coordination, build capacity, and improve the quality** of family support services

The theory of change suggests that by providing a clear methodology, proper training, an operational manual, sufficient budgeting, and a monitoring framework for the SSF, the primary component of SSF can be effectively implemented to maximize preventive activities. In the short term, this approach will lead to improved knowledge, attitudes, and practices among community actors related to primary risk prevention. In the long term, it will result in more effective risk prevention, strengthened community relationships, and increased accountability within communities for the well-being of their members.



Photo: Partnerships for Every Child

Similar to the foster care for children with severe disability/complex needs pilot, the learning approach for this pilot will be used to gather evidence about the model, providing insights into its effectiveness, challenges and best practices. This evidence will help refine the model, enhance service delivery, and inform potential scaling. The findings will guide improvements in the current regulatory framework and support the development of effective family support services both locally and globally.

The piloting is being conducted based on the Order of the Ministry of Labor and Social Protection No. 12/1015, from February 2024, within the ATAS Centru region, covering one community from each of the four districts: Ialoveni, Strășeni, Criuleni, and Dubăsari.

Starting in June 2024, the pilot in these four communities focuses on preventing family crises and engaging community members to provide comprehensive support for families with children. It

promotes a proactive, community-based approach involving local authorities, health and education sectors, faith-based organizations and civil society to create a safe and supportive environment for children. To support these efforts, friendly and accessible spaces have been established where families can engage in community activities, access resources and receive guidance for their children's development. All families in the community can benefit from these spaces. The goal is to integrate these models into national policies and practices. Strengthening prevention services is a critical piece of care reform and must work in parallel with the current deinstitutionalization efforts.

Key lessons from the ongoing pilot emphasize the need for tailored activities, continuous training for specialists, cross-sectoral coordination, sufficient funding and active parental participation to ensure effective and sustainable community support for families **(see Box 14)**.

Box 14. Key intermediary lessons learned from the ongoing pilot:

- Community-level specialists have become aware of the variety of activities that can be organized for prevention and strengthening parental skills. These activities have to be tailored to the specific needs of families to ensure relevance and impact.
- Ongoing training and mentorship for specialists are crucial to sustaining effective community activities. This continuous capacity building helps adapt and refine services based on community needs.
- Effective prevention activities require coordination with other sectors, including health, education, and public order, to provide integrated support for families. This collaboration is crucial for providing integrated support that addresses various aspects of family and child well-being.
- A minimal allocation of financial resources is essential for organizing impactful community activities, which can lead to broader community engagement and sustainability. Lack of funding limits the scope and sustainability of these activities, underscoring the need for budget allocations.
- Parents actively participate in community activities, exchanging experiences and supporting each other, which fosters a sense of community and shared responsibility for child well-being. This engagement fosters a sense of community, mutual support, and shared responsibility for children's well-being.

Despite various social and economic challenges and unexpected humanitarian crises, including the war in Ukraine and the influx of Ukrainian refugees, and a recently launched reform effort, Moldova has continued its shift from institutional to family-based care in recent years **(see Table 6)**.

The relaunch of the DI process, along with the 2022 approval of the Child Protection Program and Action Plan, accelerated institutional closures and transformation efforts. However, the Restart reform has delayed some care reform actions and still requires substantial effort to be fully completed.

Table 6. Key actions in the child care reform implementation in the period 2020 – 2024.

2020	A radical decrease of children in residential care due to the pandemic and increase of child and family vulnerability
	Legal framework adapted to the pandemic (service procedures)
	Funds reallocated from services to meeting the pandemic issues
2021	Relaunch of the DI process with CTWWC support. Six new residential institutions entering the DI process.
	A detailed situational analysis of the care system completed at the national level including social services, workforce, legal and finance components, case management, knowledge, and attitudes of the public toward DI and reintegration.
2022	Refugee crisis due to the war in Ukraine
	Large consultations and approval of the new Child Protection Program and Action Plan 2022–2026
	Launch of the Child Protection Program and Action Plan 2022–2026 in June 2022
	Closing down of one out of six residential institutions assessed with CTWWC support.
	Development of transformation plans for all six residential institutions
2023	A Concept for the establishment of a new information system for children at risk was approved by the Government
	Regulations on Custody approved by the Government
	Law no. 370/2023 on the protection of children's rights approved (introducing modifications to the Law no. 140/2013 on the special protection of children at risk and those separated from their parents)
	International conference on social services financing. Investment case development
	Approval of the revised Case Management framework and the Guidelines on its implementation ¹²⁶
	A Ministerial Order Issued on piloting the specialized Foster Care placement for children with disabilities
2024	Official launching of a new reform in social assistance system – RESTART
	A Ministerial Order Issued on piloting the primary component of the Family support service at community level
	The Guide on Internal Child Protection Policy for Institutions/Organizations/Social Services Working With and For Children, approved in July 2024
	Regulation of the Information Resource Created by the Information System in the Field of Child Protection, Government Decision no. 491/2024
	Closing down two more residential institution assessed with CTWWC support. Two institutions for babies transferred from the MoH to the MLSP, resulting in improved gatekeeping for residential placements of children under 7 years old. Two institutions for children with disabilities changed status to institutions for adults, resulting in an effective moratorium on new placements of children with complex disabilities in these institutions.
	Mid-term review of the Child Protection Program and Action Plan 2022–2026.

¹²⁶ Ministerul Muncii și Protecției Sociale. (2023). *Ordin nr. 134: Management de caz*. Retrieved from https://social.gov.md/wp-content/uploads/2023/09/Ordin-nr.-134_Management-de-caz.pdf

CHAPTER 3. KEY FACTORS CONTRIBUTING TO MOLDOVA'S SUCCESS, ONGOING CHALLENGES, AND FUTURE DIRECTIONS IN CHILD CARE REFORM

After more than 30 years of independence, Moldova remains one of the poorest countries in Europe. With a current population of 2.6 million people, the country is witnessing a concerning trend of rapid population decline. The latest official national statistics indicate an increase of up to 6.6 percentage points in the absolute poverty rate for the overall population from 24.5% in 2021 to 31.1% in 2022. The child poverty rate also increased by four percentage points from 24.4% in 2021 to 28.4% in 2022.¹²⁷



Photo: Schimbator Studio for CRS

Since declaring independence, Moldova has been marked by chronic political instability and challenges, with its population seriously affected by high rates of migration, unemployment, domestic violence and violence against children, amplified in recent years by health and humanitarian crises. Remittances remain a significant source of household income and represent 12.1% of total revenues.¹²⁸ There is still high dependency on foreign aid.

Despite all of these issues, Moldova managed, in a relatively short time, to make significant progress on child protection and care reform and establish a range of alternative family-based care options, as well as programs and services aimed at preventing institutionalization.

The legal framework has been adjusted to the EU and UN standards. The national policies have begun to shift the burden of child protection more broadly from social assistance to other government sectors, including health and education. The reform of residential care has led to a significant reduction in the number of children in residential care (from 13,000 in 2007 to 600 in 2024) and a major shift in the development of the social services system, focused mainly on family support and family-type community-based services.

¹²⁷ National Bureau of Statistics of the Republic of Moldova (2023). *Analysis of Monetary Poverty and Welfare of Households with Children in 2022*.

¹²⁸ National Bureau of Statistics of the Republic of Moldova. (2023). *Veniturile și cheltuielile populației în anul 2022*. Retrieved from https://statistica.gov.md/ro/veniturile-si-cheltuielile-populatiei-in-anul-2022-9442_60379.htm



Photo: Schimbator Studio for CRS

It is important to mention that as a result, the children's care system has been reconfigured to prioritize family care and social services moving away from institutional care as a first response in the care system. While in 2007 the vast majority of the children in need were placed in large-scale institutions, two times fewer children were placed in family-type care and a very small number of children were supported at community level, in 2024, the vast majority of children in need are supported through primary community services and family-type care (**See Box 15**).

Child care reform in Moldova has been a collaborative effort involving a diverse range of actors, each playing an equally important role. The reform required effective coordination and partnerships among national, regional, and local government structures, NGOs, donors, and other stakeholders. These groups worked together by sharing experiences and adopting common approaches. Key efforts included developing innovative direct service models in social care and education, promoting government ownership and leadership,

Box 15: Key Approach in Social Services Development

The greatest number of children are cared/ supported at the community level; a much smaller proportion receive specialized care; and only a tiny proportion receive the very high need (residential) care which is a last resort.

The strategy achieved a shift in service provision so that children who were previously in full-time residential care, which should have been reserved only for children in a very high need, are now served by specialist or community care; some children who previously received specialist care are now treated in the community; and some children who were outside the system altogether now receive a service.

building the capacities of decision-makers and professionals, and providing technical assistance for policy and legal framework development, including public finance management. Raising public awareness and ensuring children's voices are heard have also been crucial in driving sustainable change in the child care system. **Several factors have been instrumental in Moldova's success (see Figure 5).**

Figure 5. *Success Factors*

Donors' support of the DI process and social workforce development and harmonization of donors' agenda.
Existence of strong NGOs to support the implementation of the reform.
Pre-reform pilots on developing alternative care system and inclusive education that were scaled up and replicated.
Provision by NGO of capacity strengthening programs, informed by practice (using results from practical implementation of services, systems, approaches). Investing in HR development and addressing gaps in expertise.
Commitment of the Government, leadership of the line ministries.
Strong partnerships with national ministries, local authorities, front-line professionals and academia. Establishment of the National Reform Coordination Council.
Support of Finance departments and the Ministry of Finance in order to secure financial sustainability training, and cooperation of politicians in district councils to increase understanding of new services and HR development issues.
Moratoria on new admissions to the designated institutions.
Gatekeeping commissions – stopping unnecessary admissions to institutions.
Nationwide communication and advocacy to change public and professionals' opinion toward residential care and child separation.
Development of cash benefits system as a measure to prevent separation due to poverty and support family reunification.
Utilizing strong-performing LPAs to share knowledge and expertise, and thus encourage development of practices in other regions.

Despite achievements, child care reform in **Moldova has faced several challenges** and has progressed unevenly across the country. Factors such as major administrative reorganizations, differences in economic development, and varying investments in local authorities have contributed to disparities. A significant portion of the state budget still supports the few remaining children in residential institutions, rather than focusing on prevention, family support, and community-based care. The COVID-19 pandemic and the Ukraine refugee crisis have further slowed reform efforts. Additionally, the deinstitutionalization of children with severe disabilities remains a challenge due to inadequate community and educational support services.

Weak governance structures, poor monitoring and evaluation processes, inadequate information systems, and a lack of comprehensive training for child protection professionals continue to impede progress.

In the effort to **finalize the transformation of Moldova's child welfare system, several key issues remain paramount:**

Targeted deinstitutionalization: Prioritize DI efforts towards children with severe disabilities, complex needs, sibling groups, children living with HIV and young children living in institutions. This population is particularly vulnerable and requires specialized care and attention. Strengthening Gatekeeping Commissions and instituting moratoria on new admissions to institutional care are essential.

Community-based services: Shift resources and services to the community level, with a strong emphasis on early intervention and family strengthening. Empowering families and communities to provide a nurturing environment is essential for children's well-being.

Prevention and early intervention: Strengthen the focus on prevention and early intervention. Identifying and addressing issues at an early stage can significantly improve outcomes for children and reduce the need for more intensive interventions later on. This also requires competent workforce that can identify early and engage with communities.

Sufficient evidence-informed budget allocations: Secure the allocation of budget funds for social services for children. Adequate financial support is critical to sustaining and expanding programs that benefit vulnerable children and families.

Quality assurance mechanisms: Ensure the quality of children's services by applying the latest knowledge and best practices. Facilitate knowledge transfer from expert NGOs to other stakeholders and work towards unifying social work methodologies for consistency and effectiveness.

Ongoing and targeted professional capacity building: Capacity building of existing and new members of the social service workforce through standardized curricula that are designed to promote both theoretical and practical knowledge and skills. Invest in the professional capacity of the workforce, promoting uniformity in social workforce development across the country and consistent performance among local public authorities.

Workforce stability: Enhance workforce stability by strengthening the professional and supportive supervision system. Ensure financial and institutional sustainability for ongoing professional development.

Child and youth participation: Prioritize meaningful child and youth participation in all decisions that affect their lives. Their perspectives are invaluable in shaping policies and services that truly meet their needs. Prioritized, but also supported through the development of relevant guidance and training for those mandated with ensuring meaningful participation.

Evidence-based decision-making: Foster the collection and use of data for decision-making in the best interest of the child. Data-driven policies and practices are essential for achieving positive outcomes.

Engage faith-based organizations: Encourage faith-based organizations to actively participate in the process and engage extensively in providing services to vulnerable children and at-risk

families. Collaboration with these organizations can expand the reach and impact of child welfare initiatives.

By focusing on these key areas, Moldova can work towards a child welfare system that is more inclusive, effective, and responsive to the diverse needs of its children and families.



Photo: Schimbator Studio for CRS

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