

# **Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova.**

Final Evaluation Report

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# Executive summary

## Purpose

This report presents the findings of an outcome assessment study of the project *“Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova”*.

The project focuses on the inclusion of vulnerable children with special needs in early years and pre-school support services.

## Context

Despite significant advances in social development, equitable access to health and social services remains a challenge throughout Moldova. Rural populations and vulnerable groups, including children with special needs, face significant barriers in accessing health, social care and education services. These barriers include policy limitations, constrained capacity of health and social care professionals and teachers, and physical accessibility issues. Stigma and discrimination against people with disabilities persists, fueled by a lack of public awareness of their needs and rights. As a result, increased access for these children to early childhood development services is an on-going recommendation in several recent project evaluations.

Investments in early childhood development (ECD) are universally agreed to be critically necessary for human capital development. A commitment to early childhood is also fundamental to realization of children’s rights. In the current decade a focus on ECD contributes to government efforts to meet their commitments to the Sustainable Development Goals (SDGs).

## Method

The present evaluation is derived from a series of qualitative interviews, observational visits and document review, conducted during October and November 2018. Key informants included representatives of national and local government, non-governmental organisations, and partners in the project consortium – Partnerships for EveryChild (P4EC), HealthProm and Mellow Parenting.

Key informant interviews were guided by specific protocols to inform the discussion. This was supplemented by a review of qualitative data collected by P4EC during October 2018 from parents of child beneficiaries and results of a practitioner survey/questionnaire. The Mellow Parenting programme evaluation conducted in 2017 by Mellow Parenting using their standard methods followed the delivery of the initial five group trainings with mothers and was included in this present evaluation.

The principles of voluntary participation and confidentiality were assured.

## Results

Almost 650 children under 8 years old with special needs in five regions of Moldova are accessing innovative new services which are reported as contributing to improvements in their well-being and inclusion.

These services are delivered by government through joint projects with the Psycho-pedagogical Assistance Services of the Ministry of Education, and the Departments of Social Assistance of the Ministry of Health, Labour and Social Protection and civil society organisations (CSOs).

They include:

- *Makaton*, a highly flexible language programme which uses signs and symbols to help people communicate. This project supported the development of a new Romanian language version of Makaton, based on the accepted sign-language concepts already used by the deaf community in Moldova.
- *Mellow Parenting*, a relationship-based early intervention focused on improving parent-child relationships. The groups target the most vulnerable families where positive outcomes for children may be compromised by limited parenting capacity.
- *Communication through Music*, a method of communicating through music with an individual child or small group of children, where the child initiates most of the musical and communicative activity. It can open doorways for non-threatening communication, for children with developmental delay, on the autistic spectrum or who have experienced trauma and neglect.
- *Portage* a home-based educational approach using a holistic model of support for both families and children to facilitate improved communication, learning, play and relationships. It is an early intervention programme intended to support families to work with young children to mitigate developmental delay through development of functional and cognitive skills.

Staff working in these services report positive satisfaction with their training experiences and increased capacity to provide practical support for children and families with special needs.

The concept of collaboration between family and professionals as partners, who by working together can optimize children's well-being, is completely understood. This has been driven by learning during the trainings and by the applied approach of parental involvement in practical programmes and has been generalized across professional practice.

The new services are well regarded by government, are compatible with policy and have contributed to decision making on future national strategic action plans. There is significant commitment to their continuation although in some districts budgeting remains under discussion.

Early identification linked to early intervention for children aged 0-3 is lagging behind, however there are opportunities to extend current initiatives to reach more children in this age-group and to integrate with efforts in the health sector on home-visiting and other outreach.

### **Implications for future practice**

Project results will be consolidated through the envisaged establishment of a cohort of accredited professionals who can contribute to scale-up and maintenance of the new programmes, in line with government policy. Similarly, development of a set of minimum service standards and costing modalities will ensure quality of replication and service delivery and will support service contracting. This can contribute to enhanced early identification and early intervention support which will support the future push for deinstitutionalisation of children with disabilities.

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## List of abbreviations

CSO	Civil Society Organisation
ECD	Early Childhood Development
FGD	Focus group discussion
KII	Key informant interview
LA	Local authority
MoE	Ministry of Education
MoHLSP	Ministry of Health Labour and Social Protection
PPAS	Psycho-pedagogical Assistance Service
P4EC	Partnerships for EveryChild
SDG	Sustainable Development Goal
ToR	Terms of Reference

# 1 Introduction

This report presents the findings of the final outcome assessment study/evaluation conducted at the end of the three-year project, “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova”.

The project was implemented by Partnerships for EveryChild<sup>1</sup> (Moldova) with HealthProm<sup>2</sup> (UK) and Mellow Parenting<sup>3</sup> (UK) and funded by the European Union.

The evaluation was conducted in three phases:

- Phase 1 Document Review - October 2018
- Phase 2 Primary Data Collection - November 2018
- Phase 3 Analysis and Final Report - December 2018

The report is presented in four sections:

- Introduction
- Description of the Project
- Results
- Conclusions

## 1.1 Purpose

As described in the Terms of Reference (ToR) the purpose of the present evaluation is to assess the extent to which vulnerable children with special needs were included in early years and pre-school support services in five districts of Moldova; to understand the process relative to results; and to make recommendations for future action in the sector (Annex 1).

Four specific outcomes were envisaged:

- i) Increased cooperation between Civil Society Organisations (CSOs) and local authorities (LAs) under the Ministry of Education (MoE) and Ministry of Health, Labour and Social Protection (MHLSP)<sup>4</sup> resulting in *joint projects implemented in project districts*;
- ii) Increased capacity of CSOs and LAs to promote access to community-based early years and preschool support services for vulnerable children with special needs, resulting in a number of *new services and models put in place in project districts*;
- iii) Increased support to vulnerable parents and carers of vulnerable children with special needs, resulting in *reduced isolation, enriched parent-child relationships, increased awareness and utilisation of services*; and

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<sup>1</sup> [www.p4ec.md/en/index.aspx](http://www.p4ec.md/en/index.aspx)

<sup>2</sup> [www.healthprom.org](http://www.healthprom.org)

<sup>3</sup> [www.melloparenting.org](http://www.melloparenting.org)

<sup>4</sup> In 2017 as part of the government reform in Moldova, the Ministry of Labour, Social Protection and Family was renamed to Ministry of Health, Labour and Social Protection, absorbing the Ministry of Health, and becoming their legal successor

- iv) A tested model for community-based early years and pre-school support for vulnerable children with special needs, along with the capacity for national rollout, resulting in *national and local authorities' commitment to the new services, models and approaches*.

Thus, key evaluation questions to understand if the outcomes were achieved were identified:

1. To what extent did the project achieve its overall objectives?
2. What and how much progress has been made towards achieving the overall outputs and outcomes for improving the access to community-based early years and preschool support services for vulnerable children with special needs?
3. Was the project relevant to the identified needs?
4. To what extent are the benefit of the projects likely to be sustained after the completion of this project?
5. What was the outcome of the capacity building activities delivered to the target groups in terms of the quality of the piloted programmes/services provided to children and families?
6. What was the level of collaboration/involvement of local governmental actors in tackling the new models of community-based early years support services and their level of accountability for the implementation of the service?
7. Have the professionals and the wider society become better aware of and started to better understand the challenges faced by families of with children with disabilities as a result of the project activities?
8. What has worked particularly well?
9. What challenges and obstacles were identified in the implementation process?
10. Which project activities, strategies, processes are leading to the desired outcomes and outputs?
11. What lessons have emerged, and what are the recommendations for further developments in the early intervention support for children with special needs?

## 1.2 Methods

The present evaluation is derived from a series of qualitative interviews and observational visits in combination with a review of documents, conducted during October and November 2018.

A total of 13 key informants contributed, including representatives of national and local government, non-governmental organisations, and partners in the project consortium - P4EC, HealthProm and Mellow Parenting (Annex 2).

Key informant interviews were informed by specific protocols to guide the discussions, one for internal and external implementing partners and one for government partners (Annex 3).

This was supplemented by a review of qualitative data collected by P4EC during October 2018 and included:

- interviews and focus group discussions with 20 parents of child beneficiaries of Portage, Communication through Music and Makaton programmes;
- results of a practitioner survey/questionnaire with responses returned by 29 practitioners of these programmes.



The Mellow Parenting programme evaluation conducted in 2017 by Mellow Parenting using their standard methods followed the delivery of the initial five group trainings with mothers (Annex 5) and was included in this present evaluation. This involved a review of data from programme 41 participants who completed pre and follow-up questionnaires. This evaluation incorporated standardised measures including the Adult Well-being Scale,<sup>5</sup> Karitane Parenting Confidence Scale,<sup>6</sup> Parenting Daily Hassle Scale,<sup>7</sup> Strengths and Difficulties Questionnaire.<sup>8</sup>

## Ethical considerations

The principles of voluntary participation and confidentiality were assured. Reporting of information shared during KII and FGD is non-attributable, unless the respondent has given explicit permission to do so. These key principles were communicated in person during the meetings and verbal permission sought for participation. Due to the nature of the outcome study no personal information was sought or obtained from participants.

## Limitations

The outcome study is timebound and this is reflected in the scope. A maximum of 11 days is assigned for desk review, development of concept and data collection tools, data collection and analysis and report writing.

Whilst every effort was made to schedule and re-schedule appointments at convenient and appropriate times for comprehensive data collection the availability of two key informants was affected by workload or other unanticipated events. The author acknowledges that the quality of information may have been impacted by the capacity of key informants to express uninhibited views, because translation was provided by P4EC.

The methods applied by P4EC and Mellow Parenting for data collection have not been reviewed by this present evaluation, which relies only on the reported findings.

This evaluation did not involve children directly. Although ECD is explicitly referencing children under 8-years, there should be no lower age limit on the right to participate.<sup>9</sup> However whilst acknowledging that children's participation is a fundamental right, and is assigned high value and importance, the timelines for this assignment did not allow for the full and meaningful involvement of children in the under-8 age range. Additional preparation is required, including sensitisation of adults on the positive impacts of children's participation, and receipt of ethical approval from the appropriate Moldovan authorities. An early, emerging recommendation therefore is to build in thoughtful approaches to the useful participation of children in future project planning, assessments, reviews and evaluations.

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<sup>5</sup> [www.hertsscb.proceduresonline.com/pdfs/app\\_4b\\_frwork\\_assess.pdf](http://www.hertsscb.proceduresonline.com/pdfs/app_4b_frwork_assess.pdf)

<sup>6</sup> [www.uws.edu.au/\\_data/assets/pdf\\_file/0014/104306/Karitane\\_Parenting\\_Confidence\\_Scale.pdf](http://www.uws.edu.au/_data/assets/pdf_file/0014/104306/Karitane_Parenting_Confidence_Scale.pdf)

<sup>7</sup> [www.researchconnections.org/childcare/resources/4365](http://www.researchconnections.org/childcare/resources/4365)

<sup>8</sup> [www.sdqinfo.com](http://www.sdqinfo.com)

<sup>9</sup> Percy-Smith, B. and Thomas, N. (Eds.), 2010, A Handbook of Children and Young People's Participation Perspectives from theory and practice. Routledge: London and New York retrieved 4th November 2018 from [http://nmd.bg/wp-content/uploads/2013/02/Routledge-A\\_Handbook\\_for\\_Children\\_and\\_Young\\_Peoples\\_Participation.pdf](http://nmd.bg/wp-content/uploads/2013/02/Routledge-A_Handbook_for_Children_and_Young_Peoples_Participation.pdf)

## 2 Description of the project

The project was implemented during the three-year period January 2016-December 2018 in five regions of Moldova - Cahul, Nisporeni, Falesti, Ungheni, Calarasi. The aim as described in the project application was to provide children with special needs with the best possible start in life in order to foster positive outcomes across the life-course. The overall objective was to be achieved by operating at three levels:

- Enabling the actors involved in planning and advocating for early years and preschool support services for children with special needs to work more effectively together, and work more strongly as independent champions of open access to inclusive preschool education
- Strengthening the capacity of key professionals working with children with special needs within Local Authorities (LAs) and Civil Society Organizations (CSOs), to facilitate access to preschool and early years support services, and
- Improving support for vulnerable parents and carers of CWSN in the community to enable them to more optimally care for and meet the needs of their children.

Facilitating linkages between LAs, key professionals, and families and caregivers of children with special needs in both community and educational settings was intended to create an enabling environment for access to ECD services. This supports inclusive education by enabling children to develop to their full potential and to prepare them to attend primary school at the age of seven, along with their peers.

Four specific support and education programs were planned for introduction and development during the project:

- Communication through Music, with children who have very little physical movement, who have developmental delay or who have become withdrawn through trauma and neglect. It is remarkably successful with children on the autistic spectrum who either cannot, or do not wish to speak and provides another non-threatening conduit for their emotions.
- Portage, home care and education support service for children with special needs and their families to support early development and acquisition of functional skills
- Mellow Parenting, a course of therapy for parental skills development and strengthening of relations between parents and children, based on attachment theory, and targeting vulnerable families.
- Makaton, a programme of augmentative communication using signs and symbols Makaton supports rather than replaces spoken language.

Activities included:

- Training, follow-up supervision and mentoring support for staff of the Psycho-pedagogical Assistance Services (PPAS), Department of Education and of the Social Assistance and Family Protection Department, and CSOs
- Study tour to the UK for key decision makers and practitioners
- Media events including press conferences and distribution of media materials
- Small grants to CSOs to promote and implement community-based early years & pre-school support services
- Advocacy with decision makers at national and local government level for introduction of structural measures in support of sustainability.

## 2.1 Project implementation context

Despite significant advances in social development equitable access to health and social services remains a challenge throughout Moldova. Rural populations and vulnerable groups, including children with special needs, face significant barriers in accessing health, social care and education services. These barriers include policy limitations, constrained capacity of health and social care professionals and teachers, and physical accessibility issues. Stigma and discrimination against people with disabilities persists, fueled by a lack of public awareness of their needs and rights. As a result, some children in Moldova continue to experience persistent deprivations and inequities. These include children from poor families, children with disabilities, and children 'left behind' as a result of expansive migration.<sup>10</sup>

The Ministry of Education's Inclusive Education Programme is addressing inclusion in mainstream schools, however pre-school education is not yet integrated.

A previous EU funded project "Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova", implemented by P4EC in 2010-2012, focused on developing short-break foster care for children with disabilities. The final project evaluation recommended the development of new community-based approaches and services for children with special needs and their families.<sup>11</sup>

This project synergises with the USAID-funded project "Children in Moldova are cared for in safe and secure families" which developed community-based family support services and supported inclusive education in mainstream schools. The findings of the baseline evaluation report of the USAID project noted the gap in provision of parental skills education, family support, and early intervention.<sup>12</sup>

Moldovan children from poor families, children with disabilities, and children 'left behind' as a result of expansive migration are at risk of poor outcomes across the life-course. As noted, increasing access for these children to early intervention services is an on-going recommendation in several recent project evaluations.

## 2.2 Why focus on vulnerable children with special needs?

Investments in early childhood development (ECD) are universally agreed to be critically necessary for human capital development.<sup>13</sup> A commitment to early childhood is also fundamental to realisation of children's rights. In the current decade a focus on ECD contributes to government efforts to meet their commitments to the Sustainable Development Goals (SDGs).<sup>14</sup>

As recently reported in *The Lancet*, the strongest evidence demonstrating the potential of ECD comes from well-planned and well-resourced programmes that demonstrate three key features:

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<sup>10</sup> UNICEF, 'Children in the Republic of Moldova: A Situation Analysis', 2016.

<sup>11</sup> EIDHR funded project Developing Short Break Foster Care Service for Children with Disabilities in the Republic of Moldova, Final Project Evaluation, Beth Bradford, June 2012.

<sup>12</sup> USAID/DCOS funded Project Children in Moldova are cared for in safe and secure families, Baseline survey Report, NORC, USA, July 2015.

<sup>13</sup> UNICEF, 2017, Early Moments Matter for Every Child. UNICEF: New York

<sup>14</sup> Ibid.

- are ‘developmentally appropriate’ respecting children’s rights, needs, capacities, interests and ways of learning at each stage of their early lives;
- are multi-sectoral and recognise the interdependencies between nutrition, health, child protection and education;
- build on and support children’s key relationships, especially with their mother, father and wider family in the specific physical, social, cultural and language contexts that are the foundation for well-being.<sup>15</sup>

There is no ‘one-size-fits-all’ design for ECD, but rather it is context-based and can be driven by both centrally determined reforms or by “more incremental and localised capacity building, quality development and evidence-led initiatives”.<sup>16</sup>

ECD can also be considered as nested in the wider social protection context. UNICEF describes social protection as “the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation”.<sup>17</sup> This reflects the understanding that early childhood vulnerability is multi-dimensional and dynamic, and that:

- Children and families may have many different needs requiring more than one intervention across a range of diverse sectors;
- These needs may change over time;<sup>18</sup> and that
- Action is required at multiple levels within the social environment, and interactions are necessary across these levels.<sup>19</sup>

Taken together this suggests that it is not only the availability of individual services but their interconnectedness which creates the environment for effective early childhood development.

ECD is inclusive of all girls and boys, including typically developing children, children with developmental delay and children with a disability.

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<sup>15</sup> Deelmans, B., Darmstadt, G. L., Lombardi, J. Black, M.M., Britto, P.R., Lye, S., Dua, T., Bhutta, Z.A., and Richter, L.M. October 4, 2016, Early childhood development: the foundation of sustainable development. The Lancet. Volume 389, Issue 10064, P9-11, January 07, 2017

<sup>16</sup> Young Lives Policy Brief, January 2016, Early Childhood Development in the SDGs. Oxford Department of International Development: Oxford retrieved 4th November 2018 from <https://www.younglives.org.uk/content/early-childhood-development-sdgs>

<sup>17</sup> UNICEF, 2012, Integrated Social Protection Systems Enhancing Equity for Children. UNICEF: New York

<sup>18</sup> Bovenberg, A.L., 2007, The Life-Course Perspective and Social Policies: An Issues Note, SP Discussion Paper, No.0719 World Bank: Washington DC

<sup>19</sup> Bronfenbrenner, U., 1979, Ecology of Human Development. Harvard University Press: Boston, and Brunori, P. and O’Reilly, M. (2010) Social protection for development: a review of definitions. European Report on Development.

## 3 Results

The project implementers, P4EC, will provide a final project report in Q1 2019 detailing results against the project log frame. Results described below are as of end November 2018.

### 3.1 Core project outcomes

#### Joint projects implemented in project districts

Consultation during the design phase of the project was reported by government as having contributed to the successful project outcomes. This allowed for the government's focus on both inclusive education and de-institutionalisation to be prioritised, and particularly the gap noted in early years (pre-school) provision. Representatives of both the MoE and MoHLSP at national level note the projects close fit with existing inter-sectoral strategies on education, parenting and child protection. Cooperative agreements were formalised at the outset of the project with the implementing partner, P4EC and national and local departments of MoE and MoHLSP. These cooperative agreements established local collaborative arrangements to ensure cross-sectoral referral mechanisms took account of new services being introduced. The project utilized and strengthened mechanisms for vertical and horizontal collaboration to ensure that front line service provision was multi-sectoral in nature, that it was in line with national policy and that results informed structural change in support of sustainability.

*"We are working with P4EC on the basis of collaboration agreements and plans of action. They have done what they said they were going to do, and it's made a real difference for children."* (KII, Ministry of Education)

Given the overall concept of parental empowerment as a means to promote early childhood development, parent's involvement was promoted as essential from the outset. During the implementation phase more than 250 parents of vulnerable children were included in regular consultations with LAs in each of the five districts. Feedback collected from parents in connection with this evaluation confirmed that existing relationships with professionals in the social care and social support system was an important factor in accessing new services.

#### New services and models put in place in project districts

The approach to new services models included capacity building of both government and non-government professionals. The project design did not require recruitment of an additional staff cohort, but rather aimed to improve the skills and competencies of existing staff to implement government policy. District level staff of MoE and MOHLSP were involved in training, mentoring and on-going support programmes for Makaton, Mellow Parenting, Communication Through Music and Portage. Through a small grant awards programme civil society organisations were supported to extend their provision, and to deliver the new programmes. The small grants awards were intended to strengthen professional and parental capacity in mobilizing community, family and other stakeholders' initiatives on the issues concerning children with special needs.

*Makaton* is a highly flexible language programme which uses signs and symbols to help people communicate. This project supported the development of a new Romanian language version of Makaton, based on the accepted sign-language concepts already used by the deaf community in Moldova. This includes a final core vocabulary of 450 words, with accompanying standard signs and symbols. At the request of the MoE the Makaton training was extended to speech therapists of

the PPAS in 11 regions of Moldova, to widen coverage. A total of 30 children and their families were supported to acquire and use Makaton signs and symbols.

*“The Makaton programme is certainly welcome and very necessary programme to implement in our country. Children with intellectual disabilities who have communication problems, can more easily express themselves using signs and symbols, and learn to use spoken word more easily. I strongly recommend that everyone in contact with the child during the day should use the signs and symbols.”* (KII, Makaton trainee)

Professionals involved in the training, who reported for this evaluation, were generally positive, and reported good to moderate results for children who had begun using the Makaton vocabulary. This included increased confidence and curiosity about the world around them, and with an increased capacity to express themselves and be understood a decrease in frustration and difficult behaviour.

The creation of a communicative environment where use of Makaton is generalized in services and in the home will in future contribute to increased opportunities for communication and for learning. This in turn will contribute to pre-school preparation and a more seamless transition into an inclusive school setting. Further work is required to encourage professionals and parents to understand Makaton as an augmentative communication system<sup>20</sup> rather than a replacement for speech.

*Mellow Parenting* is a relationship-based early intervention focused on improving parent-child relationships. The groups target the most vulnerable families where positive outcomes for children may be compromised by limited parenting capacity. One hundred and twenty-seven parents and their children have benefited from attendance at Mellow Parenting groups. A further 124 parents, including seven fathers, have been supported in improving parent-child relationships thanks to complementary funding from the organisation World Childhood Foundation<sup>21</sup> Despite some initial skepticism, the response to Mellow Parenting from both professionals and parents has been overwhelmingly positive. The MoHLSP has approved this intervention as suitable for adoption as a national programme, in line with the draft multi-sectoral policy, regulated as a component part of Family Support service.

Professionals report the impact of Mellow Parenting groups on mothers, in improving relationships within the family, and consequently more positive interactions with children. They also perceive a sustained effect when they meet mothers informally post-group completion. Reporting during this evaluation professionals also provided anecdotal reports of consequences related to increased empowerment which had enable women in violent living situations to seek assistance from the police and social services. Consequently, the home space has become safer for children. The programme has been widely discussed in the implementation districts including in the media, which has stimulated demand, including from grandparents who are primary carers. The focus on mothers has generated questions around equity and gender norms, as this may perpetuate the notion that ‘parenting children is women’s work’. One men’s group is currently being tested in Ungheni district with early positive results; however, since the project relies on same sex facilitators for men’s and women’s groups, and since professionals in PPAS (MoE) and social assistance services (MoHLSP) tend to be overwhelmingly female, future groups will depend on alternative strategies.

In 2017 Mellow Parenting (UK) undertook a post-implementation (ex post) evaluation which showed a number of positive changes across 41 mothers who had completed the Mellow

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<sup>20</sup> Augmentative communication supplements but it does not replace speech.

<sup>21</sup> [www.childhood.org](http://www.childhood.org)

Parenting training in the five districts (Annex 5). This 2017 report noted that, “statistical analysis indicates that the majority of positive changes noticed are in the scales of wellbeing, daily hassles and parental perceptions of child behaviour after completing the Mellow Groups is significant (i.e. larger than can reasonably be explained as a chance occurrence). There is promising evidence of encouraging growth for those who attended groups.”

The five pilot districts have expressed an interest in continuing Mellow Parenting groups beyond project end; in one district financing for four groups in 2019 has been allocated by the LA, in other districts budgets are under discussion. One local authority expressed interest in support for development of standards/norms and a clear costing methodology which would enable them in the future to contract out to a third-party provider.

*Communication through Music* is a method of communicating through music with an individual child or small group of children, where the child initiates most of the musical and communicative activity. It can open doorways for non-threatening communication, for children with developmental delay, on the autistic spectrum or who have experienced trauma and neglect. It teaches them to express their emotions and to communicate appropriately with those around them. It complements and can be used in conjunction with the other programme components, Makaton, Mellow Parenting and Portage. More than 650 children from 18 kindergartens and PPAS in 5 districts benefitted from Communication Through Music. Parents reporting in connection with this evaluation note that children involved in this programme have improved sociability and communication skills. Relationships with others in the family, with children outside the family and with adults, such as pre-school (kindergarten) teachers are enhanced and, in some cases, behavioral improvements are also noted. Parents note that they like everything about the programme and would like to see their children involved in more sessions if they were available. The professionals who have introduced the programme consider it as a systematic addition to their existing skills, which has enabled them to translate theory on communication with children who have a disability into a practice which demonstrates results. One professional reported how a child on the autistic spectrum established eye contact for the first-time during Communication through Music sessions. In general professionals note that the programme helps children to become calmer and focus, pre-requisites for school preparation. They also recommend that student teachers undertake practice-based training with qualified professionals in order to become adept at the new techniques.

*Portage* is a home-based educational approach using a holistic model of support for both families and children to facilitate improved communication, learning, play and relationships. It is an early intervention programme intended to support families to work with young children to mitigate developmental delay through development of functional and cognitive skills. Parents of the 16 children involved in the Portage programme report improvements across a range of domains.

*“Before the programme he wasn’t interested in anything. [Now], he is involved in lots of things. He loves playing with LEGO, he’s started to dress himself. He has learned to use the tap and to put the light on and off on his own. The specialists taught me how to teach him things. Before the programme I thought that I better dress him than teach him how to do it, now he can do it.”* (Evaluation questionnaire, parent of 4-year-old boy)

Professionals found Portage practical and easy to understand. More than 40 were involved in the initial training programme. They reported that it is accessible and useful for families and supports parents to help their children’s development. Nevertheless, they note some challenges with the home-visiting model, including parents’ reluctance to have them visit the home, difficulties with transport to reach homes in remote areas, and time constraints because they can only visit a small number of children, and they are required to do this in addition to their existing duties. Further



opportunities for early intervention immediately following identification of a developmental delay are limited and the programme is currently not reaching the youngest children.

*Small grants* of up to USD 5,500 were made available to civil society organisations to implement community-based early years and preschool support services for children with special needs in their district. A total of 6 grants were awarded, one in each of the five project districts, and an additional award to Transnistria (Annex 6). One organisation, for example, reported that the small grant assisted with the social inclusion of 15 children with special needs. Through collaboration with parents and government services in the district, four of these children with complex needs including difficult behaviours, have been integrated into mainstream kindergartens. One of these children has since transitioned to mainstream primary school. This pioneering work involved collaboration with parents, professionals and the community to facilitate their inclusion.

*“We trained the educators in three local kindergartens on how to work with children with special needs; we held a parents’ school on coping with stress and integration of the child with the family; and we involved community social workers. The parents accepted that little by little their child can be included into the kindergarten, and the teachers from the kindergarten overcame their fears about working with children with special needs.”* (KII, civil society organisation small grant recipient).

The achievements of the small grants programme can be considered an effective and efficient use of small-scale funding, however the funding constraints may limit the capacity of recipients to continue to deliver these models of good practice.

### **Reduced isolation, enriched parent-child relationships, increased awareness and utilisation of services**

The partnership model, which lies at the heart of the overall project, encouraged professionals and parents to work together to support the development of children with special needs. This approach has been overwhelmingly supported and is considered fundamental to the success of the interventions. Professionals report that parent engagement contributed the promotion of the functional and social-emotional development and behavioral health of all children engaged in the activities. Further, there is an indication that the learning is transferable and has been assimilated into all aspects of the professional’s role, thus the space between professional action and parental care are reducing.

*“Before when children came for their weekly speech therapy session I didn’t talk to their parents. Now I involve the parent and show them the exercise to do with their children at home and I can see these children are making better, faster progress.”* (KII, speech therapist, district PPAS)

Parents are also reported to have established informal support networks; mothers involved in Mellow Parenting groups continue to meet on their own initiative, and during the evaluation reported that they feel more confident in asking for help should they need it. The Mellow Parenting evaluation applied four sets of standardised assessment scales to measure ex post wellbeing (Annex 5).<sup>22</sup> These showed an overall improvement in total wellbeing for all mothers who took part, an increase in average parenting confidence, decrease in daily hassles<sup>23</sup> and improvement in perception of their child’s emotional symptoms and behaviours. Parents also commented that

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<sup>22</sup> This present evaluation has not considered reliability of these measures.

<sup>23</sup> A problem brought about by pressures of time, money, inconvenience etc.



attending the Mellow Parenting group decreased their isolation and enabled them to be more open express their opinions and increase their overall confidence.

Although some challenges were experienced in obtaining feedback from parents whose children were involved in other activities, (because they had left the district, or were at work or they were unwilling or unable to discuss their children) a total of 20 parents were surveyed in the five project districts. Parents reported an increased confidence in their child's capacity to learn and develop and told how they are now referring other parents for similar assistance. They noted as a positive consequence the opportunity to meet other parents, to communicate and share ideas. Other parents said they appreciated finding understanding and support and the opportunity to communicate with other people about their children and would recommend other parents to join the programmes.

### **National and local authorities' commitment to the new services, models and approaches**

The cooperation with government at national and sub-national levels during the project design phase encouraged alignment with national priorities and with existing services. For example, Mellow Parenting meets the criteria described in the draft national strategy on parenting<sup>24</sup> and through its attachment to family support services operated by MoHLSP is perceived to have increased opportunity for sustainability.

Both MoE and MoHLSP express satisfaction that this action has come with tangible tools and programmes, "things that are useful and work for parents" and which "provide concrete, practical support".<sup>25</sup> The inclusion of a professional accreditation process for practitioners and (eventual) trainers of Makaton, Mellow Parenting, Communication Through Music and Portage is viewed as particularly attractive and useful for government in adopting these programmes for national use.

The Ministry of Education report that they plan to approve the new programmes for inclusion in the mandatory continuous professional development courses for pre-school teachers and primary school support teachers. The Ministry foresees revisions to the regulation on PPAS in 2019 which will allow for inclusion of service delivery, including new programmes developed within the scope of this project.

*"We perceive these programmes as positive for children and for parents and consider that the small investment required is affordable for Moldova." (KII, MoE)*

The interventions developed within the scope of this project are also reported to have informed and intersect with the inclusive education strategic plan, currently under development with imminent final approval anticipated.

The MoHLSP note that they have advised Departments of social assistance to consolidate their parenting included in family support services and to regard P4EC as resource for capacity building in this area.

The policy framework is robust; nevertheless, government acknowledges gaps in implementation, and therefore particularly welcomes the support of P4EC and partners HealthProm and Mellow Parenting for these new programmes. The project approach, with its roots in early childhood

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<sup>24</sup> This national strategy on parenting developed in 2016, is described by MoE as inter-sectoral and multi-disciplinary and currently with Ministry of Finance pending budget allocations for final approval.

<sup>25</sup> KII, representatives of MoE and MoHLSP, November 2018.

development is cross-cutting and touches on social inclusion, inclusive education, and family support for child protection and prevention of child separation.

At district level LAs demonstrate similar support for the practicality of the interventions, which have been proven to have effect and to be efficient. There is full support for their absorption and whilst there are concrete proposals in some districts for continuation of the interventions in annual district plans for 2018, in others there is still some uncertainty regarding affordability.

Three programmes, Makaton, Communication through Music and Portage have been approved for implementation in Moldova through an Order of the MoE. The Guidelines for Portage have also been approved through Ministerial Order suggesting a secured future within policy and service delivery. Makaton is incorporated as a State programme, with evident commitment from local implementers, and there is full commitment for Mellow Parenting and Communication through Music within the strategies on parenting and inclusive education.

*“The Head of Department also uses every opportunity to talk about Makaton as a State programme which everyone needs to get behind.”* (KII, local authority implementer)

*“We plan to transform our mobile outreach teams and get to the homes of our beneficiaries...we still need to consider how these can incorporate the new programmes”.* (KII, Ministry of Education).

Whilst the programme interventions were limited to five districts, national dissemination trainings have involved more than 300 decision makers, professionals and practitioners. This process was supported by government, including an awareness and advocacy event at this year’s annual MoE conference.

## 4 Conclusions

### 4.1 Discussion

Key stakeholders confirm the overall success of the project “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova”, is confirmed by key stakeholders.

Despite the complexity of the planned interventions and consequent logistical challenges three of the four programmes are considered effective and efficient for national roll-out. The fourth programme, Portage, has been more limited in its application, in part because it started later than anticipated, and in part because of the level of effort required for each child. The programme in itself has much of value to offer. However, if it is to be introduced at scale some thought should be given to its integration with early identification methods and to connections with home-visiting services provided through health services.

The partnership between P4EC, HealthProm and Mellow Parenting has been positive in introducing new methodologies for early childhood development to Moldova in a sustainable fashion. The continued work to accredit trainers for Makaton, Mellow Parenting and Communication through Music will contribute further. The future development of minimum service standards and costing methodologies will enable government to operationalize nationally as envisaged in current policy.

Future interventions are dependent on district LA motivation commitment. Whilst funding for schools is allocated at national level, local districts are the decision makers on planning and budget allocation for local services. Thus, some may prioritise whilst others may not. This decision-making capacity is reliant on good data including from the national statistical authority as well as local monitoring and evaluation data. This evaluation did not capture any information on local process for evidence-based planning, however it is recommended that future developments are cognizant of this requirement, which will help to make the investment case.

This project incorporates aspects of the trans-disciplinary approach applied in early childhood development. This involves sharing of roles across traditional disciplinary boundaries which enhances communication, interaction and cooperation across team members, and ensures that families and children can access a set of services through one (or a small number of) key relationship/s. This approach also supports efficiencies in service delivery. In practice this means that a speech therapist can lead a Mellow Parenting group, whilst a teacher can advise on adaptations to the home to support a child with a disability to participate more easily in family life. This feature of early childhood development can be further explored as strategies for inclusion are developed.

A key theme of this project, and foundation for success has been the existing relationships of trust and respect between key partners. Government and civil society organisations at national and sub-national level had significant prior knowledge of and experience of work with P4EC,. This allowed partners to rapidly start-up, to work effectively, to leverage complementary donor funding and to share the positive results.

More than 650 children under 8 years old with special needs in five regions of Moldova are accessing new services which are reported as contributing to improvements in their well-being and inclusion.

Staff working in these services report positive satisfaction with their training experience and increased capacity to provide practical support for children and families with special needs.

Collaboration between family and professionals as partners who can optimize children's well-being is well understood. This has been driven by learning during the trainings and by the applied approach of parental involvement in practical programmes and generalized across their practice.

The new services are well regarded, compatible with policy and have contributed to decision making on future national strategic action plans.

Whilst children aged 0-3 were to some extent included in the programmes developed, early identification linked to early intervention for children aged 0-3 is lagging behind, however there are opportunities to extend current initiatives into to reach more children in this critical age-group and to integrate with efforts in the health sector on home-visiting and other outreach.

## **4.2 Suggestions for future practice**

This outcome assessment/evaluation has been limited to consideration of a single three-year project implemented by P4EC and collaborating partners, with funding from the European Union. It has not examined in-depth the full situation of children with special needs in Moldova. The suggestions for future practice are shaped by these contextual limitations.

- Complete the accreditation of trainers for Mellow Parenting and Makaton; this will establish a cohort of professionals who can contribute to scale-up and maintenance of the new programmes, in line with government policy.
- Develop a set of minimum programme standards and costing modalities to ensure quality of replication and service delivery, and to support service contracting.
- Consider how to sustain the managerial and supervisory role of PPAS and Departments of Social Assistance in supporting and maintaining quality of service provision in the long term.
- Ensure local and national mechanisms for evidence-based service planning for children, including local monitoring and evaluation mechanisms for quantitative and qualitative results, incorporate the new services.
- Consider how additional or customized Mellow Parenting programmes can be introduced to Moldova in connection with the future push for deinstitutionalisation of children with disabilities. This can include special programmes targeting new parents and caregivers of children with disabilities and including foster carers.
- Consider alternative models of early identification and early intervention under development in the region, which can support a modified Portage programme to ensure that the youngest children are identified and enrolled in programmes as early as possible.
- Mechanisms for children's participation in design and delivery of programmes intended to support their growth and development should be integrated into all future actions.

## 5 Annexes

### Annex 1 Terms of reference

#### Terms of Reference

**For final evaluation of the Project** “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova”.

<b>Job title:</b>	<b>Consultant for Final Evaluation of the EU-funded project entitled</b> “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova”
<b>Project life :</b>	January 2016 – December 2018
<b>Reporting to :</b>	Task Manager – Irina Spivacenco (Partnership for EveryChild)
<b>Start Date :</b>	November 2018

#### Project background

The project “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova” is funded by the European Union.

**5.1.1.1 The overall objective of the proposed action is to improve access to community-based early years and preschool support services for vulnerable children with special needs (CWSN) in accordance with the UN Convention on the Rights of the Child (UNCRC) and UN Convention on the Rights of Persons with Disabilities (UNCRPD). The action focuses on CWSN and their families because the support services currently available in Moldova are inconsistent and do not address the full range of their needs.**

#### **The key specific objectives are designed to:**

- 1.) Strengthen the capacity of and cooperation between LAs and CSOs working with CWSN, enabling them to better facilitate access to early years and preschool support services, and
- 2.) Develop and test a model for community-based early years and pre-school support for CWSNs, along with the capacity needed to roll it out nationally if found to be successful.

The action will build the technical and collaborative working capacity of key target groups, including professional staff from LAs and CSOs, kindergarten teachers and administrators, parents, and the general public. It will provide them with knowledge and understanding of the needs and rights of young vulnerable CWSN, the importance of inclusive education during the early years period, barriers faced by CWSN as well as their parents and carers, and practical skills to support CWSN and their families. The action will also engage the media in order to challenge stigma around disability and to raise awareness and understanding of the needs of CWSN in the wider community.

#### **The proposed action intends to achieve the following specific results:**

- 1.) Increased cooperation between CSOs and LAs under the Ministry of Education (MoE) and Ministry of Labour, Social Protection and Family (MLSPF) resulting in joint projects implemented in project districts;
- 2.) Increased capacity of CSOs and LAs to promote access to community-based early years and preschool support services for CWSN, resulting in a number of new services and models put in place in project districts;
- 3.) Increased support to vulnerable parents and carers of CWSN, resulting in reduced isolation, enriched parent-child relationships, increased awareness and utilisation of services; and

- 4.) A tested model for community-based early years and pre-school support for CWSNs, along with the capacity for national rollout, resulting in national and local authorities' commitment to the new services, models and approaches.

The community-based early years and pre-school support programmes for children with special needs are piloted in 5 districts – Cahul, Ungheni, Falesti, Nisporeni and Calarasi and are the following:

- Portage – home care and education support service for families with children who have special needs;
- Mellow Parenting – course of therapy for parental skills development and strengthening of relations between parents and children underpinned by attachment theory, social learning theory and elements of cognitive behavioral therapy;
- Makaton - a communication program, involving the use of signs and symbols to help people communication. It is envisaged to be integrated as a work tool for all actors involved in the education of children who have speech and communication difficulties.
- Communication through Music - therapeutic programme that achieves outcomes drawn from Music Therapy and Speech and Language Therapy;

### The Scope of the Project Final Evaluation

Partnerships for Every Child is looking for a consultant to carry out the project final evaluation of its EU-funded project “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova”. The evaluation is conducted as an end of the project and will focus at the entire implementation period. The overall purpose of the evaluation is to assess the processes and achievements made to draw lessons and make recommendation on further developments in the area. The final evaluation will consist of an analysis of the undertaken activities, achieved outputs and outcomes, project effectiveness and sustainability in the project districts and possibilities for nationwide dissemination and replication of the developed models for community-based early support for CWSN.

### Purpose of the Final Evaluation:

To explore the following questions:

- To what extent did the project achieve its overall objectives?
- What and how much progress has been made towards achieving the overall outputs and outcomes for improving the access to community-based early years and preschool support services for vulnerable children with special needs?
- Was the project relevant to the identified needs?
- To what extent are the benefit of the projects likely to be sustained after the completion of this project?
- What was the outcome of the capacity building activities delivered to the target groups in terms of the quality of the piloted programmes/services provided to children and families?
- What was the level of collaboration/involvement of local governmental actors in tackling the new models of community-based early years support services and their level of accountability for the implementation of the service?
- Have the professionals and the wider society became better aware of and started to better understand the challenges faced by families of with children with disabilities as a result of the project activities?
- What has worked particularly well?
- What challenges and obstacles were identified in the implementation process?
- Which project activities, strategies, processes are leading to the desired outcomes and outputs (effectiveness)?

- What lessons have emerged, and what are the recommendations for further developments in the early intervention support for CWSN?

#### Methodology:

#### Suggested evaluation tools:

- Analysis of the project's documents (project proposal, logical framework, baseline analysis, progress reports, training materials developed, periodic internal monitoring reports etc.)
- Review of interviews with children and their parents that have benefited from project support; these interviews will be conducted by P4EC during October 2018 and the data shared with the evaluation consultant
- Key-informant interviews (face-to-face and remote) with a sample of parents of children with special needs, representatives of national authorities (Ministry of Education, Culture and Research and Ministry of Health, Labour and Social Protection), representatives of local authorities implementing partners, other civil society organisations with which the action is aligned, and partner organisations HealthProm and Mellow Parenting;
- Focus group discussions/interviews with practitioners involved in piloting of the models of early years support for CWSN – Portage, Makaton and Communication through Music.

#### Timeframe and payment

The Project Final Evaluation will involve a maximum of 11 days' work in November 2018, and the final report should be submitted no later than the 10<sup>th</sup> of December 2018.

Time frame (indicative)	Key Activity	Output
3 days	<ul style="list-style-type: none"> <li>▪ Desk study and review of all relevant project documentation</li> <li>▪ Discussion with P4EC project team</li> <li>▪ Revision of ToR with emphasis on method and approach and preparation of work plan</li> </ul>	Work plan and evaluation process developed
5 days	<ul style="list-style-type: none"> <li>▪ Data collection through interviewing, focus group discussions etc.</li> </ul>	
2 days	<ul style="list-style-type: none"> <li>▪ Report writing</li> </ul>	First draft of evaluation report
1 day	<ul style="list-style-type: none"> <li>▪ Circulation of draft evaluation report to P4EC and incorporate feedback and its finalization</li> </ul>	Final draft of evaluation report
	<ul style="list-style-type: none"> <li>▪ An executive summary of the evaluation report key findings and PPT presentation for the final project conference</li> </ul>	

Payment will be made in 2 stages: 30% on submission of the agreed MTR work plan and 70% on approval of the final report.

#### Competencies

#### Essential

The selected external consultant shall have the following expertise and qualification:

- i. Master's Degree or equivalent in disability studies, social and business sciences or other relevant;

- ii. Have extensive expertise, knowledge and experience in the field related to the development of intervention and support policies and services for children with special needs/disabilities;
- iii. At least 10 years of experience in working with international organizations and donors;
- iv. Have demonstrated an extensive experience with result-based management evaluation methodologies
- v. Have strong analytical skills
- vi. Have demonstrated expertise in qualitative evaluation methodologies, and participatory research techniques, including interviewing and involving vulnerable children in research;
- vii. Have demonstrated experience of conducting similar project evaluations and producing a comprehensive evaluation reports in English
- viii. A strong background in social science or related subject
- ix. Be independent of P4EC
- x. Be willing to be police-checked to assess eligibility to work with children

#### **Desirable**

- i. Previous experience of evaluating and assessing the impact of projects working with children without and at risk of losing parental care; and the principles of children's rights and child protection;
- ii. Previous experience of having conducted evaluations for EU-funded project

#### **How to apply**

Consultants meeting the person-specific requirements should email their applications to [office@p4ec.md](mailto:office@p4ec.md) by **5pm CET on 24<sup>th</sup> of October.**

Applications should include the following:

- ❖ Cover letter
- ❖ Technical proposal
- ❖ CV including 2 professional referees including one former client who knows your work
- ❖ An example of your work (Please provide a copy of an evaluation or piece of analysis you have authored – this will be treated in confidence)
- ❖ Budget



## Annex 2 List of key informants

Family Name	Name	Designation
Bolun	Mariana	Deputy Chief of the Psycho-pedagogical Assistance Service, Education Department, Nisporeni
Caster	Livia	Chief of the Psycho-pedagogical Assistance Service, Ungheni
Dumbraveanu	Viorica	State Secretary, Ministry of Health, Labour and Social Protection
Ebel	Jane	HealthProm
Lozinschi,	Iulia	Chief of the Psycho-pedagogical Assistance Service, Department of Education, Calarasi
Mamaliga	Daniela	Director, Partnerships for EveryChild
Mart	Viorica	Principal Consultant, General Education Department, Ministry of Education, Culture and Research
Pancu	Iulia	Head of Education Department, Ungheni
Radeanu	Tudor	Head of the Social Assistance and Family Protection Department
Spivacenco	Irina	Projects Manager, Partnerships for EveryChild, Moldova
Sterpu	Nina	Head of Education Department, Nisporeni
Stratan	Rodica	Director of the "Centrul Dorinta" Calarasi, CSO
Tainish	Rachel	Mellow Parenting

## Annex 3 Key informant discussion guides

### KII - Key government partners

Hello, my name is Elayn Sammon, and these are my colleagues \_\_\_\_\_ (accompanying staff/translator)

I have been engaged by P4C Moldova to undertake the Final Evaluation of the EU-funded project “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova” (hereinafter ‘the project’). I am interested in speaking to you because you represent a key implementing partner.

I am trying to find out more about the development and implementation of the project and am conducting individual interviews with key government personnel to find out more about their perspectives. In combination with data obtained from the available documentation this information will contribute to an analysis of project outcomes.

There is no obligation for anyone to speak to me if they do not want to, and you may freely choose not to answer questions or end the interview at any time you wish. I will also spend some time speaking with other people who are involved in delivering the government’s wider social protection policy and to other people in different district communities.

Your personal contributions and views will not be shared with anyone else in a way that can identify you, unless you provide explicit permission. In other words, everything you discuss today will be treated in complete confidence. This applies to all the respondents that I meet with. It is also my intention to cause minimum disruption to your day and I will do everything I can not to interfere with normal activities. The interview/discussion should take between 30 minutes and one hour.

Do you have any questions for me? Is it ok to proceed?

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- What is your interest and involvement with the project? Please describe you/your departments specific contribution.
- How do you define/describe children with special needs (CWSN)?
- Who is the target population for the project in Moldova?
- At what level/s and how does this project contribute to the development of a socially inclusive child care system – structural, institutional, community, family, child?
- What connects the different interventions/programme strands with the government’s policy and legislative framework?
- How have you/has the government been involved in project monitoring and evaluation? How do you know that the inputs have been effective?
- What are the top three project successes?
- What are the top three challenges to scale-up?
- What are the top three things you would like to see happen in this sector in the future?
- Is there any other contribution you would like to make?

## **KII - Key internal and external implementing partners**

Hello, my name is Elayn Sammon, and these are my colleagues \_\_\_\_\_ (accompanying staff/translator)

I have been engaged by P4C Moldova to undertake the Final Evaluation of the EU-funded project “Improving access to community-based early years and preschool support services for vulnerable children with special needs in Moldova” (hereinafter ‘the project’). I am interested in speaking to you because you represent a key implementing partner.

I am trying to find out more about the development and implementation of the project and am conducting individual interviews with key personnel to find out more about their perspectives. In combination with data obtained from the available documentation this information will contribute to an analysis of project outcomes.

There is no obligation for anyone to speak to me if they do not want to, and you may freely choose not to answer questions or end the interview at any time you wish. I will also spend some time speaking with other people who are involved in delivering the government’s wider social protection policy and to other people in different district communities.

Your personal contributions and views will not be shared with anyone else in a way that can identify you, unless you provide explicit permission. In other words, everything you discuss today will be treated in complete confidence. This applies to all the respondents that I meet with. It is also my intention to cause minimum disruption to your day and I will do everything I can not to interfere with normal activities. The interview/discussion should take between 30 minutes and one hour.

Do you have any questions for me? Is it ok to proceed?

---

1. What is your interest and involvement with the project? Please describe you/your organisations specific contribution.
2. How do you define/describe children with special needs (CWSN)?
3. Who is the target population for the project in Moldova?
4. Is the work that you have been involved in connected to other programmes or interventions? How is this connection made? What connects the different interventions/programme strands?
5. How do you know that your inputs have been effective?
6. What are the top three successes resulting from your work?
7. What are the top three things you would like to see happen in this sector in the future?
8. Is there any other contribution you would like to make?



# Moldova Mellow Parenting Report

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All group data received  
from January to May 2017

## **Brief description of Mellow Parenting programmes:**

Mellow Bumps – A six-week antenatal programme for expectant mothers. Suitable whether first time mother or not, as long as the mum-to-be is around 20-30 weeks into their pregnancy at the beginning of the group. There is also a complementary version for expectant dads, Mellow Dads-to-be. Like all Mellow Programmes, this is facilitated by at least two trained Mellow Practitioners.

Mellow Babies – For either mother or fathers of children aged 0 to around 12 months. This programme consists of 14, weekly sessions and consists of a personal, reflective session in the morning with a parenting workshop in the afternoon which centres around video feedback for the parents.

Mellow Toddlers – This is also for either mothers or fathers and is targeted at those who have children aged 1 to 3 years old. Toddlers is also 14 weeks long, with afternoon workshops that are more developmentally appropriate for the age of the children in the group.

Mellow Futures – A perinatal programme which draws on much of the same theoretical underpinnings with the same desired outcomes as the other Mellow Parenting programmes however, this programme is designed specifically around the additional needs of those with Learning Difficulties or Disabilities.

## **Summary**

The results of evaluation of Mellow Parenting groups across Moldova show a number of positive changes for participants. Conduction of statistical analysis indicates that the majority of positive changes noticed are in the scales of wellbeing, daily hassles and parental perceptions of child behaviour after completing the Mellow Groups is significant (i.e. larger than can reasonably be explained as a chance occurrence). There is promising evidence of encouraging growth for those who attended groups.

The sample size for each questionnaire varies slightly due to incomplete pre or post the Mellow groups questionnaires returned to the Evaluation Team. We hope to see this continue to improve with ongoing support from Mellow Parenting.

The attrition rate across all groups was 11%.

## **Group delivery breakdown**

Since January 2017, Mellow Parenting has received group evaluation data from 5 Mellow Groups delivered in the Moldovan regions of Cahul, Nisporeni, Falesti, Calarasi and Ungheni.

In particular, there have been 1 Mellow Babies and 4 Mellow Toddlers groups delivered for Mums in the 5 Moldovan regions. Only 5 of the 46 Mums who started these groups did not finish (attrition rate of 11%). In total, 41 datasets were returned and evaluated for pre and post- group changes. Qualitative feedback was also sought from participants and group facilitators. Focus groups were conducted by 4 of the 5 groups.

## **Accreditation Outcome**

All the facilitators that delivered the above Moldovan groups have successfully completed the evaluation and reflective consultation requirements and are now in the process of becoming accredited Mellow Parenting facilitators.

## Follow-up Questionnaire Feedback

The following table shows the feedback given on the follow-up questionnaires which were returned by seven Babies/Toddlers groups.

<b><u>MELLOW BABIES/TODDLERS</u></b>	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	Totals
I enjoyed taking part in the group.	0	0	0	0	41	41
I found the morning sessions helpful.	0	0	1	0	40	41
I found the afternoon sessions helpful.	0	1	0	1	38	40
I found the lunchtime activities helpful.	0	0	1	2	37	40
I would like to keep in touch with the service who delivered this group.	0	0	0	2	39	41
I would like to keep in touch with the other group members.	0	0	1	4	36	41
I feel more connected with my child after taking part in this group.	0	0	3	4	34	41
I feel confident in asking for help should I need it.	0	0	3	4	34	41
I feel the children's group has been beneficial for my child.	0	0	0	2	38	40
I found the experience of sharing my video with other parents helpful.	0	0	2	3	36	41

It can be seen from the table that the majority of participants strongly agreed with the question in each case. All mums completing a Mellow Babies or Toddlers group strongly agreed that they enjoyed taking part in the group and all agreed that they would like to keep in touch with the service who delivered the group. The vast majority of parents also agreed that they felt more connected with their child since taking part in the group.

## Participant Outcomes

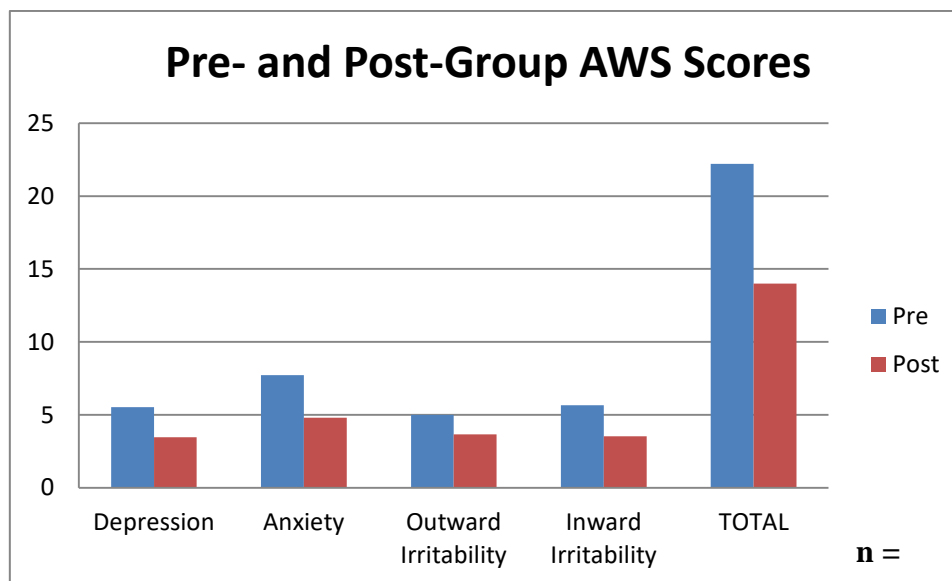
### Adult Wellbeing Scale (AWS) – Snaith et al. (1978)

The Adult Wellbeing Scale is made up of 18 questions, and explores how an adult is feeling in terms of depression, anxiety, outward directed irritability and inward directed irritability. The questions are framed in a “personal” fashion (i.e. I feel..., my appetite is...). The scale allows the adult to respond from four possible answers.

The AWS is currently used in the evaluation of all Mellow Parenting Programmes.

For the purposes of this report, scores on the Adult Wellbeing Scale will be combined for Babies and Toddlers groups.

Graph 1 shows the average AWS scores for **40 mums** who attended either Mellow Babies or Mellow Toddlers.



Graph 1

This graph shows that there was a reduction in all subscales of the AWS, giving an overall improvement in total wellbeing for all mothers who took part in Babies and Toddlers groups. The average depression, anxiety, outwardly and inwardly directed irritability scores reduced such that they moved from being on the borderline of suggestive of problems to being within the ‘normal’ range. As the number of participants in a set grows it becomes possible to conduct statistical analysis on the significance of the changes in the scores, this tells us whether the changes seen in the scores are following some pattern or if they are likely to have occurred by chance. On this occasion, tests of statistical significance were run. The analysis of data showed that the mean changes noticed in the scores of the participants from before to after the group in the four subscales and the total wellbeing scale were significant, thus related to their attendance in the group rather than the time passing by and/or by chance.

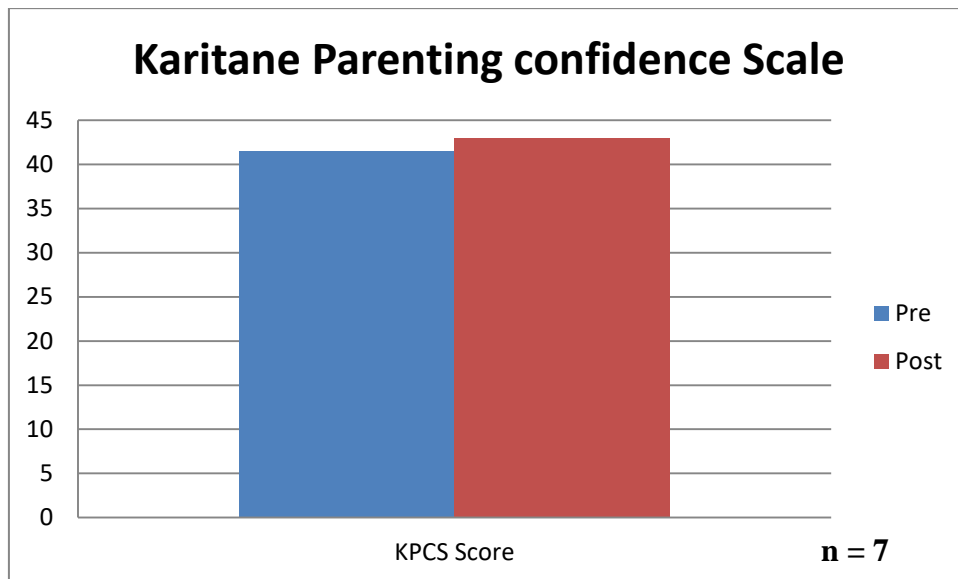
### Karitane Parenting Confidence Scale (KPCS) – Crncec et al. (2008)

The KPCS has been developed to assist in the support and development of parenting skills for parents of children 0-12 months of age. It is used to measure the level of confidence a mother or father has in their ability as a parent. The rating scale and scoring is simple and user friendly for both client and professional.

The KPCS is currently used in the evaluation of the Mellow Babies programme.

Graph 2 shows the average change in confidence for **7 mothers** who took part in the Cahul Mellow Babies group.





Graph 2

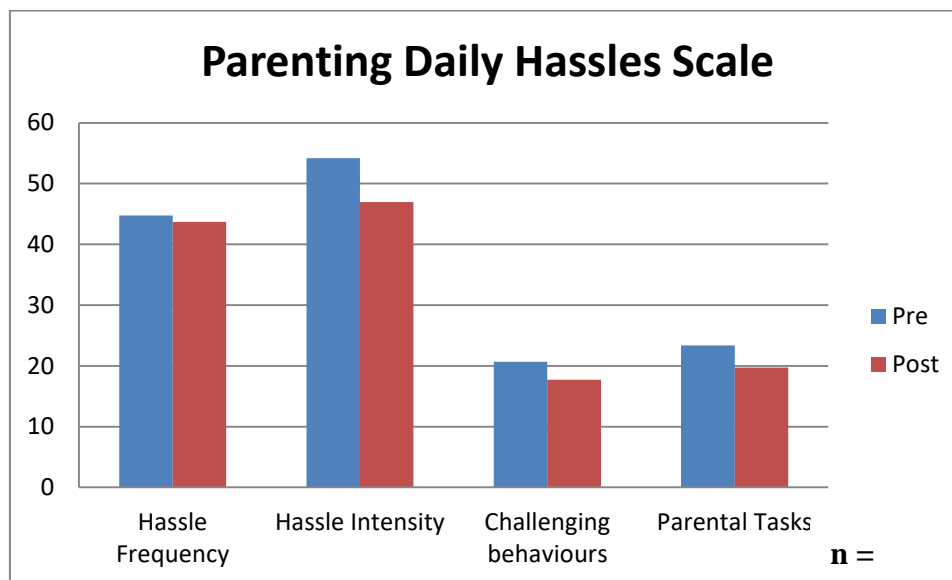
This graph shows an increase in the average parenting confidence score of Mums taking part in the Mellow Babies group delivered in Cahul as measured by the KPCS.

Parenting Daily Hassle Scale (PDHS) – Crnic et al. (1990)

This scale aims to assess the frequency and intensity/impact of 20 potential parenting ‘daily’ hassles experienced by adults caring for children. It has been used in a wide variety of research studies concerned with families with young children. It is principally of use for toddlers as the topics do not apply so much to babies. It has been found that parents (or caregivers) generally like filling it out because it touches on many aspects of being a parent that are important to them.

The PDHS is currently used in the evaluation of the Mellow Toddlers programme.

Graph 3 shows the group average for Frequency and Intensity as well as the two subgroups of Challenging Behaviour and Parental Tasks for **30 mothers** from Mellow Toddlers groups.



Graph 3

This graph shows that there was an average decrease in hassles on all scales and sub scales for the PDHS. Mothers reported a decrease in the frequency with which daily hassles occurred and also a decrease in the perceived intensity of these hassles.

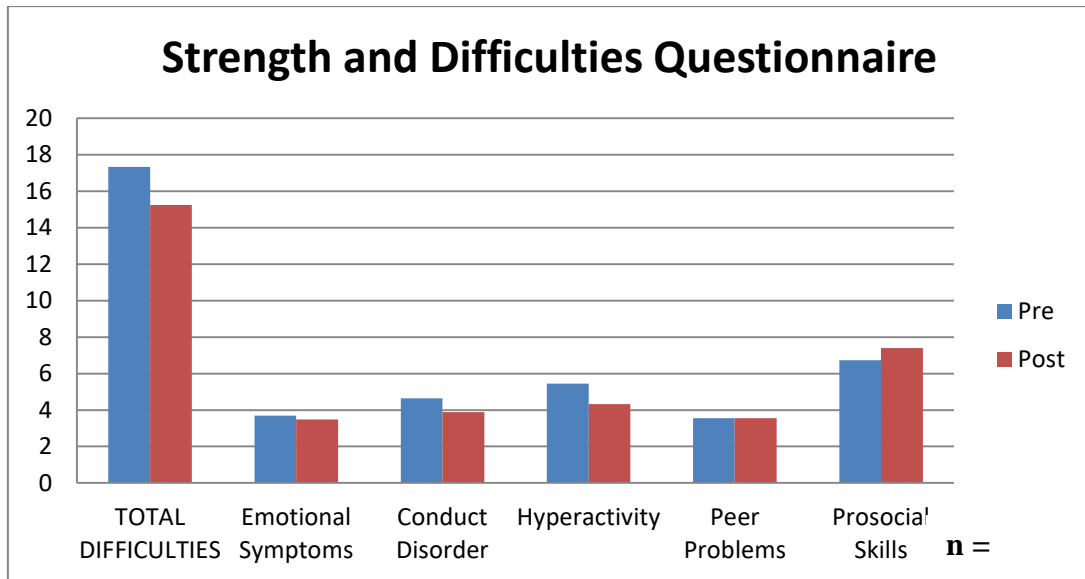
It is interesting to note that statistical analysis of the data indicated that the mean frequency of hassles did not change significantly from before to after the Mellow Group. In contrast, the intensity of hassles mean score and that of the two subgroups (challenging behaviours and parental tasks) showed a significant change between the two time points. One possible explanation is that despite the fact that the amount of daily hassles did not change through time from before to after the group (frequency), the mums felt more capable to deal with them after completing the group (intensity).

Strength and Difficulties Questionnaire (SDQ) – Goodman (1997)

The SDQ incorporates five scales: pro-social, hyperactivity, emotional problems, conduct (behavioural) problems and peer problems. It is a behavioural screening questionnaire which can be completed by parents of children around 2 to 4 years old.

The SDQ is currently used in the evaluation of the Mellow Toddlers programme.

Graph 4 shows the group average scores for the 5 SDQ subscales and the total difficulties as reported by the **33 mothers** that completed the scale before and after the group.



Graph 4

This graph shows that the average scores of the mums illustrate an improvement in their perception of their child's emotional symptoms, conduct disorder, hyperactivity and prosocial behaviours. No change was reported for the peer problems experienced by their toddlers before and after the group. The improvement noticed in the subscales of children's conduct disorder, hyperactivity, prosocial skills and total difficulties from before to after the Mellow Toddlers group were shown to be significant.

## **A note on data gathered from questionnaires.**

As more evaluation data comes in, the number of participants that we can comment on increases and so it also becomes possible to conduct statistical analysis. Some questionnaires may have smaller sample sizes than others owing to a lower return rate but it is our hope that this will improve with continuing support from Mellow Parenting.

Within these average scores there will be many individuals whose scores increased and decreased in different ways, as well as some who remained the same. It is important to remember the individuals within these averages and also to remember to explore the answers to questions as this can open up discussion around certain issues.

Furthermore, it is important to consider that it can be the case that from measures alone it appears that a participant's mental wellbeing has decreased during the course of the programme. However, as the questionnaire at week 1 is delivered by a stranger, whilst the questionnaire towards the end is delivered by the same person the participant has built a trusting relationship with, it is often the case that the parent become more open and honest with the facilitator, and more likely to admit the difficulties they are currently experiencing than they were at the beginning of the process. Therefore, building a relationship with participants before a group begins is important. Although the questionnaires used for evaluation by Mellow Parenting are standardised and have evidence of being reliable, they cannot account for everything and so are not infallible.

Qualitative data provides an important insight as participants explain in their own words how they felt they have changed during the group. It may also be that the programme raises an awareness of feelings in the participant which results in a greater awareness of negative feelings, meaning that mental wellbeing appears to decrease as the parent works through their issues.

## Further Information and Facilitator Observations

### Additional Information

#### **Qualitative Feedback from Focus groups with the parents in the 5 regions**

Following the completion of the Mellow groups, focus groups were conducted with the parents in each of the 5 regions. The parents were asked to reflect on what their lives were like before the group, what they had learned from the group and the impact of the group on their children. They were also asked if they felt more able to ask for help following the group.

Before the group started a number of parents reported that they were *impatient* with their children and didn't pay attention to them, one Mum noted *that I always had the feeling that I was making mistakes* others reported that they were *worried* and had *different fears and emotions* and that were situations where they were *not managing*.

Parents commented that the atmosphere created during the Mellow groups decreased their isolation and enabled them to be *more open* and *express their opinions*. One Mum commented *I'm accepted as I am, nobody criticized me*. Another reflected wider feedback from parents *before I was tense, and now I feel more relaxed, having more freedom I am more self-confident*. . Another shared about a feeling of empowerment... *I'm really glad the project gave me this power*.

Parents reported that they had learned a number of things through the group including being calm, patient and giving children choices and independence. Others noted that they had learnt to pay *attention to their children's feelings* one Mum noted she had learned *how to love* another that she learnt how to talk to her child, *I try to talk to my child, to help him explain why he is crying... I don't ignore*.

One Mum shared how the programme had helped her to become calmer and reevaluate her own priorities and as a result was now more willing to let her child take risks. *I was nervous before the programme, I was used to having everything clean and in good order at home. Also, when we had visitors, my child had to sit in bed, not moving, if possible, not going out, not touching anything, and, generally, stay clean. Now even if the child makes a mischief, I learned not to be so categorical, to let the child do what he wants, let him go dirty if he wants so. Now, when I see some parents go hysterical, I understand they shouldn't waste their nerves on such petty reasons. First of all, it affects the child. Now I'm really not afraid to let the children do too much*.

The group tackled the often hidden subject of domestic violence and a few participants noted this as important. One Mum shared; *It was domestic violence for me. How to prevent this...to be able to raise my child, not to be aggressive, starting with the youngest and to the eldest child*.

Mums noted that their wider family including spouses and other children had noticed the difference the programme has made. Parents reported how their children had experienced the changes for example one child told her Mum *since you are there, at the project, it's like you are a different mother*. Another Mum reported, *I have three daughters. One of them told me; Mum, you never played with us before, as you do now. I like that you play with us now*.

Mums were able to identify a number of changes in their children that related to participation in the group. Some parents pointed to emotion changes such their children being *calmer* others reported how their children's *confidence* had increased, *my little girl has changed a lot, before she kept to herself now she is into everything.. she is bolder*. Others emphasised how the group had helped their children to make new friends and socialise with others *he got used to other children he is no longer crying as he was before*.

Others reported more practical results of the children attending the group for example *he is eating independently now*. Others talked about enjoying the shopping activity with their child at a local supermarket.

Parents shared about their children's experiences in the children's group, how they had enjoyed the parent child activities and what the children had learned from them, including *working with scissors, naming colours, dancing, songs and making new friends*.

As expected some children took time to settle in the children's group. One Mum shared.. *but after two-three visits, she already knew the way to the children's room and she was running there; she was just behaving like little girls, protesting when left alone, but a moment later she was quiet and playing with the other kids*.

When asked what was difficult about the group parents shared that it was sometimes difficult to share personal feelings and experiences. However after doing this they experienced the benefit of it *because when you share the burden of your heart it is hard at the start but then it becomes easier and you feel a lighter person and able to take decisions.* Another Mum shared *it was like our souls became purer, lighter, we even cried. We played and we supported each other.*

When asked what they would change most parents said *nothing* but that they would like more sessions. One Mum stated that she would like more support for families who have children with disabilities... *I thought that was a course for moms with autistic children, and when I came and saw I was the only mom of autistic child, I was surprised. I thought I would be good to have a special program for parents with disabled children.*

When asked whether they would now be able to ask for help if they had a problem, most Mums agreed that they would now have the tools (*increased confidence, new knowledge of rights and services and more social support*) to do this. One Mum said *I used to think about asking for help in the past.. but never asked, now I can do it..*

When asked if they would recommend the programme to other Mums the feedback was positive including comments such as *I would encourage them to participate because it is really worth it and not only to them, but also to husbands who beat their wives and children.*

The results of the focus groups triangulate and reflect the overall positive affect of the quantitative data which shows improvement in parents confidence and decrease in anxiety, depression and reduction in hassles and difficulties.

### **Reflective Consultations Feedback from with the practitioners in the 5 regions**

Dr Christine Puckering conducted reflective consultations with the 5 group facilitators in Moldova in May 2017.

All practitioners had prepared a full reflective consultation log and demonstrated a very high level of good practice and adherence to the principles and practice of Mellow Parenting. Completion of the interventions was very high, with the few dropouts being explicable in terms of the child becoming unwell or the family moving house. The levels of adversity suffered by the families was extreme with poverty, homelessness, alcohol abuse, domestic abuse, trafficking and begging for the means to survive, and mother's being graduates of children's homes and so lacking understanding of close family relationships being mentioned.

Practitioners were very clear that their initial doubts about the programmes, which were understandable, had been more than resolved and they were all exceptionally positive about running the groups and their impact on families and children.

A few general points arose the first, in the matter of adherence to the manuals, several groups had been concerned that they were unable to offer the mother and child activities as suggested, for example a beach picnic, either because of lack of opportunity or poor weather. We reviewed the purpose of parent-child activities, which is always to promote close, attuned parent-child interaction. With the understanding of that as the principle, it is perfectly acceptable to use another activity. The need for clearer training to underpin Mellow Parenting principle of not using corporal punishment became clear. While practitioners knew this was the policy, they need clear evidence and rationale to deliver this message with conviction, when smacking and beating are regarded as normal. Practitioners asked about how representative home videos are of normal interaction when mothers know they are being filmed. We discussed that even if mothers "act good" the children's reactions reveal what they are used to. The children cannot act!

Many practitioners noted the need for fathers' groups. Overall, an exceptionally high standard of practice was observed and all practitioners were recommended for accreditation.

### **Further Service Uptake**

We ask facilitators to inform us of participants' further service uptake following the completion of the Mellow Group. This shows the parents desire to stay involved with a service after a group and also gives some indication of confidence as often parents may feel able to reach out and ask for help following Mellow where they did not feel able before. The following is a summary of further service

uptake from the five groups who returned further service uptake information. In Falesti **UL** and **SM** were referred to a psychological support service. **SL** was advised to seek professional help from law enforcement agencies/ legal bodies.

If you have any further questions or would like to know about anything from this report in more depth, please feel free to contact the Mellow Parenting Evaluation Team at [evaluation@mellowparenting.org](mailto:evaluation@mellowparenting.org), or phone the office on [0141 445 6066](tel:01414456066) and ask for Raq or Ruaridh.

## Annex 5 Small grants awards

### Summary of activities in Small Grants Program

1	Cahul NGO "Speranta"	Goal: Develop parenting skills of parents of children with disabilities to support the educational development of their children. Activities: Training of 2 groups of parents (Romanian and Russian speaking) in parenting skills; Establishment and legalization of a public association of parents of children with disabilities, which will promote the rights and interests of children with disabilities and their families.
2	Calarasi NGO "Dorinta"	Goal: Assist children with special needs and their families in social-educational inclusion. Activities: Delivery of services to children within the Centre (rehabilitation services, speech therapy, psychological, educational and occupational therapy); Delivery of the Portage Programme to 2 children at home; Psychological counseling to parents; Training of kindergarten staff; Training of community social workers.
3	Falesti NGO "Eternitate"	Goal: Reduce discrimination and ensure the educational inclusion of children with special needs. Activities: 5 theatre performances performed in 5 pre-school institutions; Training of parents in accessing the community-based social services for early and pre-school support, in organising advocacy campaigns and claiming their children's rights - two advocacy actions initiated. Informing parents and kindergarten staff about inclusive education of children with special needs.
4	Ungheni NGO "Alfa Beta"	Goal: Ensure the wellbeing of children with special needs during the first years of life and developing the family's capacity to raise the child by strengthening the protective factors within the family, neighbourhood and connecting it to community support and education services. Activities: Training of parents on the determinant role of early age (0-3 years) in forming the child as a personality; Psychological counseling to parents; Development and publication of a brochure on support and education services; Development and publication of a leaflet on safety in the neighbourhood; Raising awareness of parents of children who do not attend the pre-school institution; An online platform was created by professionals for parents interested in early intervention for children with disabilities.
5	Ungheni NGO "Sprijin si Speranta"	Goal: Increase the engagement of parents of children with special needs in parenting programmes for taking care of their children. Activities: Assessing the family needs of child development and care; Delivery of specialised services to children from the identified families (occupational therapy, speech therapy and psychological assistance); Creation and training of an initiative group consisting of parents who have children aged 0-7 years (trained in writing projects); Sharing the experience of accessing specialised services at the local level between 4 districts.
6	Transnistria Charity Fund "Detstvo deteam"	Goal: Create an initiative group of foster parents to share the experience of successful parenthood. Activities: 2 trainings of parents in improving relationships with children with special needs; 2 trainings of parents on legal issues related to children; Creation of an initiative group; Organising 4 meetings to share the experience between parents.