An Organizational Assessment of Children's Social Service Agencies in Romania

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Introduction

This paper presents our team findings from organizational assessments conducted at various children's agencies in Romania during May of 2004. It includes feedback for the programs obtained after we sent them a draft of the results. Our assessments were conducted using Burke's (1994) organizational development model. An adapted version of this model, as used by our team, is attached in both English and Romanian (attachments A and B).

The power of the Burke model is in its wide-spanning strengths-based analysis. This model focuses on both the internal and external factors affecting an organization and seeks to solicit input from various types of stakeholders including the organization's management, staff, and clients. The model requires 1) an understanding of the external environment in which an organization functions, and 2) an exploration of how this environment controls, both directly and indirectly, the work of an organization. At a macro level within the organization, the model attempts to clarify the mission, vision, and strategies of an organization. It also assesses the organization's overall structure, management practices, systems, climate, and culture operating (both formally and informally) within the organization. At an individual or micro level, the model is concerned with the skills and tasks required of each staff member as well as the individual needs, values, and motivations of the staff and customers of the organization.

While this model can be adapted for use in numerous types of organizations, our team found it to be a very powerful tool to use within the context of our study. Specifically,

the model was meaningful to our study because: 1) it required us to thoroughly understand the external environment in which each agency and the Romanian social service system as a whole were functioning; 2) it focused on both macro and micro operations within each organization; and 3) it required us to solicit information from all stakeholder classifications within an organization. Given the complex history and unprecedented rate of change within Romanian social services, this model was an ideal tool.

Three agencies were examined in-depth for the study. Our first analysis was conducted at the long term foster program sponsored by the Hungarian Reform Church in Illieni. Our second analysis was conducted at Close to You, an organization in Iasi focusing on the needs of children living with AIDS throughout Romania. Our third analysis was conducted at Romanian Children's Relief (RCR), an organization working with hospitalized and foster children living in Bistrita and surrounding areas. Our team also interviewed three other service providers briefly. These included: 1) the Institute of Child Development in Bucharest, 2) a counseling program at the University of Iasi which is in the development phase, and, 3) the RCR operations at the Rusescu Hospital located in Bucharest.

Our assessments were conducted through exploratory interviews with university scholars, government officials, medical practitioners, community members, organization directors, organization staff, and organization clients. Additional information was gathered via direct observations in the organizations, foster homes, and communities we visited. During each visit and interview, our team made its best effort to seek out only relevant and meaningful data. This attempt was sometimes challenged by the short timeframe allotted for each visit and by language barriers requiring the use of interpreters.   It is with these

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limitations in mind that we present this analysis.

The first section of this paper presents a review of the macro external environment in which Romanian social services agencies operate. It is very important to first understand the history, economic climate, political structure, and legal framework operating in the country prior to analyzing the individual organizations. Following this initial section we present each respective agency's organizational assessments. Each assessment presents our perceptions, interview findings, and impressions from conversations with agency stakeholders, practitioners, and scholars. Woven into each discussion are our thoughts on how to build on the strengths of each organization and how to meet the needs of a dynamic client population while continuing to grow and serve in the rapidly changing landscape for social services in Romania. The final section of this paper presents our team recommendations at the direct practice, organization, and social policy levels for children social service agencies in Romania.

Environmental Context

During our team's visit, we were constantly awed by Romania's history, political and economic climate, and social services network. Of course most of the current economic, political, and social structures can be traced back to the recent fall of communism – but as western students, the structure and challenges of providing social services within a developing nation are an entirely new subject matter. It is with these "new eyes" that we are presenting this environmental review.

Ceausescu Regime and the Fall of Communism

Before the communist takeover in 1947, Romania was a prosperous country rich in natural resources. In contrast, Romania is now considered one of the poorest nations of

Eastern Europe (with the possible exception of Albania), and is regarded by some historians as East Europe's most glaring failure economically and politically (Bogdan, 1989). Clearly, communism and the Ceausescu regime were the main causes of this sentiment.

Romania fell under full communist control at the end of 1947. The then-communist leader, Gheorghiu Dej, embraced Stalinism, but gradually proceeded to loosen Romania's ties with Moscow. The split widened under Nicolae Ceausescu, who took over as party general secretary in 1965. As "supreme leader," he continued his mentor's policy of nationalism and independence from the USSR within the context of Marxism-Leninism. He promoted closer relations with the People's Republic of China and with the West, as well as industrial and agricultural development.

One of Ceausescu's goals was to dramatically increase the labor force in an effort to industrialize the country. Industrialization of the country occurred at the expense of the agricultural sector and rural lifestyle. In 1950, 76 percent of the Romanian population was employed in agriculture. By 1977, this number was reduced to 35 percent due to systemization of the countryside that exacerbated food shortages. Farm houses were razed and people were moved to small and inadequate apartment blocks (Bogdan). By the mid-1980s, staples such as bread, milk, and sugar were rationed. Additionally, people lacked adequate heating during winters when temperatures went well below zero (Morrison, 2004).

In a long-range plan to increase the population of Romania to expand the labor force, Ceausescu implemented pro-natalist policies that abolished abortion and suppressed the importance of contraceptives (Johnson et al, 1996; Moskoff, 1980). Furthermore,

income was taxed up to 20 percent if people remained childless, regardless of whether they were married (Moskoff). To encourage women to have more children, financial benefits increased with each successive birth. In addition to violating women's freedom of choice and reproductive rights, these monies could not adequately cover the cost of supporting more children, leading to economic difficulties in trying to raise a large family (Morrison). To further encourage Romanian women to keep having children, despite increasing poverty, the Romanian government offered to care for the children that could not be afforded. It also created the perception that the state's care would, in fact, be superior to any care that could be provided the children by their birth families. For many parents, handing their children over to the state was seen as a way to give them a life and opportunities they would otherwise not realize. This complacence, if not encouragement, of child abandonment on the part of the government, added to the social context that now lingers and serves to complicate re-integration efforts and family preservation by child welfare organizations and advocates.

Romania had one of the highest rates in Europe of female participation in the labor force because of women's forced induction. In addition, extended family care was largely eliminated due to the magnitude and impact of the rural to urban shift (Morrison). Romania was unprepared for the demographic consequences of the combined actions of forcing the increasing fertility rate and the decreasing number of extended family and neighbor caretakers. Appropriate social support systems to care for the growing number of children were not implemented, and Romania found itself dealing with a large number of orphaned and abandoned children.

Ceausescu's domestic policies were marked by frequently disastrous economic

schemes; over time, the government became increasingly repressive and corrupt. For example, to repay his $10 billion foreign debt in 1982, he drained the Romanian economy of everything that could be exported, leaving the country with desperate shortages of food, fuel, and other essentials. An army-assisted rebellion in December of 1989 led to Ceausescu's overthrow, trial, and execution. The revolution opened the way for a re-establishment of democracy, the establishment of a market economy, and the re-integration of the country in the European economic, political and cultural life. Progress, however, has been slow.

<u>Recent Political and Economic History</u>

After the fall of Ceausescu, former communist and Ceausescu deputy Ion Iliescu of the National Salvation Front, served as president from 1990–1995, and again in 2000. While Iliescu outwardly promoted democratic ideals and a break from the communist regime, in reality he ran an authoritarian government that was not willing to share power. Reform-minded Emil Constantinescu of the Democratic Convention Party served as president from 1996–2000, and was elected primarily because of economic turmoil and government corruption under Iliescu. During this period, the post-Communist governments' conflicted and half-hearted attempts to change to a free-market economy were largely unrealized (Central Intelligence Agency, 2004). In 2000, former president Iliescu returned to power with a landslide victory over a xenophobic and extremist, far-right Vadim Tudor, against whom Iliescu was most likely considered the lesser of two evils.

Today, the political elite of Romania is made up of: 1) left and center-left parties that have their origins in the post-war communist party; 2) the traditional, predominantly

right and center-right, inter-war parties; 3) the nationalist parties; and 4) a party that represents the Hungarian minority. Since the fall of Ceausescu, none of the main political groupings has been able to win enough support to form a majority government. The formation of stable, lasting government coalitions has been complicated by deep personal animosities that run through the political scene. Because of this, most parties have deep internal divisions, resulting in constant political realignments (Economist, 2004).

The transition that began in Romania in 1990 was, in many respects, more difficult than in the other countries of Central and Eastern Europe. By the late 1980's Romania's economy was on the verge of collapse after forty years of rigid central planning that had emphasized self reliance, an excessive focus on heavy industry, and large infrastructure projects. In an attempt to minimize the social costs of transition, and often captive to vested interests, the Romanian government initially hesitated to impose tight fiscal constraints and privatize large loss-making, state-owned enterprises. In the late 1990's, attempts to impose macroeconomic stability without full structural support led to negative economic growth, excessive inflation, and poverty increased sharply, doubling from 20 percent in 1996 to 41 percent in 1999 (World Bank, 2003).

Current Economic Position

Since 2000, the new Government has implemented macroeconomic policies that are supportive of growth. A disciplined fiscal policy, which complemented a tight monetary policy and augmented by strong advances on structural reforms, led to improved financial discipline in the enterprise sector, and has placed public finances and the financial system on much firmer footing. This resulted in robust GDP growth for two consecutive

years, at 5.3 percent in 2001 and 4.5 percent in 2002 (World Bank). In addition, inflation and interest rates declined steadily, the fiscal deficit was brought under control, and foreign exchange reserves increased to historic highs. Export growth remained vigorous, fueled by private investment and the competitive depreciation of the currency. Additionally, the competitiveness of the enterprise sector was boosted by productivity gains (World Bank). Nonetheless, these recent macroeconomic gains have done little to address Romania's widespread poverty, while corruption and red tape hinder foreign investment (Central Intelligence Agency).

Current Social and Economic Indicators

The enormous economic and social changes taking place in Romania since 1989 have resulted in considerable upheaval for the population. Despite the strong economic performance of the last four years, the Romanian population continues to face income, employment, and infrastructure challenges.

Table 1 uses country measures from the Central Intelligence Agency (2004) and UNICEF (2000) to compare economic, health , and infrastructure measurements of a widely recognized developed nation (United States) and a widely recognized developing nation (India) to Romania, which has been labeled as a lower middle income country (European Union, 2003). With a population of almost 23 million, it is the second largest country in Central and Eastern Europe, and is larger than 10 of the 15 current members of the European Union (European Union).

	Romania	U.S.A.	India
PEOPLE			
Population (2004)	22,356 K	293,027 K	1,065,070 K
Median Age (2004)	36.1 yrs	36 yrs	24.4 yrs
Population Growth Rate (2004)	-0.11%	0.92%	1.44%
Birth Rate per 1,000 (2004)	10.69	14.13	22.8
Death Rate per 1,000 (2004)	11.69	8.34	8.38
Net Migration Rate per 1,000 (2004)	-0.13	3.41	-0.7
Infant Mortality Rate per 1,000 births (2004)	27.24	6.63	57.9
Life Expectancy at Birth (2004)	71 yrs	77 yrs	64 yrs
Fertility Rate (2004)	1.35	2.07	2.85
HIV/AIDS Prevalence (2001)	<.1%	0.006	0.80%
People living with HIV/AIDS	6,500	900,000	3.97 million
Prevalent Religion (2002)	Eastern Orthodox 87%	Protestant 56%	Hindu 81.3%
Net Primary School Attendance (1996-00)	93%	95%	76%
Adult Literacy (2003)	98%	97%	60%
% Infants w/ low birth rate (1998-02)	9%	8%	30%
ECONOMY			
GDP (2003)	$154.4 billion	$11 trillion	$ 3 trillion
GDP Growth Rate (2003)	4.50%	3.10%	7.60%
GNI Per Capita US$ (2002)	$1,850	$35,060	$480
Population below Poverty Line (2000)	28.90%	12.00%	25.00%
Inflation Rate (2003)	14.30%	2.10%	4.60%
Unemployment Rate (2003)	7.30%	6.20%	9.10%
Exports (2003)	$17.6 billion	$714.5 billion	$57.24 billion
Imports (2003)	$22.2 billion	$1.26 trillion	$74.2 billion
% Gov't expenditure allocated to health (1992-01)	14%	21%	2%
% Gov't expenditure allocated to education (1992-01)	10%	2%	3%
% Gov't expenditure allocated to defense (1992-01)	5%	15%	16%
INFRASTRUCTURE			
% population w/ adequate drinking water (2000)	58%	100%	84%
% population w/ adequate sanitation (2000)	53%	100%	28%
% Population urbanized (2002)	55%	78%	28%

The above table shows some striking differences which deserve comment. Notably, Romania is experiencing a very low birth rate and a negative population growth rate. These low rates are most likely a reflection of the elimination of the Ceausescu era reproduction policies. The net migration rate is also negative for Romania, indicating a net out-flux of citizens. This poses a risk to Romanian society as young, educated citizens seek opportunities outside the border of the country. Overall, social conditions also remain poor. Life expectancy is considerably lower than in most of the other western European countries. Infant mortality has dropped but remains high by European standards. Rapidly falling birth

rates since 1989, together with increased general mortality, mean that since 1992 Romania has had a negative population growth rate. The decline of the Human Development Index (0.752 in 2003) reflects the hardships of a painful transition (United Nations, 2004). With a GNI (US$) of $1850, or $154 per month and an inflation rate of over 14% annually, the struggle to rise out of poverty will continue to be overwhelming for many Romanian citizens. Poverty remains widespread with 29 percent of the population living below the poverty line. Some 60 percent of Romania's poor live in rural areas despite the country's substantial potential in agriculture, forestry and fisheries. In addition, some 90 percent of the country's Roma minority are poor (World Bank).

Romanian families have been significantly affected by the generalized crisis as exemplified by economic hardship, lack of material resources for families with many children, inflation, and unemployment. After more than a 13 year transition, the GDP and real wages were still at less than 1989 levels. Relative to 1989, GDP was at 85 percent and real wages were at 77 percent for 2002 (UNICEF, 2004). Romania is a country still in need of assistance from more prosperous countries.

European Union (EU) Membership

The country is in the process of comprehensively reforming and restructuring its economy and social policies with a view toward joining the EU in 2007. As part of this effort, the Government is seeking to build economic institutions as well as design and implement public policies to fundamentally transform Romania's economy and society. Strong political commitment and considerable expertise and resources, as well as popular and external support, are required to achieve this objective.

In order to gain acceptance into the EU, Romania must fulfill several requirements

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as dictated by the EU. With this in mind, Romania has outlined four major goals to be accomplished in order to secure a position in the European Union (Mission of Romania to the EU, 2000). These goals are as follows: 1) to re-launch growth and restructure the economy; 2) to reduce social polarization; 3) to restore the authority of the state and of its institutions; and, 4) to cut down on bureaucracy and corruption.

Specific to social polarization, Romanian has been actively working to establish more progressive and sustainable child welfare practices (Dickens, 2002). Unfortunately, government officials have engaged in accelerated legal reform to satisfy EU child protection demands without incorporating the appropriate provisions and resources for enforcement or financial resources for full-scale implementation.

Formal communications between Romania and the EU continue to highlight child welfare as a main concern for EU membership. For example, Prime Minister Andrian Nastase, in his response to the 2003 Regular Report on Romania as published by the EU, stated, "Romania continues to fulfill the political criteria, significant progress being noted with regard to institutionalized children." (November 5, 2003).

Romania faces a number of challenges to attain its goal of EU integration. The World Bank (2003) has identified six key action areas Romania must focus on to not only enter the EU, but to significantly improve the lives of Romanian citizens. These are listed below.

1. Accelerating structural reforms. Key challenges include completing the privatization agenda, improving the business climate by eliminating administrative barriers, and implementing a transparent and predictable tax system. Romania also needs to build on its successes in restructuring and privatizing the banking sector.

2. Reforming public institutions and improving governance. Public services need to be delivered in a manner that benefits the population. To

accomplish this, administrative capacity needs to improve through the development of a merit -based civil service that is adequately remunerated. A supportive legal and regulatory framework is also required.

3. Reforming the legislative process and the judiciary. In the past, frequent changes in legislation, together with the lack of institutional capacity to implement new laws, impeded the reform process. It is therefore essential to streamline existing legislation and develop an effective consultative framework to pass new laws. In addition, the independence of the judiciary needs to be strengthened, the speed and efficiency of the judicial process improved, and the professionalism and integrity of judges enhanced.

4. Reforming the pension system. With 1.7 retired persons per worker, Romania faces a severe demographic challenge. Reforming the pension system is therefore essential to ensure its sustainability.

5. Developing the rural areas and reducing poverty. Agricultural sector reforms are essential to reduce the country's high levels of poverty, as the majority of Romania's poor live in the rural areas. Although Romania has fertile agricultural land, vast tracts of forest, and a rich network of rivers, its rural areas suffer from inadequate infrastructure and inefficient agricultural production. In addition, access to education and social services in these areas must be improved.

6. Reforming the energy sector. Energy sector reforms are necessary as payments in arrears in the sector are large, and continuing subsidies are one of the major factors contributing to the country's fiscal imbalances.

With EU membership only three years away, the task ahead of Romania is enormous. From a social work perspective, it is a credit that the EU has shone a very bright light on child welfare and social services. Without this light, these issues most certainly would have been lost in the overwhelming list of other EU requirements.

Until the climatic events of the late 1980's, communist countries were virtuously inaccessible to outsiders. Because of this, very little was known about everyday family life and child welfare in the Eastern bloc countries, including Romania. The significant numbers of children in institutions were among the numerous post-communist problems with which Romania had to contend. As a direct outcome of socioeconomic and reproductive policies imposed by the Ceausescu regime, and the limited availability of medical and social services, approximately 100,000 children were placed either temporarily or permanently in the institutional system by their destitute parents by the end of 1990 (Johnson et al, 1992). Severely limited numbers of staff in these orphanages could not offer treatment, therapy, or education to these children (Morrison). Together with unsanitary and crowed conditions, the results were unacceptably high rates of developmental disabilities, infectious diseases such as HIV, and high mortality rates (Hersh et al, 1991).

After the fall of Ceausescu, children's needs, rights, and interests were not supported by any important political pressure groups and the government reforms were focused elsewhere (Lataianu, 2003). With the ban on abortion lifted, a general expectation arose that the country would experience a significant decrease in the number of abandoned and institutionalized children. Unfortunately, this was not the case. Initially, the number of institutionalized children fell, but then rose to 115 percent of 1989 levels by 1994 (Lataianu). During this period (1990 to 1997), there was a lack of clear social policy or strategy regarding child welfare, with the most efforts directed at improvement of general conditions in residential institutions (Lataianu). After 1989 the quality of care in

institutions increased in a significant way, especially as a result of the substantial help provided by foreign organizations. As a result of these initiatives, the situation of orphaned and abandoned children in residential settings improved considerably, much more than in families, where the situation of children became worse (Zamfir & Zamfir, 1997). Unfortunately, the quality of services in the majority of residential institutions fell far short of internationally accepted standards. These early institutional changes, though important, were not generalized and prioritized because of the lack of a national strategy and because of the subordination of residential institutions to different ministries with different objectives and strategies (Lataianu).

The largest legislative advances in Romanian child welfare were made in 1997, when the government created a new central oversight body and passed three major child welfare laws. The Department of Child Protection (DPC) was established to direct and coordinate child welfare services across the county. In the summer, the new laws were introduced which addressed three primary objectives for child care and social work in Romania: 1) to establish local authority social services for children and families; 2) to promote substitute family care as an alternative to institutionalization; and 3) to improve the regulation of inter-country adoption (Dickens, 1999).

The first new law required all forty councils and six sectors of Bucharest to establish departments for children and family social work, to be known as "Directories for Protecting the Rights of the Child" (Dickens). These directories were issued the following priorities; 1) the prevention of institutionalization of children; 2) the reintegration of children from institutions to their birth families or placement in substitute families; 3) the support of birth families through material and financial aid and counseling; 4) the

recruitment, assessment, and support of potential substitute families for children; and 5) the creation of networks for professional foster caregivers (Dickens). Under this new philosophy of reform, the government attempted to change residential intuitions (formerly called children's homes) into placement centers – promoting the familial-type of caring for children and the provision of temporary and personalized care of every resident child (Lataianu).

The second law covered the "protection of children in difficulty," outlining foster care as the preferred alternative to residential care. This law outlined the legal categories under which children could be placed in institutions or foster care and it emphasized that priority should be given to placing a child with a family; within that, the priority should be to place a child with a relative rather than any non-related family. The law also specifies the nature of the ongoing rights and responsibilities of the birth parents when a child is in placement. Notably, parents retain all of their rights and responsibilities if their child is in placement. If the child is in custody of the government, the parents do not have the right to contact but may maintain personal links with the child if it is deemed to be in the best interest of the child (Dickens).

All those who take a child in placement or custody (a.k.a. entrustment) are entitled to receive a state foster care allowance that is index-linked at the equivalent of approximately $20 US per child per month (Dickens). Additionally, in order to promote the importance of caregivers, the 1997 law introduced the role of professional maternal assistant (PMA). Non-related foster caregivers may become PMA's, for which they receive a monthly salary equivalent of a basic grade social worker, or $60 US per month (Dickens).

During our visit to Romania, we saw the dramatic effects of these two legislative actions. The most recent statistics that we found (as of February 2003) from the National Authority for Child Protection and Adoption reported that 42,777 children were living in public or private residential institutions (76% of them over age 10) and 43,783 children were in a protected family-like environment such as foster families or enlarged families (UNICEF). This represents a decrease of over 50% in the number of institutionalized children from 1999 reported levels.

The third law of 1997 reasserted the formal priority of domestic adoption over inter-company adoption, but also set out new requirements and procedures under which inter-company adoptions could be legally arranged (Dickens). This law has been subsequently overridden. In April 2004 the Romanian Senate approved legislation that would allow Romania children to be adopted abroad after every option for keeping them in Romanian had been exhausted, and then only to a close relative (Amariei, 2004).

The majority of children in state-care are placed there because their parents are struggling to survive in the face of poverty. Although some children are abandoned, many continue to have some contact with their parents who usually intend to take them home as soon as circumstances allow (Dickens & Watts, 1996). Additionally, even though they do not have a medical need for hospitalization, a number of babies and young children remain in maternity hospitals for significant periods of time due to administrative delays in obtaining the necessary legal paperwork (Dickens & Watts).

Social Welfare System

Social work has only recently re-emerged as a profession, following some 25 years of abolition under communist rule (Dickens & Watts). Social work education was first

introduced at the universities located in Cluj and Iasi in the mid 1990's (Dickens & Watts). This has created a new flow of young educated social workers. Unfortunately, many of these social workers leave the county to pursue better paying jobs in other parts of Europe (personal communication, Gavrilocici, May 2004).

In the period directly following the 1997 legislations, child welfare workers faced challenges because of government pressures and a general lack of knowledge and training on conducting family placements (Dickens & Watts). During this time there were considerable pressures to conduct quicker assessments arising from the number of children in institutions. These pressures were brought to bear by staff from institutions, by prospective adopters and caregivers, and by legislators. These pressures made it very difficult for Romanian social workers to accept in practice the result of the assessments showing a family as unsuitable, although this possibility was accepted in theory (Dickens & Watts).

Social workers continue to face many major and minor barriers in their ongoing attempts to assist marginalized client populations. A survey of child welfare social workers conducted in 1999 (Dickens et al, 2000) showed that this group viewed the rising level of poverty in Romania as the largest problem social work is facing. The research also indicated that social workers displayed a high level of discontent with the lack of resources, the shortage of qualified workers, and a perceived lack of support from the government.

Infrastructure and resources also continue to limit the work of social workers. Many simply lacked the basic equipment or means to perform needed tasks. For example, it is impossible to reach many outlying villages in the winter, fall, and spring as roads become impassable by foot, horse drawn wagon, or car. It is likewise very hard to maintain

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regular visiting patterns when there are a limited number (or zero) of vehicles available for an organization. Not only do these obstacles impede the realization of the organization's mission, but they serve to frustrate staff who are invested in their work but cannot fulfill some of their responsibilities due to a lack of resources.

In spite of these barriers, our group found the social work professionals we visited to be highly motivated, energized, and dedicated to outstanding client service. It is this level of energy that will be reflected as an underlying theme in the three organizational assessments that follow.

Close to You

The program evaluation was conducted through discussions with agency administrators, social workers, office staff, children with HIV/AIDS, and foster parents.

HIV/AIDS in Romania

Before coving our assessment of Close to You (CTY), it is important to first

understand the progression of HIV/AIDS in the country. By the early 1990's, Romania had

the highest reported number of AIDS cases in Central and Eastern Europe (Mann et al,

1992); half of all the children with HIV/AIDS in the EU are in Romania. In contrast, before

1989 Romania reported only 13 cases of AIDS to the World Health Organization (WHO)

(Hersh et al).This underreporting was a direct outcome of Ceausescu's refusal to recognize

the significance of the epidemic, labeling HIV as a capitalist disease and leaving many

Romanians with little knowledge of the disease (Morrison).

The Center for Disease Control and the WHO established surveillance studies in

conjunction with the Romania's Ministry of Health immediately after the fall of Ceausescu.

By December 1990 over 1,100 cases of AIDS had been reported to the Ministry of Health,

with 94 percent occurring in children under the age of thirteen (62 percent who lived in

institutions) (Hersh et al).

Multiple therapeutic injections and micro transfusions with reused needles were

largely responsible for the high infection rates. During the Ceausescu regime, micro

transfusions of whole blood were given to underweight or anemic children to boost the

child's immune system (Morrison). A single bottle of blood could be used to transfuse 10

to 20 children (Pantruscu & Dumitrescu, 1993). Additionally, children presenting with

common pediatric disorders were subjected to intramuscular injections of antibiotics or

vitamins using unsterile needles (Hersh et al).

Purpose/Mission

Close to You (CTY) is part of the Holt International Children Services initiative

that started in Romania in 1992. CTY is a Romanian national non-governmental

organization with USAID funding. In 2002, CTY took over the staff and the HIV programs

that had been implemented by Holt. The national headquarters resides in Iasi, with two additional branches in Constanta and Tg. Mures. The mission of CTY is to observe and promote the rights of people affected and infected with HIV/AIDS in Romania. Their goal is to provide direct services in the HIV/AIDS field while creating an organizational development of Associations of People Affected and Infected with HIV/AIDS in Romania.

CTY, a community based organization also funds foster homes for children with HIV/AIDS, promotes public awareness and prevention on HIV/AIDS, and alleviates the stigma faced by those who have HIV/AIDS.

We spoke with a CTY board member who informed us that there was a debate occurring in May 2004 of whether or not to change the mission of CTY. The debate was over the context and the amount of change. The board did not want to change the mission 180 degrees. What was decided is unknown at the time this report was completed.

Agency History

Holt is based in the United States and is one of the largest international adoption providers and supporters of children and their families around the world. The first branch of Holt in Romania was established in 1992. There are four Holt regional offices in all. Currently, Holt has been in Romania for 12 years. In 2002 the international organization became the Romania Foundation. Close to You was originally based in Bucharest. It moved to Iasi 2 to 3 months after it started. CTY is the only organization funded by the Global Fund that is not located in Bucharest.

Two years ago, Holt-Romania transferred the HIV/AIDS program to Close To You, allowing the organization to specialize and attract more EU funding. USAID funded Holt for four years until Iasi ensured their own funds for the program. CTY has gone through a

tremendous amount growth, accelerating from two to eleven projects in just the last two

years. Much of this growth has been funding driven. CTY is almost entirely support by

large International NGOs, with the largest donor being the Global Fund. In 2004 CTY

received over $470,000 in income, with 80 percent of this coming form the Global Fund to

support a two year program. Other donors include Holt International, UNICEF, and the

World Learning Project. Based on our calculations, only 1 percent of income is now

coming from within Romania. Some of CTY's current projects are listed below:

> 1) Social Assistance Program for HIV Positive Children and their Families:
> prevention of familial abandonment of HIV positive children by offering support to
> families who have HIV positive children in their care; maintaining the HIV positive
> child in the family, school, and community; and helping families with HIV positive
> children overcome the crisis situations during the evolution of the disease.

> 2) Foster Care for HIV Positive Children: prevention of institutionalization of HIV
> positive children who have been abandoned or are facing the risk of being
> abandoned by reducing the number of HIV positive children placed in institutions;
> development of a professional foster parents network specializing in the care of
> HIV positive children; and the replication of the foster care model for the HIV
> positive children in other counties.

> 3) Psychological Assistance Program: provides support for people affected and
> infected with HIV/AIDS by increasing awareness among people who look after
> HIV positive children about the importance and the practical approach of diagnosis
> disclosure and the necessity of efficient communication with the child about the
> disease.

> 4) Preventing the Vertical Transmission of HIV: prevent the vertical transmission
> of HIV in Iasi, Constant, and Mures by increasing the knowledge of family doctors
> from all three counties regarding before and after HIV testing counseling;
> increasing family doctors' awareness of recommending the HIV test to be done by

pregnant women; increasing the number of pregnant women tested for HIV/AIDS; increase number of pregnant women that have correct information regarding HIV/AIDS transmission; develop an efficient system of working and communication between family doctors, social workers, the Departments of Public Health, and the Epidemiological Department; increasing the level of accessing social services offered by CTY for the people infected and affected by HIV/AIDS.

5) Organizational Development of Association of People Affected and Infected with HIV/AIDS: to strengthen their position in the fight for the promotion and protection of the rights in the field by the development of the organizational and operational capacity; increase the level of professionalism; and develop the members' skills in the promotion and protection of the people affected and infected with HIV/AIDS.

6) Hospital Day School: prevent HIV positive children from six counties in Moldova from leaving school by reintegrating them (HIV positive children) into the classroom and by the integration of special needs studies into normal studies.

7) Volunteer Network Program: improve the quality of life of people affected and infected with HIV/AIDS by improving the degree of scholar and social integration of HIV positive children; prevention of HIV/AIDS transmission in the community; and increase the level of community awareness on HIV/AIDS issues.

8) UNICEF Project – Social and school integration of HIV-positive youth from Romania: train mass media, local authors, and teachers on HIV/AIDS; HIV positive children will do peer education; training on parents disclosing the truth of HIV/AIDS diagnosis; youth club where HIV positive children and community children come together for activities (for example: dance, sewing, painting, camps, trips, etc.)

9) Cherish Our Children – Social and professional integration of HIV-positive youth from Iasi: help adolescents develop skills in painting, computers, sewing, etc. in order to help them integrate into the community at the age of eighteen.

CTY continues to actively engage and collaborate with its founders and an extensive group of international and national partners such as: Holt International Children's Services US; United States Agency for International Development; Moschino, Italy; UNICEF Romania; USAID through World Learning Child Net Program; Global Fund; Holt Romania; UNOPA; DGPDC; HIV Alliance USA; Planned Parenthood Health Services of Southwestern Oregon USA; and Case Western Reserve University in Cleveland, Ohio, USA.

Structure

Close To You serves those that are infected and affected by HIV/AIDS. Specifically, CTY recruits foster parents for infected children by radio and television ads in order to help sensitize the community and let them know about the problem of HIV/AIDS. The foster parents are required to have a strong motivation to be a foster parent to an HIV-positive child. They also have to have a home and other necessities that are essential to raising a medically-fragile child. The foster parents cannot have a criminal background and also need to be of good physical and mental health. Close To You is always looking to recruit more foster families.

Demographics of Agency

The majority of staff at Close To You is Romanian and female. The staff at Close To You work closely together in administrative and direct practice within the agency. The director of this agency supervises the staff of social workers, a psychologist, and volunteers. Throughout our interviews, there was a sense of open communication between all staff members and recognition of each other's expertise in different areas. Many staff members expressed that they work as a team and not as individuals which enables them to support

one another easily.

Close To You has a board that oversees their activities. Many board members are managers of Holt International sites. The board serves as a mediator, mentor, and negotiator, and provides guidance when CTY interacts with funders and other service providers.

External Environment

Close To You is located in a house on a small side street surrounded by other homes. There is a sign that hangs over the street, stating the agency's name. The name Close To You, however, does not imply any direct relationship with provision of services to HIV/ADIS clients. Its location and name are important in protecting clients and workers from potential negative interactions in the community. The agency is a few blocks away from a busy part of the city. The building itself is in good order and the office appears to be very organized and well maintained.

Funders are the largest external influence on this organization. Funders dictate program requirements, staff size, and organizational priorities. Over the long term, the income stream could be very unstable for this organization, meaning the director and the board are always on the look out for news and ongoing funds to ensure financial survival.

Climate and Culture

The overall climate and culture of the organization is very positive. The staff appears to work well with one another and to have positive interactions with each other. All staff spoke of their own personal growth and increases in knowledge since working at Close To You. The staff is very dedicated to helping their clients and to working hard at their jobs. The staff also had great motivation and sense of fulfillment from doing their jobs.

The social workers, psychologists, office staff, and volunteers are all trained and educated to competently perform their tasks. The staff spoke of workshops and classes they have attended to educate themselves.

A frustration expressed by some of the social workers is the emotional toll the job takes on them. They indicated that the death of a client is especially hard to deal with. To help the staff manage these losses there are workplace supports provided. The whole agency tries to encourage and help staff members to get through these times. There are also formal meetings each month where staff discuss what is going on within the agency.

Leadership & Management Practices

The Executive Director describes her style of leadership as democratic. She has worked as a social worker and a supervisor, so she knows what it is like to be under an Executive Director. She has the same specialization and expertise of those that are providing the direct services. Her goal is to consult with the staff of Close To You before making decisions. She believes everyone has different strengths, skills, and abilities that should be brought out and utilized. She hopes to support the growth and development of her staff by paying for training sessions for them to attend. The Executive Director also expressed that she and her staff need to have good organizational skills as well as good time management skills in order to effectively do their jobs. In addition to providing organization and time management skills, she gives feedback about the delivery of the clinical services, conducts performance reviews, hires new staff, and builds staff moral. The staff is evaluated every three, six, and twelve months by the sites director and executive director. The board evaluates the Executive Director based on their conversations with her staff.

Our collective impression of the Executive Director was very positive. She seemed to be a leader who was able to navigate the organizations through tremendous periods of growth and change with relative ease.

Systems

The systems utilized at CTY were very impressive. We found many of the policies and procedures utilized at CTY to be better than those used in some U.S. based nonprofit organizations. This included detailed job descriptions, contact logs, and weekly staff reporting. Many of these systems are driven by funder reporting requirements. CTY keeps thorough case records, conducts frequent progress assessments, and has very detailed reporting requirements for staff activities. This amount of data enables CTY to respond to the funders' questions and reporting requirements with ease. If the time ever becomes available, this data can also be used to conduct internal agency reviews of progress, efficiency, and areas for improvement.

Task Requirements

Because of the well documented policies and procedures used in the organization, staff had a very clear understanding of job roles and responsibilities. They also knew their specific job expectations and new the procedure to use if they needed to solicit feedback or guidance.

Motivation

The commitment to the mission of the organization and the general level of energy and excitement in CTY was very high. Many staff members expressed personal job motivations tied to direct client service provision. As the organization grows, it will be interesting to see how personal motivations and staff desires evolve.

Organizational Needs

During the course of our assessment, the organization expressed three needs. These needs and our corresponding team comments are outlined below.

First, CTY would like more external expertise on organizational management. Given the amount of growth they have experienced over that last two years, this is understandable. The Executive Director has spent an overwhelming amount of her time developing and leading the growth of this organization and has most likely not had time to explore organizational theory, leadership models, and other best practice organizations. Given our assessment, we did not feel the organization was lacking because of this. Rather, this shows the apparent desire in the organization to seek continual improvement.

Second, they wanted to learn how to work more efficiently and manage their time better despite the amount of staff and time in a day. This indicates that the organization is fully utilized and does not have capacity for additional projects or commitments without recruiting further staff.

Finally, CTY would like to secure funding from within Romania to support their programs. Long term, this is advisable as funding from the Global Fund, Holt, UNICEF, and other international donors may not be available with shifting global issues and funder priorities.

Overall Performance

Given the dramatic funding and program changes experienced recently, we were very impressed by the level of systems, organization, and energy displayed by CTY. Morale was high and the staff appeared very committed and capable of performing their individual roles. The organization appeared to invest in the staff through ongoing

performance feedback and training, roles and responsibility were well understood, and performance expectations were documented. Per our interviews, clients indicated that the organization meet their needs and was a very valuable source of support. The organization was very knowledgeable about HIV/AIDS and seemed to understand that the progression of the disease should drive the progression of the organization. Lastly, we found the leadership at CTY to be exemplary. A leader such as Angela is absolutely necessary to ensure long term organizational success. She is a true asset the CTY and Holt International.

Agency Specific Recommendations

Our agency recommendations focus on two general areas: 1) serving a changing clientele; and, 2) managing funding and organizational growth.

CTY is focused on serving the needs of those with HIV/AIDS and educating the community to prevent further HIV/AIDS transmission. In doing this, CTY must recognize that current clients will quickly outgrow services. According the CTY, the average client is now 14 or 15 years old. This means foster programs will be almost obsolete in just three to five years. CTY needs to quickly develop programs to address the needs of an older population – focusing on career or life skills, independent living, and education to prevent new transmissions as this cohort becomes sexually active. CTY must also continue to actively work to educate the community on the prevention and management of HIV/AIDS.

Organizational growth has been tremendous over the past two years with the inclusion of new donors requiring new programming. CTY needs to actively manage this process to ensure new programs are adequately designed and sustainable. CTY should always assess the needs of the client before accepting new funds and designing new projects, especially if it means that staff and other resources may be redirected from

existing programs. The enormous influx of Global Fund support could be a blessing or a

curse for this organization. With this funding comes a new level of reporting and review

requirements, which absorbs management time and energy. Also, this funding has no long

term guarantee. This is very precarious for the staff in particular. If the Global Fund

support is not renewed, staff and programming cuts will certainly alter the environment,

climate, and culture of the organization. Because of this, CTY needs to build its funding

base within Romania. This will be difficult given the extent to which the organization is

currently committed and utilized, but is absolutely necessary to the long term future of the

organization.

KIDA Foundation – "Children's Village" – Long Term Foster Care in Ilieni

The KIDA Foundation is a non-profit, non-governmental, faith-based organization.

Members work to aid children in Romania through services for youth and assistance for

those who are abandoned. KIDA's projects have changed in the years following the

foundation's inception in 1991. Projects have included building and updating existing

physical structures, community development activities, lunch assistance programs, aiding small businesses, and supporting foster families and children from birth through higher education.

Today, the village of Ilieni inhabits 1000 Hungarians, of whom 300 are Catholic and 700 are members of the Reformed Church. The program is run by Rev. Bela Kato and his wife Mrs. Ibolya Kato. The Katos' vision for the Village was sponsored by their faith in the Reformed Church, which they wanted to have a hand in preserving. Specifically, the Reformed Church highly values religion and education in daily life, two aspects that can be fostered and maintained among the Hungarian members of the village. The history of persecution endured by the Hungarians in Romania and their increasing isolation today have fed the Katos' desire to safeguard their faith and ethnicity for future generations. This goal has been especially important because the village offers its Hungarian residents services not otherwise provided to them by the Romanian government.

The organizational assessment was based on interviews with one of the founders of KIDA, a foster parent, and an employee. We spent several hours over two days conducting an interview with one of the founders of KIDA, which took place in the Youth Center's meeting room. We also visited the Children's Village where we interviewed a foster mom in her home. In addition, we spoke with the person working at the front desk in the Youth Center. Further information was obtained through observations and a tour of the facility.

The interview with the co-founder provided information regarding the history, purpose, and mission of the agency. Rev. and Mrs. Kato arrived in the village of Ilieni, Romania, in 1988 during the time of Ceausescu's rule. Ceausescu was especially hard on minorities, and his social policies had the express result of breaking up families and

promoting child abandonment, as mentioned above. Because Ilieni was a 100% Hungarian village, it suffered grave deterioration during the Communist regime. When the Katos arrived, the fortress and church at the center of the village were in ruins. The Katos, believing it was important to invest in youth, and motivated by their membership in the Reformed Church, made a goal to renew the fortress so youth would have a place to spend time during the summer.

Because the fortress was not heated, the Katos decided it was necessary to build a youth center in addition to rehabilitating the fortress so the children's needs could be met year round. Rev. Bela Kato, a reform minister, found support through the Reformed Church to begin fulfilling the vision. Gaining approval through the church took a great deal of time, so the Katos decided to also fundraise on their own from other sources. In 1991 Rev. Bela Kato organized trips from four universities for students studying fundraising to visit and share their ideas. He also visited churches in Switzerland to speak of his vision and solicit funds. The Katos received money from many sources. These included visitors to the area who saw that donations were being put to good use, youth in Zurich who organized and donated money for the cause, and people from other countries. The Katos received a total of $400,000 from nine countries to complete the renewal. They promised to repay the debt in services to children and youth in the form of childcare and assistance to abandoned children.

Construction for the youth center began in 1991 and was completed in October of 1992. The fortress and church were completely restored by May of 1993. Water, gas, and a telephone system were brought in to improve the infrastructure. The government invested money to improve the water system and roads coming into the village. People in

town also worked to renew the streets. The process of using government funds for services proved costly and untimely, as the government was slow in approving funds and charged high interest rates. The Katos found that private funds better supported the needs of the foundation.

In October of 1992 the foundation began using the youth center. The Katos' vision for the new building was to provide a space to discuss and debate matters of life. Between 80 and 120 events, conferences, trainings, and cultural events have been held in the building each year. Staggered lodging rates exist for youth, Romanians, and Westerners on a sliding scale. The revenue generated from the events held in the youth center is used to support 20-100% of the KIDA Foundation's new and ongoing projects. The money is also used to pay staff, support programs, and pay foster families.

One of the foundation's ventures was the creation of the Children's Village. This was born out of a visit from an elderly Dutch couple to the town of Ilieni in 1992. The couple visited and brought gifts for Romanian orphans, but was disappointed to find few programs in the social welfare system for abandoned children. They witnessed behaviors that occurred during communism, such as stealing, that still operated as means of survival. The couple shared these concerns with Rev. Bela and Mrs. Ibolya Kato, who subsequently decided that abandoned children needed families to assist them in developing morality.

The Katos made the decision to start a family village. They raised funds, bought land, and built 12 family houses. They advertised the houses, looking for people who wanted to adopt or foster orphaned or abandoned children. As criteria, the couples had to be between 20 and 40 years of age. They also had to be physically unable to have a baby and have proof that they had been unsuccessful with the help of a specialist. The Katos

believed this would prove the parents' motivation in wanting children. Candidates came for a visit, were interviewed and educated about the vision and goals of the program, and were then sent home to decide if they wanted to participate. The selection process continued from 1992-1994. With the help of a psychologist, the Katos selected seven couples to participate.

The couples came back in 1994 and stayed for two months without children, allowing for acclimation to the area. The parents signed a contract with the KIDA Foundation, agreeing to live in the Children's Village and raise the children they received. The Foundation agreed to provide each family with a 170 square meter, fully furnished, modernly equipped house, with a garden area for vegetables. They also agreed to pay the mothers a monthly salary of $100 (equal to the salary of a teacher). The fathers were offered the opportunity to work in their field or trade.

The couples went through an accreditation process by the Department of Child Protection and were certified as family placements. The DPC continues to monitor the families and foster children.

The placement of children began with the hospital sending the couples a list of the children who were abandoned. Each couple visited the hospital and was able to choose the child they wanted. Most of the children were infants when taken in by the families in the Children's Village. Many couples received all of their children within the first few years. Six of the foster families have four children, and one family has five children. The children currently range in age from 2-12 years.

Though tied to a contract, the parents have the authority to make a majority of decisions about how to raise their children. Parents are responsible for decisions ranging

from discipline methods to which school their children will attend. There is also a variety of extracurricular activities, such as sports, music, dance, and foreign language classes, in which the children can participate.

The KIDA Foundation provides the foster children with clothes, shoes, toys, and school items throughout the year. Families also receive a monthly stipend equal to 25 Euro in Lei for each child. The Foundation pays ¾ of the utility bills for the children's use and parents pay the remaining ¼ for their own use. The Foundation vows to support further education for all of the children who want to continue – education being greatly valued by the Reformed Church, as mentioned earlier. Moreover, the foundation offers all of the village's "foster" mothers classes in knitting, sewing, and cooking. It also provides the men with training in farming techniques, which they learn and practice in the KIDA-created model farm, and then at various locations in Germany, the country funding the program. These same German funds have helped support the creation of a medical clinic and several small businesses in the village. The contract each couple signed terminates at the end of 30 years, or after all the children in a family reach 20 years of age or go to college. When the children leave, the parents must also leave their home in the Children's Village.

In speaking with a foster parent from the Children's Village we learned of her motivation for moving to Ilieni. The move provided the opportunity for employment and children. She was grateful that the foundation provided financial support and that her family had access to medical care. She said her relationship with those from the KIDA foundation was positive, and she felt good knowing they were available if she needed help. The foster mom told us that KIDA had helped a different family, financially, when the

father was unemployed. KIDA also helped to resolve conflicts between spouses in another family. When asked if there was any type of additional support desired, the foster mom replied that more education regarding child development, behavior, and discipline would be helpful. (This was her sentiment even though the foundation claims to offer young mothers training in how to care for their new babies.) She also wished she could have had more emotional support when the children were young. Overall, the foster mom was satisfied with the support she received. She said she would do it again and recommend it to other families.

External factors exist that can affect KIDA's ability to succeed as an organization. One such factor is the funding stream. KIDA is primarily financed through donations from private funders. This is an unpredictable source of income because investors are not bound by any legal agreements to continue supporting the organization. At any time private funders could choose to donate to a different cause. As with many non-profit organizations in the United States, funding can be difficult to secure, which can threaten their viability.

KIDA also relies heavily on revenue generated from visitors to the youth center. They have been successful in securing funds in the past, but may become vulnerable in the future if visits to the youth center decline. With the complicated funding stream, it is difficult to see how this program could be replicated for other foster families or the social welfare system.

Agency-Specific Recommendations

After reviewing the interview data we have come up with recommendations for the KIDA Foundation that would be useful in improving funding, direct service, and future social welfare endeavors. When asked about the mission of the agency, neither an

employee nor a recipient of services could state the foundation's mission. Both people

simply told us about the services provided by KIDA. We recommend that the agency

develops a mission statement summarizing who they are, what they do, and the principles

and values that guide them. The mission statement should define the foundation's goals

and the means by which they will achieve these goals. The mission statement can be used

to both attract donors and publicize the work of the foundation. It can also be used to help

define what projects may be taken on in the future.

In addition to developing a mission statement, we advise KIDA to implement a

logic model into the long term foster care program. Based on information gathered during

our interviews, there seems to be a lack of strategy for both the latter phase of the foster

care program and ongoing recruitment. Having clearly defined objectives, a means to

achieve them, and a history of follow-through demonstrates the agency's ability to

organize and achieve goals. This is key in attracting donors.

Related to a logic model is the need to help families become self-sufficient. After

the contract ends, families will be expected to vacate their homes in the Children's Village,

leaving a community they have come to know. They will also need to search for income to

replace their monthly stipends. In an interview, one of the founders spoke of families who

abandon their children to find work in other countries. These children become social cases

and taxpayers have to pay to care for them. Our concern is that an unintended consequence

of providing so much to the families in the Children's Village may be that they become

dependent on handouts. We recommend that this is in the strategic plan, along with a

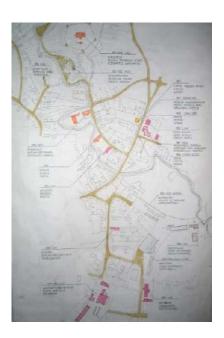program teaching families how to advocate for their own needs.

Providing abandoned children with parents and fulfilling the children's basic needs

improves these children's lives drastically. We propose that KIDA take a subsequent step to advance the children's potential. We recommend providing foster parents with education on child development so they know what to expect at the various life stages, can anticipate their children's growth and changes, and can respond in ways that aid their children's development. It would also be helpful to provide regular developmental assessments on the children to screen for developmental milestones and the possible need for intervention. We further suggest supporting the foster families emotionally. Many couples have left their families and traveled great distances to have children. They have left their support systems when they need it most, during a time of change. Providing the opportunity for family counseling could be an opportunity for families to discuss these life changes. In the beginning, it is especially important to provide educational and emotional support to families going through monumental changes. We recommend an additional staff member in the position of a home visitor or caseworker to assume these roles. This extra support would prove beneficial in ensuring the success of families in the Children's Village.

It is also important to evaluate and document the impact of long term foster care services KIDA provides so that necessary changes can be made and the quality of programming can be assured. Documentation is also essential in determining the success rate of the program. Should anyone choose to replicate these services, it is imperative that they be able to see the growth and development of this program, allowing them to anticipate similar challenges. A potential source of assistance is additional collaboration with Case Western Reserve University and the Mandel School of Applied Social Sciences. Students on future trips could collect and analyze data to determine the program's

effectiveness and areas for growth. Students could also educate staff on the latest practice

models and how to adapt them to fit this agency's needs. To guarantee the quality of

services, we propose foster families are periodically given evaluations; this provides the

organization with feedback regarding what clients like about the program and which

aspects could be improved. There is a better chance of success with open communication

between service providers and recipients.

KIDA Foundation's growth and expansion from 1989-1999

Children's Village

Family Housing

Children's Village Playground

KIDA Foundation's Youth Center

KIDA Foundation's Tennis Courts

Meeting Room in the Youth Center

The Village of Ilieni

Romanian Children's Relief (RCR)/ Fundatia Inocenti

Purpose/Mission

The Romanian Children's Relief Program works with abandoned children in the city of Bistrita. They desire to implement current and best practices in the area of child life and early intervention. The Child Life program specifically serves children who are staying at the local hospital. This is done through playroom activities, attention given to child development, and a focus on the overall betterment of children's lives during their stay at the hospital.

Agency History

The Bistrita Child Life program began at the Bistrita County Hospital in the spring of 1999. Initially, the program began through a partnership with the local Rotary club. A Rotary club from the United States also took a vested interest in seeing this program develop and helped to lay the foundation. The program seeks to care for the children in the hospital through playroom activities and staff involvement. Children are provided a safe place to play and learn during their time in the hospital. Many of the children in the hospital are abandoned, and the playrooms allow for stimulation in development and attention since the children most likely do not receive it otherwise. The Child Life program serves children of all ages and the specific playroom times are scheduled by the ages of the children.

In addition to the Child Life program, the Bistrita RCR in partnership with the public child welfare agency, provides support to a well-developed foster care program to meet the needs of abandoned children needing more permanent families. This program, "Me & My Family Together," provides support services to children who have been placed in either a foster or adoptive family, and are leaving a stay at an institution. While there are

some services offered to children prior to placement, most of the program's support is provided once they are in a home. RCR has professionals on staff, such as psychologists, who perform developmental and psychological assessments on the newly placed foster children, a screening process that is invaluable in designing subsequent interventions. These psychologists continue to be available when needs arise. Moreover, the interventions recommended by the staff are fundamentally inclusive of the foster parents. Not only does this engender a sense of commitment and participation in their child's well-being, but it also promotes long-term support of the child by their family, who may become less dependent on professional intervention over time.

Another aspect of Me & My Family Together that has been successful is the degree to which staff educate foster parents about child development, childcare, and the psychological and behavioral manifestations of institutionalization. This education can help parents understand the sources of their child's behavior, which may be confusing even to those who have had their own biological children, and can provide validation and support when parents need it most. Additional sources of support for families are other foster families; RCR encourages and offers support groups for foster parents who can share stories, experiences, and discipline strategies. This has the added benefit of creating a sense of community and collaboration among foster parents. RCR has also been able to provide the families with more material supports such as school supplies, vitamins, and birthday presents, which are significant contributions to families who otherwise could not afford them.

Me & My Family Together has developed a strong and collaborative relationship with the Department of Child Protection (DPC), local Rotary Clubs, and the community in

general. Many volunteers are involved by spending time with foster families in their homes, and providing some of the support services that do not warrant professional intervention. The volunteers establish a relationship with the parents and children, thereby being in an ideal position to track their progress and identify any unmet needs that may not be recognized or articulated by the family.

Another success of this program has been the increasing involvement of the DPC. Specifically, the DPC has taken over management of many of the services initially provided by RCR, which has freed the agency up to evolve and determine new, emerging community needs. This support and collaboration with the DPC has come after the progress RCR made on its own in serving the needs of the foster care community.

As more Romanian children are either reintegrated into their birth families or placed in foster families, there is still a large number of special-needs children who lack more permanent family placement options. This is an issue that is being looked at with more focus by RCR, as it transitions and grows to meet the different and more diverse needs of this population. The program is funded by The LIFT Foundation and The Seattle Foundation, as well as private fundraising and grants.

Interview Process

The organizational assessment for Romanian Children's Relief/Fundati Inocenti (RCR/FI) was based on individual interviews, observations, and active participation in the program. The specific interviews were held with the agency director, foster families, a hospital Child Life worker, and the agency psychologist. The interviews with the agency director, psychologist, and Child Life worker took place at the site of the Child Life programs and offices. The foster families were interviewed in their homes, both from

within the city of Bistrita and a neighboring village. Further information was gained

through observations of daily activities within the placement center and Child Life

playroom.

External Environment

RCR Bistrita is located within the local community of Bistrita. This community

has been integral to the success of RCR's Child Life program and mission. The city of

Bistrita has taken an active role in developing collaborative efforts around areas of child

welfare. Therefore, both funding sources and practice collaboration have helped to

implement good practice, accountability, and funding efforts to support children affected

by abandonment.

Climate

The climate of RCR Bistrita appeared to be very positive and comfortable. The

staff was positive about their job and purpose. The environment was clean, organized, and

pleasant.

Structure

The center is staffed by a manager, psychologist, child life educator, literacy

coordinator, literacy manager, social worker, and educator. Within these specific roles,

there is a focus on communication with each other and collaboration around

decision-making practices for the programs.

Leadership

The supervisor and program manager for RCR Bistrita make conscious efforts to be

in communication with staff as well as being onsite at the various projects. This onsite

management allows for the staff to communicate with the manager throughout daily

activities.

Culture

There are very few formal rules that the employees must follow. They must complete evaluations. Also, they set goals which they must work towards and evaluate their progress towards these goals. The employees must also follow hospital rules. There are many things that the employees listed as being helpful about the agency. Many of them felt that having a supportive manager who listened to their ideas made the agency a better place to work. They also felt supported in their learning, with the trainings that are provided, and believed that the agency will support them in further education (i.e.: learning English). The employees did not feel that there were any additional unmet needs. Laura Huzeman, the program coordinator, stated that because the agency allows so many visitors during the summer, it is difficult to schedule employee vacations and to find personal time.

Systems

Much of the agency's funding comes from private donors, grants, other NGO's in the United States, and fall and spring auctions in the U.S. Rules and guidelines have been established to ensure the smooth functioning of the agency's operations. Each employee has a job description and knows what their role is in the agency. Each employee has goals that they work towards, and turn in evaluations as to how they are working towards these goals. This allows the manager to keep track of their work.

Task Requirements

Within the hospital and play rooms, there are specific rules by which the staff must abide. For example, children who have a fever are not allowed to come to the playroom.

Individual Needs

Many of the employees stated that they have very similar values, enjoy working with children, and are concerned for the welfare of Romanian children.

<u>Motivation</u>

Each of the employees has a desire to work with children and make things better for them. The employees work very well with each other, and support each other in working towards their goals. The staff stated that they find their job extremely rewarding and are very motivated to perform because they see the difference that they are making in the lives of these children.

<u>Comparison to Bucharest</u>

While the Child Life programs in both Bistrita and Bucharest have similar goals and foundational values, the programs are dealing with different issues. The presenting variables that are different include: outside funding sources, community support, location, and relationship with the hospitals. Therefore, comparison between the two programs is helpful for the overall assessment of the program, but the above variables should be taken into account throughout the comparison process.

Bucharest's Child Life program is located in a children's hospital in the city of Bucharest (Spital Pro. Dr. Alfred Rusescu). This program has had to face ongoing challenges in working with an urban population. These issues have been largely responsible for the program's inability to advance, develop, and focus in meaningful ways. For example, the Bistrita program now has a more acute population of developmentally handicapped children, and the hospital workers there note a decline in the number of children served at the hospital. In contrast, Bucharest continues to meet the needs of many children who remain in the care of the hospital for long periods of time (see Appendix A).

The Bucharest program does not have the intimate support of local authorities, community agencies, and/or Rotary clubs. The city of Bucharest has a much larger population than Bistrita that influences the number of abandoned children in its hospitals.

The staff members working at Bucharest's Child Life program were as dedicated and motivated to work at the hospital as the staff in Bistrita. Working alongside all of the staff for a day was a motivating and moving experience. They are passionate about the children, and regularly practice early intervention skills and age-appropriate activities with the children.

Agency-specific recommendations

1. Increased communication between Bucharest RCR and Bistrita RCR. Both could draw on strengths from each other and know of the needs for the two programs. Staff training could happen with bringing a staff from Bucharest to Bistrita to share ideas and further training opportunities.

2. English as a second language training for staff members. Staff members have expressed desire for further knowledge in the English language for professional purposes and increase visitor accommodations.

3. Further knowledge and skill base working with children with disabilities and special needs.

4. Equipment and necessary devices to support children with disabilities (i.e., specialized walkers).

Direct Practice Recommendations for all Programs Evaluated

The following are our recommendations for enhancing and developing social work practice with children and families in Romania. The proposed ideas come from needs expressed by workers we interviewed along with our own observations of agency practice.

<u>Clinical Work with Children and Families</u>

Agencies should continue to focus on increasing the knowledge of all staff in child and human development. This should include education about the various life stages, how illness, disability, and culture affect development, and the role of family systems. As knowledge in these areas increases, agencies can expand and adapt practice procedures to meet the needs of their client populations.

Studying human development allows us to contemplate how individuals adapt to their environments, cope with challenges, and develop from one stage to the next (Newman & Newman, 2003). Because growth occurs at every phase in life, individuals are in a constant process of undergoing and resolving difficulties. In order to serve children and families it is important to be familiar with the typical challenges that individuals face at each phase of development. With an awareness of all life stages, workers are better able to foresee difficulties that may occur in working with their clients.

Illness and disability can also affect the developmental stages of individuals and families. Different strengths, attitudes, and changes are visible in the developmental tasks of individuals facing illness (Walsh, 2003). Family members need to learn to cope with and create meaning for the illness of a family member. Moreover, for families to maintain a sense of normalcy, it is important to consider how the illness affects each member at their particular life stage. Workers need to take this into account and be sensitive to the developmental stage of each individual in a family.

Culture also plays a role in the family life cycle. "A family's motion through the life cycle is profoundly influenced by the era in history at which they are living" (Carter & McGoldrick, 1999, p. 3). Romanian child welfare policies continue to go through changes, and the attitudes of multiple generations within the same family may be quite different. Workers need to be aware of this variation in opinions and perceptions, and how they affect the development of individual members and, by extension, the family as a unit.

Bowen's family systems theory looks at the family as a unit, as each member interacts with the other members and with systems in the surrounding environment. Relationships are interdependent and a change in one family member causes changes in other family members (Carter, et al., 1999). The family system exists as a part of the larger community, and these larger systems can affect families in profound ways. Systemic issues and recommendations will be discussed more in the organizational and social policy sections.

Family Transition: Loss and Grief Issues

The transition families make when deciding to foster a child is one that affects every member of the family, including the foster child. Such a change can be productive and positive when aided by an objective and knowledgeable social worker. Therefore, it is necessary for the social worker to be trained in evidence-based research and direct-practice skills that will give the families the tools they need to successfully create a desired home environment for the entire family.

Those working with children and foster care families need to recognize the issues the child may present that result from separation, loss, identity confusion, lack of continuity, and crisis (Siu & Hogan, 1989). The social worker then needs to be able to

mediate and educate families on these key issues. In addition to the above roles, it is

necessary to understand the time the adjustment period will take for both the foster child

and foster family members. When working with this population, the social worker must

interact with each member of the family in order to better understand the concerns

associated with the foster child and any changes that are experienced (Stevenson & Cheung,

1992). The creation of a genogram can aid the social worker's understanding of the child's

life history and placement history (McMillen & Groze, 1994).

The children who are in foster care should also be properly prepared for their move

to the new foster family (Siu & Hogan, 1989). Such preparation includes the social

worker's knowledge about the child's specific developmental age as well as appropriate

developmental information and safeguards. Recognizing the child's previous history will

also aid the social worker in being sensitive to the loss issues and psychological scarring

the child may have already experienced.

Birth parents and other biological family members of the foster child are often

neglected in the services offered by agencies. It is important for the birth parents to be

regarded as significant for the child's overall well being. When reunification measures can

be taken with the birth families, efforts should be made to have concurrent planning

strategies between both the birth families and the foster families. Such planning will help

the expediency of permanent placement for the child and his or her general well-being.

Client Outcome and Research

Research on client outcomes from institutionalization and foster care placements is

limited. It is known, however, that children who experience multiple placements in their

youth and who are unable to be reunified with their birth families experience severe loss

and grief. If left unresolved, such issues can lead to unhealthy coping (Siu & Hogan, 1989).

It is in the child's best interests to have access to previous placement information and, if

possible, birth family information.

Due to recent changes in legislation banning international adoption, Romania is in a

unique position to be able to track their children throughout in-country placements. If the

Romanian government is able to implement tracking programs for the children, it is

hopeful that the agencies will have updated information as the children move into foster

care. Such information will not only aid the children in their possible searches for previous

caregivers and a sense of history, but can also be used to educate the rest of the world on

best practice issues related to child placement.

Organizational Recommendations

The services and structures of the agencies we assessed are different from one

another, but there is a common theme in the recommendations at an organizational level.

The recommendations provided are intended to positively develop Romanian social

service agencies. The structure and leadership of the agency is important, as well as the

skills that the employees have. One of the most important issues at an organizational level

is where the agency's funding comes from and how they use it.

It is recommended that the agency develops a clear and concise mission statement

and goals, and then build their programs to work towards these goals. Trained employees

are also important to work within the agency. Social work and psychology are growing

professions in Romania, and in recent years there has been an emphasis placed on child

development. The staff should also be trained in agency-specific needs, such as speaking

English. Ongoing trainings in the field are also important. An agency that is consistently

training their staff in new and innovative ways will be able to work more effectively with the children as they develop.

Other trainings that are important for an agency are those in fundraising and grant writing. Much of the funding in Romanian social service agencies comes from outside sources. Learning the best ways to raise reliable funds for the agency is important. There are many different ways to do fundraising, and these trainings can help an agency gain new ideas and skills in obtaining funding for their longevity.

Effective grant writing skills are necessary in any agency. Knowledge about where to look for grants and which ones the agency's programs qualify for is important for an agency to have. Even more important is knowing how to write the grant proposal in order to get the funding. Agencies rely heavily on these grants to keep their programs running, and without proper training on how to write grants, the agency may have trouble getting the funds that they need.

The actual organizational structure within the agency is also critical for the agency to consider. The idea of having a "checks and balances" system between employees and supervisors is a fairly new idea in Romania, as is the concept of a board of directors. Since these are novel concepts, the role of the people serving on the board should first be defined, and then the appropriate members for the board should be selected. The board of directors can oversee the agency's functioning, spending, and how the supervisor and staff are doing. The staff can report to the board if there is a problem with the supervisor, which is a benefit of having a "checks and balances" system. Also, having people from different backgrounds on the board can help bring new expertise and knowledge to the process and practice of running an agency.

Different types of evaluations are necessary to effectively run an agency. Evaluations by both staff and supervisors on how they feel they are doing are important. Receiving feedback on what they are doing well, and what they can improve on, is needed in order to encourage professional development among all staff members. Other types of evaluations that are helpful are those regarding the agency's programs. The agency should be able to evaluate their goals and how effective they have been in reaching them. This process may also help the agency discover ways in which they can continue to grow. The evaluations also reveal if clients' needs are being met, how they are being met, and what programs might be helpful in addressing any unmet needs. Also, the evaluations can show provide documentation of the agency's effectiveness to current and prospective donors and to the Romanian government.

Another important aspect of social service agencies to understand is how much funding the agency receives, and how the agency grows from that funding. Many of the agencies are dependent on funds from one, substantial source. This large source may fund the program for a few years, but may subsequently choose to not renew their funding. It is important that an agency takes this possible unpredictability into consideration from the beginning. Specifically, the agency needs to work on ways to find other donors, which can help fund the program in case the principal funding source does not renew the funding. Several smaller funding sources may be more effective than one large source because the agency will not be as affected if they lose one of the smaller funding sources. Planning how the money will be spent, and how they will transition once the main funding for the project is gone, is something the agency needs to consider from the very beginning. If the agency has detailed reports as to how they spend funds and how effective their programs

are, it will be easier to attract and keep donors.

Other recommendations are that agencies collaborate with other businesses or agencies; if the agency partners up with another agency, they may be better suited to meet the needs of their client populations. To ensure that the agencies working together provide a full spectrum of services for their clients, each agency can focus on a specific program. Partnering with a business can also be helpful to the agency by improving relationships and possible funding. It is also suggested that the agencies continue to move away from having foreigners work for the agency and continue to replace them with Romanians. This provides more jobs for Romanians and will help keep the agency running if and when the foreigners leave.

Social Policy Recommendations

Before addressing our long term policy recommendations, it is important to first acknowledge the phenomenal amount of progress the Romanian social welfare system has made since the launch of the 1997 child welfare legislation. The U.S. child welfare system appears as a slow moving monolithic machine in comparison to the quickly moving and adapting system in Romania. It is with this in mind that we present the following four recommendations for Romanian child welfare and social service policy.

<u>Focus on long term placements</u>

With the introduction of the DCP and the child welfare laws of 1997, child welfare moved from institutional services to placements in families by paid providers. Unfortunately, these placements may not always be long term options. Given the overwhelming poverty faced by many birth parents, it may not be acceptable for the government to expect reintegration with birth families as a viable long term solution for

children. Poverty levels across the county must be reduced before the government can expect to see: 1.) a decrease in the number of children placed in state care, and, 2.) an increase in the number of families who are requesting reintegration with their children.

 It is necessary for the government to recognize the implications of many children requiring care because of poverty. Birth parents may be confused that another family is being paid to look after their children simply because the birth parent cannot afford to care for the child. The government should consider cash assistance to low income families which would allow the child to stay in the birth family. This may not be a viable solution for long term care, but it warrants further investigation as it is a solution which directly impacts a major root cause (poverty) of children being placed in state care.

When long term placements are not available or feasible, the government must recognize the impacts on children of transitions from institution to numerous families. It is necessary for the government to provide funding to social work professionals, facilitating their understanding of the principles and techniques for helping children to successfully form and relinquish attachments as they move through state care.

Programs for children with disabilities

It is difficult for children with special needs to be placed in families when considering the attitudes encouraged under the Ceausescu regime, most notably that any physical or mental disease made a child useless to Romanian society (Dickens & Watts). Significant progress towards the goal of establishing programs for children with disabilities is being made in Bistrita. Other regions and counties in Romania, however, have a long way to go in creating services and family integration for special-needs children. Funding must be made available at the government level to improve the services, facilities,

and long term options for these children. Programs should focus on the development of services aimed to prevent child abandonment and long term institutionalization, and to promote community and social integration of children with disabilities, particularly into schools and daycare centers.

Programs designed to assist the Roma population

Children of Rom origin represent a large majority of children in state care when compared to their composition in the general population of Romania (Dickens & Watts). Unfortunately, most ethnic Romanian families will not consider taking a Rom child (Dickens & Watts). During our institutional visits, we saw a large proportion of Rom children still in care. This is an issue of education which must be addressed within both the Rom community and the context of the larger Romanian society. Beyond benefiting Rom children in state custody, a large scale government effort focused on breaking down the discrimination and persecution faced by the Rom population would greatly improve the situation for this marginalized population.

Child trafficking, exploitation, and neglect

According to UNICEF, these issues are quickly becoming top agenda items for child welfare providers and the government as a whole. New programs must be designed to focus on trafficking and child abuse, including policy development and community development services for the social integration of victims, and prevention activities including education and support for families.

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