

Save the Children's Pilot Project in Dolj County.
TRAINING AND PREPARATION OF ALTERNATIVES TO CHILDREN IN
INSTITUTIONS WITHIN THE HUMANITARIAN PROGRAM:
MAY 1992 – MAY 1994

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Component 1: Institutional development and change

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The pilot projects general goal is transferred to a bunch of operational objectives for any of the five components within this pilot project, these objectives are then related to those specific problems in the different target groups. For institutional development and change there are three objectives:

- a. To introduce, develop and test an economic affordable, de-institutionalized and community-based model, which can take care of the currently institutionalized children in Dolj and thereby encourage others to do the same in other areas of Romania.
- b. To assist and re-examine of all the institutionalized children in Dolj, thus creating a discipline, that can make sure for a solid approach within the examination system and its procedures.
- c. To help at the development of a modern occupational training system for people with disabilities, this will help them to easily get into the productive workforce when they turn 18, thereby preventing continuing institutionalizing. This will involve general special-education, special-schools and establishment of small and medium enterprises (SME) or workshops that function on the basis of the market economy.

If we look at the objectives for component 2: Family support systems, whose goal it is to prevent institutionalizing of infants and small children, then it's component 1's goal to develop and change the institutionalized system especially for children with disabilities and orphans in accordance with the *normalization principle*.

Component 1 is there for very interested in the situation for children and orphans in special-institutions and then help with the development of a de-institutionalized and community-based method. To be able to uphold this change within the institutionalized system, then it's necessary to know about the normal structure of the system for children in the Romanian society: nurseries, schools, vocational schools, examination procedures etc. especially, if the experience should be used in other areas of Romania.

1.1 Methods and strategies

When you choose methods and strategies for a development project, then the first criteria must be to find the fundamental approach on the area that you have to work with. This can only be done in relation to the project's objective and the theoretical work environment derived from this. In this case, component 1 is based on the Nordic experiences with treatment of children and de-institutionalization. Is transferred to Romanian conditions based on UN's convention about Children's Rights and EU's declaration about The Rights of People with Disabilities.

The keywords in this process are: *de-institutionalization, decentralization, multi-disciplinary and inter-sectorial cooperation, community based institutions, small groups, social networks, education and training for everybody, individualization, from inactivity to productive labor* etc.

When the Romanian background was evaluated in the start of the pilot project, then it was pretty clear that there a big difference between component 1's goal and the factual conditions, especially for the most vulnerable children in the special-institutions: everyone in Europe knows about the horrible conditions that exist in most of these institutions from the media. But in addition to the emotional shock over this inhumane treatment of children with disabilities, it also did that these children were seen as incurable and simply just sick. In relation to centralization and the tradition of extreme specialization, this meant that these children were isolated in medicine-oriented and centralized mammoth institutions.

The Romanian society expressed that they had developed a clear and concrete institution-culture, i.e. the socio-logical opinion of these terms and of course the Romanian institutions clearly reflected these views that means the theoretical qualification frames and practices. The children with disabilities are seen as the unwanted, invisible and worthless.

Even the Romanian authorities admitted the purpose of component 1's objective, which of course was the starting point for the project. The basic approach was a tradition for central decision-making, opinion and authority of medical specialists, command-policy, huge institutions, isolation and – especially for those, that were

diagnosed with extreme disability – are regarded as not to be worth raising and making them invisible for society in remote institutions.

Many projects start with education of the staff as its strategy. But on the basis of the evaluation on the situation, it was deemed as being wrong and component 1 chose two other strategies for the initial phase: *to create an acceptance and an understanding with the key persons and to work directly with the extremely disabled children to make them visible and learning proficiently*.

The idea was a very action-oriented procedure for the activities in component 1, even though we very well knew the risk that the concrete development process could move fast and very wide, and as such we could stumble into various conflicts. On the other hand the double strategy was seen as being necessary, if we wanted to see changes (successes) within the short time at our disposal within the projects conditions; and this “pincer-maneuver”- gave the staff the possibility of seeing that changes were accepted and supported (contrary to the centralization-tradition) and that the children could learn and be worth giving attention (contrary to the medical incurability and isolation).

The double-strategy made it possible for the staff to participate, directly and practically in the activities and thereby getting experience, which motivated them to participate in training courses and other activities, which were about the implementations processes around the development of the institutions. Yet it is necessary to emphasize the training of staff and participation in smaller development projects, when we move forward to the second phase of the process. Training of staff and education of staff should be viewed very broadly as training courses, excursions, sturdy visit, small projects and other forms of actions, which informs people to understand and practice new knowledge and new opinions.

Under both phases, the decisions and implementation of activities should be taken/ done by the Romanians to secure constant, relevant and specific development processes. Therefore the fundamental strategy for the foreign-expert must be to work as consultants and not as “new-leaders”. This will also make the commission in the third phase of the project more probable and possible.

These strategies were focused on to result in some specific changes in Dolj County in accordance with the objectives of component 1:

- a. To test the expense-efficiency, the pedagogical aspects and the organizational structure in comparison to the Romanian reality with the de-centralization model by arranging that approx. 150 children should live in groups in homes of various sizes. The

conditions are that the Romanian authorities will cover the continuing expenses and investments in the second year.

This involves a development project and a staff-training program in areas such as: socio- and psychiatric pedagogic, basic disability-concepts and cooperation and will get carried out in 15 institutions to improve treatment and educational methods towards children with special needs. This involves around 1000 employees, who gets 10-15 training days offered in the course of the project-period.

- b. This concerns around 3000 children, who should be re-examined in the course of the projects while at the same time a modernization of the examination-system and –procedures towards a multi-disciplinary method.

(Initially this project should have been established as cooperation between Medecins do Monde Toulouse (in Deva) and Medecins sans Frontiere Belgium (Cluj) to be repeated on a national level. But this was never realized and the resources were never released to the original purpose. Thus a more limited goal for reexamination were presented, primarily for the extremely disabled – to prevent the previous placement practice – and to administratively modernize the existing system)

- c. The goal is to introduce 15 young people to normal vocational education, to educate 6 instructors to watch over this development and to establish 6-10 businesses/workshops with around 100 people with disabilities employed in the course of the project period.

In this approach is continuing evaluation and customization of the process is a necessity.

1.2 The project’s organization and communication.

The basic idea around organizing of the project was based on having a direct Romanian involvement on management level to make the concrete connection to the Romanian reality and to make a development of leadership (stability) during the project.

When we had a very broad method, the project was divided into- first 10 later 5- components to secure the speed and the necessary possibilities for personal processes in every components field. Every component had a Nordic and a Romanian leader:

| Component 1 | Component 2 | Component 3 | Component 4 | Component 5 |
|--|-------------|-------------|-------------|-------------|
| Institutional Development Component leader | | | | |
| Component 1A Development Projects in every (9) institutions in Dolj Consultant-team in every institution from Danish Counties | | | | |
| Establishment of a Romanian NGO HELIOS Provide alternative and stabile possibilities for people with disabilities | | | | |
| Component 1B Re-examination of every child in cooperation with LMH and other authorities Consultant-team from Danish Counties (Systematization and supervision) | | | | |
| Component 1C Establishment of vocational and SME-workshops for people with disabilities Consultant-team from Danish Counties and the Ministry of Education. | | | | |
| Establishment of a Romanian NGO HORIZON to create jobs for people with disabilities. | | | | |
| Other activities: Targeting to create progress and visible actions to change the children and youths with disabilities living conditions. | | | | |

In every area there have been Romanian partners with Danish partners involved

The illustration also shows the idea that component 1 should be perceived as a structure for the activities and not a hierarchy. Obviously it's the Component-management, which has the general responsibility to manage the activities, but every component-activity has a very high degree of being autonomous in choices of methods to reach their goal. Within the general strategy-, objective- and position frame, but also around the specific budget-frame for their activity.

This of course requires a lot of communication, when up to 30 activities should work at the same time and Component-management has used a lot of resources on getting into place in component 1. It has also been difficult, because the resources to this weren't really there. The Component-management was involved in a lot of practical activities and had to use a lot of time on external administrative tasks.

The result of this is that component 1 has lost the permanent communication with Save the Children in Copenhagen, even though a lot of hours have been used on reporting and discussing this (Compared to what we had at our disposal). Another thing, which didn't make the situation any better are all the changes; of persons, budget, strategies etc. in Save the Children's office during the project. As an example has the budget been cut 3-4 times in a year (30% or more), the whole structure of the project has been changed 2 times and the de-centralization strategy has been questioned and attacked many times.

Overall, the de-centralized structure of the project development have leaders, who can accept this model, when communication alone can't solve the contrast between a de-central management and a central administration model. This is one of the biggest problems in Romania, when choosing development strategies- and has also been a problem within the project.

In this phase of the project there has also been a little bit of troubles with formal documentation as part of the communication, because both the Romanian partners and the Danish Consultant-teams have different backgrounds, have not been very descriptive. The Danish Consultant-teams have been more activity-oriented and hasn't written any reports and the Romanian partners have reported in the traditional way, namely very formal and not analytically. This has required even more from the component-management, to provide documentation and making reports. But it's the impression that the standard of reports from component 1 hasn't been any worse than from other components or projects.

However, there has been one difference and that is that Component 1 has been reported in many other ways than a formal report, like this one. The uses of various media, many visitors and many situations have happened often and have therefor

been a valuable part of the evaluation and the adjustment of the process. These forms of reporting have been combined with formal reporting every third month and have created a lot of documental material.

As a logical result of this documental approach the component-management has also supported the commitment of an extern evaluator and a dedicated evaluation process to secure the formal reporting of the project and to get reactions about adjustments. This was prioritize in such a way that almost 10% of the total project-budget from EU were to be used for this purpose- and it is expected that this will succeed with regard to the formal laws to an End report. But the process-aspect with the external evaluation appears to be lost.

2. Progress and achievements

According to the strategies, component 1 has tried to create synergy-effects to speed up the processes and to add motivation and trust to the system and this has, obviously influenced how component 1's management has structured the functions and prioritized on the inputs. This results that component 1 has tried to use the EU-resources on the core-activities in a diverse, multi-disciplinary and inter-sectorial social change.

When we look at the objectives and specific changes for component 1, then the situation after the first year with activities look like this:

a. De-centralized institution-model in Dolj

Establishment of new institutions

The current project had the benefit of Save the Children's recent activity in Dolj (1990-91), so some of the fundamental activities that create trust and credibility already existed, when we started. The initial re-examination-process was started and we had the acceptance with the Romanian authorities to begin the process of change with the children, who had the worst living conditions: The child-section I the giant Psychiatric hospital in Poiana Mare and the orphanage-hospital in Corlate.

It was decided to close both of these institutions and move the children to other places such as special-schools in the area and some new, small units and houses in Craiova. The relocation was coordinated by the State Inspectorate for People with Disabilities in Dolj. The number of children that were relocated was 169 and the placement was/became like the following:

Came from:

| | |
|-------------|-------------|
| Poiana Mare | 79 children |
| Corlate | 89 - |

Relocated to:

| | | |
|--|-------------|-----|
| The special school in Filiasi | 32 children | |
| The special school in Segarcea | 20 - | |
| The special school in Craiova | 11 - | |
| The orphanage-hospital in Craiova (new)* | 63 - | (2) |
| House in Str. Calimanesti in Craiova (new) | 10 - | |
| House in Str. Paringului in Craiova (new) | 14 - | (1) |
| Hospital 3 in Craiova (AIDS) | | (7) |

| | |
|-------|--------------|
| Total | 158 children |
|-------|--------------|

*The 10 children that are "missing" died of AIDS

The de-centralization-process that led to the closing of the institutions in Poiana Mara and Craiova are pretty unique in Romania for several reasons. Because that in itself led to a big change in the institutional system and was based on a wider reference-frame for examination and a re-orientation of children this had never been done before. At the same time because it succeeded to move the staff positions from Corlate to the new Home-hospital in Craiova and to keep the 600 positions in the psychiatric hospital in Poiana Mare for the 600 adult patients that live there.

The reason that we did not move faster ahead in the establishment of small houses to the children is only a lack of financial possibilities to buy houses. A situation, which further developed, because the house prices increased with 300%! The two houses that were already bought and donated to the Romanian authorities are sponsored by a local Save the Children committee in Denmark and by LEGO. The third house that got bought is sponsored by the Basque (E) county Alava and has also donated money to two apartments in Craiova. But getting 35.-40,000 ECU for a house is a problem, which component 1 works with.

Sadly it isn't Save the Children's opinion that these small units belong to the project, since the last ones were built by/in a new Romanian NGO Helios, which have a deal with the Romanian authorities of taking care of these young people. Overall the number of children, who lives in small units:

| | |
|------------------|---------------------------------------|
| Str. Calimanesti | 10 (connection to Camin Spital) |
| Str. Palingului | 14 (connection to the special school) |
| Str. Vinitorii | 12 (Helios) |
| Apartment 1 | 6 (Helios) |
| Apartment 2 | 9 (Helios) |
| Total | 51 |

It has been necessary to set aside money to the continuing expenses of the houses (except Str. Calimanesti) to get this pilot project finished. In Str. Palingului, it is approx. 50% of the expenses and for Helios the whole amount. This has only been possible by maintaining a donation agreement with Alava County, since neither the project nor Save the Children has wanted to use money on this purpose. And since the Romanian government has had an economic recession, so they couldn't and wouldn't create new institutions at the current time.

It has to be pointed out that the Romanian authorities found the house for the new home-hospital in Craiova (Previous kindergarten), but they have had great problems with making other possibilities available and at the same time not having the resources for this objective. Deaf and the Special school, which administers one of the existing houses has on this relation a new building with 40 rooms with bath and kitchen, but can't get resources for the last 30% of the project. This would have been a good residence for 80-140 children, since it would be possible to introduce families as groups, even though it is a huge place. The building has 5 floors and two staircases, every floor has 4 rooms.

The local authorities in Dolj have however offered a house in Calafat to the youths in Camin Spital in Craiova and they have gotten the primary renovation paid by the project. And this institution for 25 persons should be ready for usage when the project finishes.

But it has to be mentioned that the change of the institutional system has recently run into some problems, because some changes has happened in the State Secretariat of People with Disabilities both on a local and government level, which has resulted in some setbacks in the approaches on the de-centralization-process. Additionally, the existing Romanian regulations for the institutions does make it more difficult to continue with a more general approach, which targets actual organizational changes of the institutional structure. Finally the financial situation for the Romanian authorities is so very tough and from the projects side it has been necessary to accept a share-financing of the ongoing expenses of the houses.

It has to be noted that under the process around change and relocation there has been a close collaboration between the various authorities both on local and central level preventing institutionalization of more children and to secure the already achieved progress. But the change of opinions, systems and people during the Spring 1993 has meant a lot of work, which wasn't predicted in the initial project. Among other things, it can be mentioned that a change of areas for institutions has been introduced, such as the special schools being moved to the Authorities of Education and that the home-hospitals has been moved to the Health-Authorities and the local county council. But at the current moment it's only financial, while the collaboration

(?) still is with the State Secretariat for people with disabilities. Even the Parliament has approved the new legislation.

All these things put together, means that the current situation is characterized by stagnation and lack of willingness for progress, because no one knows what will happen to them tomorrow (Romanian reality). For the project that means that the consolidation and the offensive strategies should be emphasized even more than normally in the last phase of the project. This will obviously influence the ways the inputs to component 1 has been used.

To facilitate and follow up on these aspects around the structure, there has started a couple of activities: broader discussions with many authorities, more direct and formal relations with central authorities, assisting in creating alternative solutions, continuation of relations after the project on a regional and organizational basis etc.

Activities for children and staff groups

The activities, which was carried out to develop new methods to treat the children: can be divided into 5 aspects.

1. Integration of children in the educational system
2. Training and recreational activities
3. Vacation activities
4. Sturdy- and vocational programs
5. Staff-training activities

According to strategy related resolutions, then the list also shows the phases of the activities, thus that component 1 currently has the full overview in context of the approach around this entirety.

1. Integration in the educational system

The children from Poiana Mare and Corlate have in the past never had access to any school or pedagogic facilities. A very little bit of therapy was started in both places, but it was insufficient. Therefore the educational aspect was in focus, since then the children were relocated and managing to integrate more than half of them into schools: 89 out of 158.

These children, who were seen as being incurable, currently learns and develops extremely well and no one questions that they are in the educational system (special schools). Due to this change, it has also been managed to recreate contact between some of the children and their parents- after 10 years without any contact- and 7

families have now the reply with the result that 1 child might come to live with their uncle's family and 4 children regularly visit their family.

Nevertheless there has been problem after the new State Secretariat for People with Disabilities took over. A little group of pre-school children (9) should be moved from Special School in Filiasi to the Domestic-hospital in Craiova, because the minister didn't think that the placement was right. This got some of the experts, who didn't agree with the new development, to point out several children (10) out of this group. Overall 19 children were moved to the Domestic-hospital in Craiova.

In the Domestic-hospital, there have started some educational activities, but they don't work adequately yet, even though the staff works hard to get a more pedagogical approach implemented. The Domestic-hospital is still medical-oriented and gets managed hard after these rules. That's why it becomes an additional implementation of the educational-frame in this area, this gets highest priority in component 1.

Another problem for the Domestic-hospital is that it's overcrowded with the current 63 children and youths. And during the autumn 1993 the situation got ludicrous with almost 100 children, but this has been limited to the current 63. The initial agreement with the Romanian authorities was that the building should be to approx. 25-30 children and that a new building should be found very fast after the relocation (The building was found, but was used for the street children-project).

As has been mentioned up above, the local authorities and health directory in Dolj has provided an available building in Calafat for the youths. The building should develop into a kind of therapeutic community with 25-30 children, who should be taught in pre-vocational and social skills. The building is a good place and can be a great basis for de-centralization of other institutions for the people with extreme disabilities. With a solution like this needs financial support, at the very least for a period until the county takes over the payments (sometime during 1994)

The physical-frames for the Domestic-hospital should also be developed and supported, since the Romanian authorities doesn't have, as promised, the necessary resources to renovation and furnishing of the building and the pilot project doesn't have many financial possibilities to actually provide support to this, since the contract with EU and also the EU's policy doesn't something like that. Yet one hopes that it can be done in the end of the project.

Component 1 has searched for opportunities in other areas, but with great trouble. Luckily it has been managed to find an additional house to half of the children in the Domestic-hospital and the educational approach can now find ground in this medical-oriented environment. A big part of the staff is positive towards such a development,

but the management are half-hearted towards it and the staff regulations for institutions, which don't allow institutions with fewer than 50 positions. It's at any rate standards, which gets used administratively even though key persons declare that smaller groups are good for the children's development.

The staff groups in the big institutions, especially the un-qualified and the administrative are not very interested in de-centralization and a de-institutionalization development, since they feel that their job, position and privileges are at risk. There isn't much prestige in small houses! Additionally it has to be admitted that the administrative structure can make it very difficult to get the satellite-model established. It will be a very huge jump ahead that is expected within only a couple of years. In most other countries it took 20-40 years and in some countries it nevertheless did not succeed yet.

Therefor it was very important to get the already started construction of a satellite-model of institutions implemented on a certain level – to have the opportunity to demonstrate the pedagogy, the organisation and the expenses. Inside the border of the project it's possible to make the model structure, but the credible evaluation and demonstration will take an additional two years. This will be part of the Helios-Foundation's work and component 1 has large confidence in that this will happen.

Again we should mention that the changes of the opinion from the Romanian authorities and Save the Children's side, with the objectives in component 1 haven't made it any easier to try out the model-aspect. With a short time-frame (2 years) for testing a de-centralization model in a heavy centralized administrative system, then it isn't easy when Save the Children doesn't give resources for more than 2 houses and no resources for renovation. When, the objectives mention at least 3 houses/groups. When component 1, try by other means to get resources and to find opportunities to solve additional development through renovation of the two houses, which was already bought and to get hold of a pair of apartments, then it's Save the Children's opinion that these does not belong to the project.

Obviously examples like these gives delays and they do that component 1 gets very hard to work and that additionally makes it very hard to understand, what they actually work with!

And another problem in relation to the Domestic-hospital is the youths that turn 18. The problem is that these youths aren't allowed to stay in the Domestic-hospital for minors and that they are not included in the pilot-project or EU's Humanitarian Phare Program in Romania. The Romanian authorities have considered sending them (19) back to the psychiatric hospital in Poiana Mare or the Domestic-hospital for elderly in Craiova. Both solutions are risky and will send the wrong signal in the process to

development and change of the institutions – to not even mention about the inhumane consequences for the youths involved.

The definite support that was lacking from Save the Children's Main-office for one and half year ago was very discouraging, when it also mirrored EU's opinion. Component 1 is aware of the limitations in time and resources, but it's difficult to understand that the changes inside the budget-frames to component 1 couldn't be accepted in order to follow up on the progresses of change.

In a de-centralization model, it's exactly this flexibility within a certain frame, which is central in conditions to use resources according to the current needs and to make/adjust activities, which leads towards the goals of the project. Basis is to not to keep yourself precisely to the budget lines, because they were made for maybe two years ago and before the change process was started. This detail oriented view is opposite to the project method and gave many problems to the component-management; since it was agreed upon that the project should be based on the project model and on de-centralization.

Luckily as mentioned above a solution to prevent gene-placement of youths in the psychiatric hospital was found. Some of the Romanian had worked hard to stop the relocation and in the last phase of the project it's as such that almost all authorities consents in not sending the youths back. The Calafat-solution combined with other alternatives has also resulted in the necessary pressure to do it credibly that such relocations not should happen in the future.

If there can't be found an appropriate solution to this problem, then it will have destroyed the achieved progress in the project and have led to a very critical situation.

2. Training and recreational activities

The result of emphasizing the direct and practical activities with the children there has been done a lot out of implementing training and recreational activities. Especially around children that moved from Poiana Mare and Corlate there has been done a lot, since they previously in this area didn't have a lot of social skills.

The groups, who moved into the small houses, have gotten extra attention, since there was a lot of new to work on with the children on this way in accordance to Romanian practice and therefore have been needed to be developed from the bottom. But activities such as excursions, improvement of club facilities etc. has been made in all institutions.

The Centre for Development and Education of Children's Personality has in an institution started a program for training of children in being a host for friends and guest and it's the plan that it shall be copied to other institutions.

Furthermore component 1 has supported some sports- and cultural arrangements, which otherwise wouldn't have happened due to lack of money. In this way is the concept of sponsors has been introduced also for small events and activities and it's the experience that also Romanian firms and organizations are willing to support in extension of the foreign contributors. This can end up being a necessary tool in the future, where State resources must be seen as being to be small in the next several years.

There has also been made some effort to secure good didactics, recreational and training material to the institutions, but it's not seen as important as creating the actual activities. Also because there has been donated a lot of toys and material.

But a lot of effort has also been made in developing the personality (as an individual) and the emotional contact between children and adults. As a specific example the donation of closets to all the children in the special schools to introduce the individual lockers can be mentioned etc. as well as supporting the development of each child. A fixed point to the discussion has been the institutional tradition with beating and the negative effect of this communicative behaviour and therefore it has been a step forward that the scope of beatings has fallen – especially in the small houses – and it is now well known that it's not acceptable and formally prohibited.

Anyway it's difficult to count these activities very precisely, since they have become integrated and has been supplement to the normal activities and structures. The only true source will be to look at accounts. But it can already be said now that there has been used a lot of money on this purpose.

3. Vacation activities

For many reasons it has been decided to offer all children, who were still in institutions to participate in vacation camps during the summer. One of the more strategic reasons was to make the children visible and valuable in the Romanian society and the pedagogic reasons should be obvious. And then the staff could be together with the children in a different way than normally in the institutions.

Therefore all 358 children in institutions in Dolj came to summer camp six different places in Romania in 1992. The Romanian authorities funded what corresponded to the normal expenses per. Child per. Day and furthermore the expenses to the staff, while Component 1 paid the rest of the expenses.

Two groups of children visited Denmark: (a) 14 from the Special School in Filiasi (now the group in Str. Palingului), 7 from the Special School in Segarcea and 8 from the Domestic-hospital in Craiova; (b) 10 from the house in Str. Calimanesti. Together with

the staff, so 48 persons visited Denmark for a combined vacation and social training activity.

During the summer visit there was introduced a Danish vacation-parent program and it went pretty great and was very rewarding for the 22 children, who lived with families and it was the first time that they even were with a family – For many of them it was the very first time they visited a private home. This was followed up at Christmas, where the “Paringului”- group lived with the same families and now they write together with their vacation-families.

These activities have served their purpose and problems that one meant would occur especially in connection with the visit in Denmark were not seen. Rather quite the opposite, the social and visible results were high and especially among those children, who had lived families, this means that restoration of contact and understanding with their biological families has a higher value than previously, also with other groups.

This program with vacation camps with every child, who lived in the institution, was continued during the summer 1993 and many of them were on a visit to Denmark in 2-week-periods. The total number was 300 children and 60 staff members.

Furthermore all the children have been in summer camps, so not to be in the institutions without activities. For the children in Camin Spital there was organized a special trip-program during the summer.

During the winter 1993 were 30 children from small houses in Denmark, where they lived with Danish families for two weeks and thereafter were they in Danish school classes, as part in an educational program, together with their teachers in two other weeks. The purpose with these visits were to show other ways to work with children with special needs and it's clear that these children have developed extraordinarily during the last two years and that the staff has experienced them in another way and in many ways has changed opinion toward them. Still this instructive method is very time consuming, but it seems necessary for quickly to come through with making the progress continuous.

4. Sturdy and work programs.

To create all sorts of changes, it's required to get information for inspiration, ideas and knowledge. A way to do this is by visiting other places to see and discuss, and in Romania this is particularly important, when you think about the history of many years isolation and mistrust against foreigners – the windows needs to be opened, so to speak.

Component 1 is organised to create such an opening: Based on the facts: that a lot of contact in direct level is necessary; that a multi-disciplinary approach shall be introduced; that the responsibility always have been in Romanian hands; that the support is easier to sustain, when the tasks are scattered; and that a development process needs a lot of small successes. Component 1 has made a small network of small groups with consultants, who all have an institution to work with – except for two institutions, which only have been involved occasionally, since the budget-frame and the requirement from Save the Children didn't allow full integration in the component-program. Every group is made by a Danish county with Storstrøms County as coordinator and component-responsible towards Save the Children:

| | |
|--|-----------------------------|
| The Special-school in Filiasi | West Zealand County |
| The Special-school in Segarcea | Vejle County |
| The Special-school for girls with physical disabilities | Aarhus County |
| The Special-school for deaf and retarded | Fyn County |
| House in Str. Paringului | Storstrøms County* |
| The Special-school for hearing impaired | |
| Domestic-hospital for minors | Storstrøms County |
| House in Str. Calimanesti | Storstrøms County* |
| The Domestic-hospital for people with disabilities | Storstrøms County |
| Vocational school for deaf people | the Ministry of Education** |
| Vocational school number 10 | Storstrøms County |
| Vocational school number 7 | Storstrøms County |
| The laboratory for mental health (examination) | Southern Jutland County |
| *is done by the component-management **non-permanent due to lack of resources | |

Every Consultant (groups/individual) has made a development-project together with the director and the staff in the institution, which they're part of, and this project-plan forms the guidelines for the groups work. During the project period has every group visited the institution 3-5 times with an average visit time of approx. 1½-2 weeks. Overall there have been 47 visits of “the foreign-experts” groups with a total of 41 persons (excl. the component-management).

As a special event in this series of work, the two big groups of Danish institution-staff (45+37 persons) have participated in two action-weeks in October and November 1992 that involved some small tangible projects to improve the recreational-facilities together with the Romanian staff and children.

This model has both advantages and disadvantages. The disadvantages is linked to the fact that it takes a long time to develop this network, to get it to functioning and to get it coordinated, therefore it can be irritating from a project-administrative point of view. Especially, since it was a relatively slow start, because all the groups needed

supervision and should be adjusted to their task – a problem that was also seen on the Romanian side.

There has also been criticism of it being a very expensive model due to the many travelling expenses etc. but they now have the experience that there has been compensated enough for these expenses by the extra resources, which is provided in the network and it's less vulnerable, when there's worked over a wide front as in this project. Additional advantages have been that it has been possible to draw on many various experts and people, which also make it easier to meet requirements from the Romanian side and thereby secure the principle of a self-determined Romanian process.

To follow up on this aspect, it was wonderful to achieve the financial opportunity from the Danish Democracy-Foundation (the Social-Ministry) and from the Danish counties in order to get staff-groups from all the institutions to visit Denmark in the autumn of 1992. Overall 9 groups with 79 people visited Denmark in 1-2 weeks. This was a constructive supplement to the other component-activities in relation to the open window policy and it gave the possibility to avoid that the process became a one-way flow of information and very specific inspired to display the *normalization principle*.

Within the project's economy, the possibilities for such activities are very restrictive, even though they must be seen as very important in relation to the Romanian situation. Anyway, a few activities have been conducted: the component-partners have visited Denmark 3 times per 1 week of sturdy-related, training-related and conference-related reasons. The laboratory for mental health has visited Denmark one time for two weeks. The people, who have been involved in creating the working-conditions for young people with disabilities has visited Alava County for a sturdy- and training-visit for two weeks. The partners and the director of the Centre for Education and Development of the Child's Personality have participated in the EASE-congress in Switzerland and on a seminary in England.

In January 1994, two groups of leaders (inspectors and ministries) visited Denmark to elaborate on the results from Romania and to begin the discussion around evaluation and many follow-ups. In addition, a group from the Deaf School visited similar activities and institutions in Denmark.

All these activities have given huge benefit to the information and have also meant much for the speed in the development within component 1.

5. Staff-training activities

In relation to the strategy and the intervention model that has been chosen, it has been possible to run a very de-centralized training-program related directly to the

problems and the ideas, which existed in every institution. In the first phase of the process this possibility for directly relating to the training of the needs in every institution has been very important. The consultant groups, who are assigned to each institution, have been responsible for planning and instructing in these training-courses and supervision-meetings.

A function called *Piata Informationala* has been restored in order to assisting in this program and for the commissioning to provide available facilities around information and staff-training within the institutions. The office begins to feel like a place, where the staffs affect the consultants, gets information and comes to short training-meetings. The office also functions as a connection between the institutions and the consultation-groups, when the office isn't in Dolj to collect data such as information for development within component 1.

The list over activities that has happened, look like this:

| <u>Institution</u> | <u>Theme</u> | <u>Days</u> | <u>Participants</u> | |
|--|---------------------------|-------------|---------------------|--|
| <i>The Special school in Filiasi</i> | pedagogic training | 6 | 21 | The qualitative objective was to produce 10, - 15,000 “participant-days” (Participants multiplied with number of days) and just in this period there was produced more than 35,000 “participant-days”. This number doesn’t even represent the total activity of the staff-development activities, because the activities are very de-centralized organized and very action-oriented. A big number of activities together with children and professional discussions should be counted, if you want to determine the total input of information and transfer information related with the development and change of the institutions. |
| | individual curriculum | 4 | 34 | |
| | project development | 3 | 60 | |
| | future-workshop | 2 | 73 | |
| | in-job training | 25 | 10 | |
| | (sturdy-visit in Denmark) | 14 | 9 | |
| <i>The Special school in Segarcea</i> | future-workshop | 6 | 52 | In addition, special efforts have been done towards key-persons by giving them the opportunity to discuss and meet other people, than the professionals, who were part of the project. The visits in Craiova from other professionals shall also be seen as such an opportunity. Lastly the participation in seminars and professional-meetings organised by others has also been a valuable part of the activity. Therefore it has been secured within component 1, not the least in the last phase of the project. |
| | individual curriculum | 10 | 15 | |
| | pedagogical evaluation | 6 | 28 | |
| | handicap opinions | 4 | 48 | |
| | project development | 4 | 24 | |
| | in-job training | 19 | 24 | |
| <i>The Special school in Craiova</i> | (sturdy-visit in Denmark) | 14 | 9 | It’s also important to emphasize that the component-management thinks, a big task is and will take care of the change of attitudes- towards these children, towards institutionalization, towards pedagogy and psychology, towards the work-concept etc. Such attitudes can only be changed by the method <i>learning by doing</i> . Therefore component 1 has, until now, not used to many resources on formal education-programs, but kept the basis strategy in the approach for the activities. And will continue with doing it. But of course there can and will be stated more formal training-programs for the staff as a safe motivational-factor and to create understanding for the changes, which will arise. |
| | project development | 1 | 55 | |
| | recreational-activities | 6 | 28 | |
| | in-job training | 12 | 18 | |
| <i>The Special school in Craiova</i> (girls with physical disabilities) | (sturdy-visit in Denmark) | 14 | 9 | Finally it has to be mentioned that a part of the staff-training programs within the institutions has been arranged by the Romanian partners. And it’s possible to find proof for a kind of influence in the staff-training methods in these hard self-arranged activities show that the new ways of doing things, appeals to them and also has an effect. |
| | evaluation/technical help | 8 | 7 | |
| | evaluation of children | 10 | 12 | |
| | physiotherapeutic methods | 10 | 10 | |
| | in-job training | 16 | 40 | |
| | (sturdy-visit in Denmark) | 14 | 10 | |
| Camin Spital Batriin | (sturdy-visit in Denmark) | 7 | 1 | b. Re-examination process Component 1 has worked with a short-time and a long-time perspective. The short-time problem was to re-examine the children from Poiana Mare and Corlate to secure the new placement of the children. The Romanian legislation is very strict and a bit stiff in the conditions between diagnosing and placement, without even considering a more nuanced and individual approach to find placement possibilities. Therefor a lot of discussions and demonstration should be used to get some professionals in key-positions to take the step, and give the children a new diagnosis to |
| | (sturdy-visit in Denmark) | 10 | 2 | |
| | pedagogical planning | 16 | 52 | |
| | recreational-activities | 6 | 24 | |
| | trainings activities | 8 | 27 | |
| | in-job training | 18 | 36 | |
| Camin Spital Capii | (sturdy-visit in Denmark) | 14 | 9 | |
| | (sturdy-visit in Denmark) | 14 | 2 | |
| | Project methods | 2 | 12 | |
| | pedagogical planning | 11 | 15 | |
| | Cooperation | 5 | 25 | |
| Lab. For mental health | in-job training | 15 | 15 | |
| | (sturdy-visit in Denmark) | 14 | 9 | |
| | system development | 4 | 7 | |
| General seminars | programming | 5 | 3 | |
| | (sturdy-visit in Denmark) | 14 | 8 | |
| | management | 12 | 37 | |
| Piata Informationala | project-evaluation | 2 | 33 | |
| | CEG-meetings | | | |

make it possible that they could come in another institution. The word incurable in particular gives very huge obstacles to going new ways.

It ended with, that some professionals and the decisive Commission for minors were very positive and supported the re-examination; it showed that 2/3 of the children should go to special schools. Actually the authorities supported the re-examination or they were indifferent, when they first began. The Laboratory for Mental Health played a central and active role in the progress, which ended in August-September 1992.

Additionally the screening for HIV and Hepatitis B was ended by a team with Doc. Cupsa from hospital 3 in Craiova. The results were a part of the re-examination results.

It was expected that after having ended the short-time activities, then we could start the long-time system development, but some problems popped up around the competence, so it was only a part of the plan that was started: introduction of a databank for all the children (and adults) and the necessary and possible organizational changes to get this opportunity.

The implementation of this system has now reached the point that only the process around input of data misses the last fine-tuning. The equipment and software are in the Laboratory and in the State inspectorate for People with Disabilities. The problem is again the competence and the interaction between the various inspectorates and directorates. A problem, which hasn't become smaller from the competence problem between the Ministry of Education and the State Secretariat for People with disabilities as mentioned isn't in place.

It was the plan to start the expanding re-examination in October-November 1992 and the initiative to make a team of specialists, also with new methodical questions were taken, but it didn't succeed. Also because some placement problems popped up in relation to some particular small children, some of the most disabled and some of the children, who should move to the small houses. This situation lasted and became more and more problematic during the spring, since the administration was changed and component 1 was obliged to re-structuring and creating relation with new people, who now have the responsibility.

One thinks that the process now has passed the most critical phase and its planned how and when the team to the re-examination of all the children in the institutions should be made with Professor Doc. Udostroui, leader of Psychiatric services for Adults in Dolj and Doc. Marinescu, children psychiatrist at LMH as coordinator and this team should involve Romanian professionals from all the involved authorities plus 2-3 foreign specialists.

Re-examination will involve medical and psychological, pedagogical and social aspects and will be launched in the following steps:

1. Description of the current possibilities for locations. (Institutions, buildings etc.) This was ended in August 93.
2. Re-examination of children in institutions in the following order:
a) Youths, b) Children from Poiana Mare and Corlate and c) the rest of the children in institutions.
3. Placement in relation to the results of 1. and 2. – Incl. the creation of new alternatives in the already existing institutions.
4. Create a procedure for long-time planning of locations and offers, particularly for the youth (place to live, work etc.)
5. Financing of the databank-procedures and organizational adjustments.

In conclusion it must be said that the re-examination process in the first half of the project, solved the basic problems in relation to the groups from Poiana Mare and Corlate, but it has also taken more time than expected to introduce the long-time perspectives. This is also related to that the cooperation with MdM and MSF never was started, but it's in the last phase it was started through the Central-commission for Protection of Minors (Bucharest).

In relation to the purpose, then it wasn't possible to re-examine all the children in the institutions in relation to the new procedures. Only 30 children will have participated in the model-development, but all the children will be registered and have been examined each year during the project in relation to the old procedures, where particularly the lack of psychological and pedagogical evaluation is evident.

c. Modern profession-activities

There didn't exist (and still does not) some regulative about protected work and profession-training as such for people with disabilities, unless if they're able to go to a special trade-school or participate in the education of a normal trade-school. In comparison to the protected workshop the situation is nearly the same; even though a new law took effect in September 1992 to improve the opportunities for people with disabilities in employment, but no administrative regulative have follow up on, why the implementation actually hasn't happened.

Therefore it was necessary to create a kind of structural frame to get activities started within this area: professional-education and to create jobs.

In relation to the profession-training there was made a study of the existing system (Both for regular people and people with disabilities), which showed that it would be necessary with extra resources and central changes of regulations, if it should be possible to implement the idea of the people with disabilities shall have the opportunity to participate in the regular education-system. Furthermore it would be a good idea to start this process with some specific projects and two were pointed out: automotive paint and cutters. These projects were made in cooperation with the Danish Ministry of Education and two Danish trade-schools. But it hasn't started yet due to component 1 still tried to get money for it.

The opportunity was to create a small project for some of the young people living in the first of the small houses with a professional school in Craiova and seven people (living in Poiana Mare and previously diagnosed as incurable mentally retarded) began as plumbers in a specially organized normal class. Later, two of these youngsters were placed in a private electronic workshop, where they were trained to do small repairs on domestic household machines. The other five still follows the education for plumbers and has been used as assistants when the small houses had to be rehabilitated. The results are satisfying and will be evaluated fully when the education is ending this summer. However, some problems have occurred, as the director of Camin Spital has not been very interested in this part of the activities and this has led to a minor crisis between the school and the Camin Spital, which seems to influence the possibilities to continue this kind of activities when the project is finalized. Component 1 has developed the contact with the professional schools in Craiova and has established some connections between them and Danish schools for young people as Component 1 cannot itself finance the development which is necessary. Still remaining is to be developed a more systematic and medium term, but this will have to be designed specifically and financially. These contacts have now been established between the Danish Ministry of Education, the Romanian Ministry of Education and local authorities.

In relation to create jobs, Component 1 had to start from the bottom. A non-profit association Horizon Int. Hand was established with Romanian individuals as responsible and plus representatives from a project in the EU Horizon Programme as founding members. This association established a commercial company with a Romanian management with the aim to create activities on a market economical basis and to employ and train people with disabilities. The Association in accordance with the same principles shall use for new activities or for new social investments an eventual surplus in the company.

This activity was accepted by the Horizon administration to be united with the project with Alava (E), Storstrøms County (DK) and Thessaloniki (GR) and the Romanians have participated in the transnational activities and have visited the other partners. Moreover, representatives from the State Secretariat for Handicapped have participated in the first phase.

The international connection seems even more important at present point of time.

The formal and conceptual problems occurring when the entrepreneur practices were created took longer than originally stipulated as well as it turned out that it was very difficult to find room for the activities. However, during the spring 1993 we succeeded having three activities: Copy service with copy machines (1 employed), a textile workshop (4-5 employed), and an office service (1-2 employed). In addition, the bookkeeper in the enterprise is a person with disability. Overall, 7-8 people with disabilities were employed – and still are. The enterprise has got an order from the Romanian army of 5 mil. Lei which make the sustainability of the company more likely and securing the jobs. There is also employed 4 non-disabled in the textile workshop and a cooperation with the Deaf school No. 3 is established.

The training of the professionals who are involved in the activities has been concentrated at introducing market economy in relation to people with disabilities, organizational aspects, market surveys, production and development of production etc. The method used has mostly been to combine theory with the concrete work and ensure a transfer of know-how via the Horizon program. To follow-up on this methodical principle, it has been necessary to get hold of materials for experimentation and to get the mechanisms to fall into place. Nevertheless, it took longer than expected when Component 1 should be able to meet the economical and managerial chaos that was present all over Romania.

Additionally, a new workshop was established within the Romanian NGO Helios working within the fields: carpets, bicycles and domestic repairment, shop with second hand clothes and different kind of services to the small units. All in all, this workshop has 26 people with disabilities employed. And new activities are planned for the near future, but beginning farming, production of dairy products a.m. calls for bigger investments that it has been possible to find within the budget of the project.

Both Horizon and Helios cooperate with private SME which seems to be a good way to combine social and economic integration of people with disabilities, and makes the sustainability more likely.

The actual situation is this:

| | | |
|---------|--|-----------------------|
| Horizon | Textile workshop 4 persons (+ 4 non-handicapped) | |
| | Administration | 1 person (+1 manager) |
| Helios | Copy service | 1 person |
| | Carpets | 6 persons |
| | Domestic repairs | 5 persons |
| | Home care services | 7 persons |
| | Bicycles | 6 persons |
| | Office services | 2 persons |

The more positive result is that a practical and conceptual basis now is created and a project has been planned with 6-7 additional activities. However, these activities will need some investments and running costs, which Component 1 does have, why this project will be moved forward and be a new independent project to be supported by the authorities and as a part of the new application for the Phare program.

It has to be admitted that this part of Component 1 has been difficult to solve because it has to do with the general problems (financial and structural) in the transition towards a market economy in Romania. Because this kind of work is difficult to understand by many professionals in the fields of social worker and humanitarian projects as they prefer to build institutions for occupational therapy – which does not have the financial basis in Romania and will not offer the social integration of people with disabilities.

The qualitative purpose of Component 1 in this part will therefore have had difficulties to live up to this without additional means (time and funds). It has been possible to obtain an output where half of the expected number has been introduced to professional training: 14 instead of 30. And it has only been possible to manage one third of the level with regard to the enterprises/workshops: 32 people with disabilities and 8 activities when alternative financing not yet where achieved. However, the possibility exists.

3. Evaluation

The de-centralized and society-based model has reached extremely good and visible results at behalf of the children. These children, who were previously seen as incurable and useless has now rapidly developed: physical, mental and social. Everyone agrees on this. Obviously there are limitations on how fast this development-process could be done within a short period, when one takes the earlier lack of development up to consideration. But the results, which are achieved by the Romanian staff with these children, are completely clear and visible.

The most important thing is maybe that these improvements have been made on Romanian terms and in cooperation with the Romanian authorities. This we believe should be possible to follow up, when the other pedagogical methods and organizational get implemented by using the existing facilities and resources as much as possible.

Component 1's strategies have maybe looked weird from an institutional point of view – and it's no secret that many institution supporters look at the de-centralization model as a danger to them – and have therefore arranged for some conflicts in the Romanian context. But these conflicts must be seen as being necessary, if there has to be made any development, as long as they get treated constructively and openly. This has been very central in Component 1's policy.

Something, which has been focused on a lot in this process is the change in attitudes towards the children in these institutions, this includes the staff's attitudes as well as the authorities and the public attitude. A big part of the resources have been used on creating actual demonstrations of the children's skills to provoke a change of attitudes, and such a process can't follow a straight line, but should be adjusted along the way.

As we are dealing with living beings (children, employees, the society) in a very chaotic transition.

In all the phases of component 1's activities the public dimension has gotten extra attention to get open discussion and exchange opinions, as it does not seem like, there has been a tradition for previously in Romania. Specialists got the opportunity to see the submitted material and free access for everyone was secured by the Information-office (Piata Informationala) and other activities. Articles in local papers, magazines, videos etc. were offered during the process together with foreign material and information. Also local media has been involved in television broadcast with examples of activities, both in national and international media.

Also due to the broad network on consultants, it has been possible to work over a very wide front, which involved all institutions in the process. This way to cooperate and provide information we see as very important for a constant development-process for the institutions – and their children,

Obviously it isn't all professionals and all the public that agree with the changes. In particular there exist very strict expectations that the children with disabilities gets medicine and that is the only way to "treat" them. A discussion that was very known some years back, but which now has been turned into a more constructive dialog. The influence of the medical doctors is however bigger than in most other countries, which also has an unfortunate impact on the existing rules and regulations.

Then it should also be mentioned that the general changes or tendencies during the transition of the Romanian society influences on the development and change of institutions for people with disabilities, and a centralization, and commando structures in various areas, obviously does that component 1's intentions becomes hindered. But when one looks at the results from the first year, then there is reason to stay optimistic towards to reach the fundamental goals of component 1.

Especially because there already is started a commissioning, where people and structures gets prepared to follow up and to continue the changes and the development. This process has been an aspect of component 1's activities right from the start and has been intensified during the last month and will be further emphasized.

This also includes that the model is expected to be replicated in other places in Romania and there has been some interest in getting this done, but the most important thing is: Romanian professionals should have the opportunity to handle this implementation, when the project ends in May 1994. Evaluated in various time-perspectives, then the conclusion is this.

| | |
|--------------------|---|
| <i>Short-time</i> | <p>It has been possible to move the children, who had it the worst</p> <p>It has been possible to introduce alternative models</p> <p>It has been possible to make the children with disabilities visible</p> <p>It has been possible to introduce alternative methods and strategies</p> |
| <i>Medium-time</i> | <p>It must be possible to get from introduction to implementation</p> <p>It must be possible to document the results</p> <p>It must be possible to replicate results nationally</p> <p>It must be possible to get Romanians to supervise the project</p> |
| <i>Long-time</i> | <p>It must result in development and change of institutions</p> <p>It must result in constant improvements of the living conditions for the most vulnerable children</p> |

The inductive principle is very important to understand, when you work with institutional cultures, since we not just work with another way of doing things, but with a completely different mentality. This means that the model-development should be based on patient-studies and errors and not just an academic presentation of, how the things get done in other countries.

If this should be seen in relation to the *Child in the qualitative mould*, then it seems obvious that those results, which have been reached during those two years, should have a permanent effect on the living conditions of the user, the level of the treatment and on the number of units. Of course there has been an effect on the management-level, government-office level and on the society-level. And on cultural- and environment-(the surroundings) level. But it's difficult to evaluate the stability of these benefits, if there doesn't get followed through on them. Since these results should be seen as the seed for the medium-time and long-time changes.

Two years is a very limited time-frame to secure the stability of general changes, so component 1 thinks that all the concrete results, which are reached with the most vulnerable children with disabilities is a good basis for the stability: the relocation of 158 children to better surroundings, the establishment of some small houses, the foundation of two Romanian NGOs to supporting the future development, the start-up of vocational-training for children with disabilities (Particularly among the mental retarded). The establishment of some few SMEs, which has hired people with disabilities etc.

Parallel with the staff-training, component 1 has created a basis for further development and generalization of the results. And it's seen as a very important result that the public attitude from the authorities is that they vouch for these children to have a right to learn and to live in decent conditions. This idea is the first step towards to making it normal practice.

Of course component 1 would like to have achieved more, but it is also seen as unrealistic within the budget and the given time-frame. Nevertheless it would have been possible, if the initial strategies for the project had been approved – not least the idea about decentral component-management, the original budget-frame and the idea of an inductive development-process.