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# DE-INSTITUTIONALISATION OF CHILDREN'S SERVICES IN ROMANIA

## A GOOD PRACTICE GUIDE

**Publication of the High Level Group for Romanian Children**

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**GOVERNMENT OF ROMANIA**

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**Prime Minister of Romania**

Co-chair:

**Baroness EMMA NICHOLSON**
**EU Rapporteur for Romania**

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August 2004

# Members of the High Level Group for Romanian Children

**August 2004**

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| GUNTER VERHEUGEN | **European Union Commissioner for Enlargement, Co-chair of the High Level Group** |
| BARONESS EMMA NICHOLSON | **Member of the European Parliament, Rapporteur for Romania, Co-chair of the High Level Group** |
| IOAN RUS | **Deputy Prime Minister, Minister of State, Minister of Public Administration and Interior** |
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Special thanks must go to the children who shared with us sensitive information regarding major changes taking place in their lives. In order to protect their right to privacy, all names have been changed in the text and situations have been generalised. We hope that by using their experience the process of de-institutionalisation may be improved and may therefore benefit many other children in institutions in Romania and elsewhere.

**NOTE:** The views expressed in this manual are those of the authors and not necessarily those of the agencies that they represent or those of the Government of Romania or of the members of the High Level Group or their Executive.

# Foreword

All countries have to make arrangements for those children who, for whatever reason cannot live with their parents, either temporarily or indefinitely. This is achieved by providing children with "substitute care", so-called because the public care arrangement is a substitute to the parental upbringing.  Substitute care falls into three main options: fostering and guardianship (the latter usually provided by relatives), residential care, adoption. The extent to which each of these types of care are used varies from country to country and changes over time. This is dependent upon the political system, policy guidelines and the research available on each of the forms of substitute child care. Major catastrophes and wars, which destabilise governments and communities, can also radically change the way in which child care and protection is provided.

Since 1989, Romania has become the focus of a great deal of negative international attention regarding the problem of children in residential care institutions. Whilst it is recognised that Romania has a significant problem in this regard, many other European countries have similar difficulties. Over the last few years Romania has made dramatic progress in terms of addressing the needs of children in institutions and developing a diversified, modern child welfare system. In particular the numbers of infants and young children in institutions has reduced markedly. A significant number of institutions have been closed.  The majority of children remaining in institutional care are older children with special needs.  Given the speed and commitment to de-institutionalising children in Romania, it is hoped that the Government reform will provide a model for a similar process in other countries.

At the heart of this manual is the firm belief that lots more can be done to improve the situation of Romanian children and families in need. The de-institutionalisation agenda continues with the challenge of returning older children and children with disabilities to a family and community environment. The Government reform to date has offered an opportunity to review and record good practice examples in the de-institutionalisation process to avoid bad practices. These examples of good practice can be used in future to guide and influence the continued reform of childcare and protection across Europe.

The need for progress in children's services is never ending. Developing knowledge and standards will improve and enhance professional practice in health and social services. Completing the de-institutionalisation process in Romania requires a quantum leap from institution-based services to community-based services for children and their families.  The recent investment by the Government of Romania and their local authorities in community health and social services  means that all those involved are "seeing the light at the end of the tunnel" for the child welfare reform.

**Baroness EMMA NICHOLSON of Winterbourne, MEP**
**EU Rapporteur for Romania**

# Executive summary

Those who have been involved in the process of closing an institution and providing alternative forms of care will have met many challenges, obstacles and dilemmas along the way. This manual, based on current de-institutionalisation practice and experience, as well as lessons learned from past experiences, attempts to give advance warning of some of these challenges and obstacles and practical methods for addressing them. It considers the process of de-institutionalisation in all its complexity.

Drawing upon evidence based research as well as practical experience, Chapter 2 briefly outlines the negative effects of institutionalisation on children, simultaneously highlighting why engaging in de-institutionalisation is important.

Chapter 3 considers the progress to date in Romania, identifying key actors in and catalysts for de-institutionalisation, whilst highlighting work that still needs to be done. This chapter also considers the need for a standard approach to de-institutionalisation, which takes into account all facets of the process.

Chapter 4 considers the values and principles that underpin the de-institutionalisation process. It outlines some of the legal and procedural reasons for continued institutionalisation and suggests where changes might be made. It focuses on a rights-based approach to child welfare services and outlines the responsibilities of authorities and practitioners towards children, as enshrined in the United Nations Convention on the Rights of the Child (UNCRC) and the European Convention on Human Rights (ECHR). It also highlights the additional care and attention required for addressing the needs, and respecting the rights of the children with special needs.

Chapter 5 presents methods for planning the process of de-institutionalisation. It outlines processes that can be used to identify needs, resources, targets and factors of resistance. The 'stock and flow' analysis is outlined, a tool that can be extremely helpful in understanding the dynamics of service use, vital to the design of future services. Moreover, some methods are suggested for involving all relevant actors in the process and ensuring that all facets of the process have been factored into the plans.

In Chapter 6, the types of services necessary to closing an institution are detailed. These services range from prevention and community support services, to substitute family care, to specialist residential care. Case examples demonstrate how these services can be used for best effect. The chapter introduces key concepts essential to the efficacy of services that provide an alternative to institutions.

Chapter 7 outlines the process by which individual children should be assessed prior to making any decisions regarding their future care. It provides some practical tips for practitioners who are new to making assessments and presents certain assessment tools that may be of use.

Following assessment, it is appropriate to begin planning for the future placement and care of the child. This is the subject of chapter 8, which helps practitioners learn to identify the levels of social work intervention necessary in an individual case and to make appropriate decisions or recommendations regarding the future care of the child. It provides the practitioner with guidance and tools for making such decisions.

Chapter 9 deals with one of the most important and complex aspects of de-institutionalisation: the process by which children are prepared for and moved to their new placement. Moves are often traumatic for children and this chapter provides the practitioner with the necessary tools and information to ensure that the children are prepared for the move, thereby reducing the trauma of the child and increasing the chances of a successful placement. It outlines methods for promoting attachment between a child and a new carer as well as activities and programmes for addressing severe behavioural difficulties. Moreover, it highlights the necessity of ongoing support and monitoring for children once they have moved to their new placements.

One of the greatest factors of resistance to the closure of an institution can be the fears and concerns of the institution personnel. Chapter 10 addresses this issue and provides methods for reducing such resistance to those involved in managing the process of de-institutionalisation. It demonstrates how involving the personnel in the process itself can improve and accelerate the process, whilst simultaneously improving the quality of care provided to the children during the closure process. The chapter also reminds practitioners that their primary duty is to the children and that the new services must be designed to address children's needs, not those of the personnel. Tools are provided to assist in the assessment of the appropriateness of individual members of staff from institutions to work in the new services.

For many involved in the process of closing an institution, the building itself is a key concern. In fact many projects allegedly concerned with de-institutionalisation are in fact concerned with improving the physical building itself. Chapter 11 addresses property issues and outlines considerations that should be made by those managing the process, including factors which determine whether the building should be modified and re-used for new services.

Chapter 12 considers the financial planning necessary to an effective and efficient de-institutionalisation process. It suggests ways in which projections can be made of the costs of future services and warns against seeing the de-institutionalisation process as a cost-cutting exercise.

Chapter 13 outlines the responsibilities of authorities and those managing the process to continually assess the efficacy of implementation and, in particular, the outcomes for children. It also outlines methods that can be used to assess the impact of reform upon the community in general.

The manual contains case examples from all types of institutions for children currently existing in Romania – Placement Centres for Children aged 0–3 (Leagane), Placement Centres for Pre-School Aged Children, Placement Centres for School-Aged Children, Placement Centres for Children with Deficiencies (Special Schools), and Centres for

Children with severe disabilities (Camine Spital). The reader may find a significant number of case examples referring to children with special needs. This is because assessing, preparing and moving these children is more complex and often requires specialist therapeutic input. The examples used aim to provide ideas and assistance to those practitioners facing the enormous challenge of meeting all the needs and respecting all the rights of these very special children.

# 1.   INTRODUCTION

Romania has been criticised by the European Commission for its reliance upon large institutions to care for the children separated from their families. Yet the institutionalisation of large numbers of children in Romania is a relatively new phenomenon. The majority of institutions currently functioning in Romania were opened in the 1950s, 60s and 70s and were evidently the product of a political system which intervened heavily in family life.

The challenge Romania currently faces in terms of a planned, strategic closure of large institutions, through the creation of family and community based forms of care is enormous. But in its correct historical context, the mass-institutionalisation of children, which took place in the second half of the twentieth century, can be seen as a 'blip' or an aberration. Compared to the industrialised nations of Western Europe, Romania still has an admirably strong sense of community and extended family, vital for providing family-based substitute care to children separated from their families.

Therefore, whilst the challenge to close all of Romania's institutions is great, the most important resources (caring families and communities) are available in abundance. It is the role of the national government, local authorities, social care practitioners and NGOs to assist the restructuring of the social care system and to redirect resources into families and communities, in order to ensure that *all* the children can receive the care they need.

## European trends in providing substitute care

The following is a brief appraisal of the patterns of practice across Europe in terms of providing substitute care, a consideration of why variations exist and suggestions of patterns generally thought to be the best. A recent review commissioned by the EU Daphne Programme has recently appeared on this topic (Browne et al., 2004).

### Prevention versus substitute care

It is currently difficult to obtain accurate statistics, and therefore making comparisons is somewhat precarious. However, it is clear that many more children in Central and Eastern Europe, and some other regions of the world, are receiving substitute care than is the case in Western Europe and the United States. The EU's Monee project report, "A Decade of Transition" (2000), cites a figure of 1,916 children per hundred thousand aged 0-17 in "out-of-home care" for Central European countries as a group. This compares to 490 per 100,000 in the United Kingdom for the same year

There are many reasons for country variations in the levels of children in public care, but certainly a key factor is the emphasis on and amount of investment in preventive and other

community services. By example, the UK's social care services (supplemented by other sectors including health and education) spend considerably more on an ever-widening range of preventive services than they do on the cost of providing public care arrangements - but this has not always been the case. This means that substitute care is only needed when there is genuinely no other alternative. A lack of preventive services means that when children and families are under pressure and needing help, the options available to those trying to help are sorely restricted.

## The balance between different forms of substitute care

There are three types of substitute childcare: fostering and guardianship (the latter is usually provided by relatives), residential care, adoption. Looking at these three types of substitute care, substantial country differences are seen in which type of arrangement forms the backbone of the national system.

In Central and Eastern Europe, notwithstanding that the situation is changing rapidly, many countries remain heavily dependent on institutional care to meet the children's needs. For example the UNICEF MONEE project found that for the 12 CEE/CIS countries surveyed an average of just fewer than 50 percent of children were living in institutional settings.

*CLARIFICATION POINT: It should be noted that the terms 'institution' and 'institutional' are used here for forms of residential care catering for large numbers of children. The EU in the context of its latest Phare programme in Romania defines 'large' institutions as those housing more than 12 children. Throughout this manual the term 'small family home' is used to refer to small units (12 or under), which provide high quality, non-institutional residential care within the community.*

On the other hand, in Western countries the situation is different. For example, in the UK child foster care accounts for almost 80 percent of all substitute care needs. Fostering, if available, has many advantages in terms of providing family-based, domestic care at a relatively low cost. In order to work well, however, foster care requires investment in recruitment, training and support and the development of a culture which both recognises the value of fostering and how natural and foster families can be helped to work together to promote children's well-being.

## The nature and scale of institutional care

It is recognised that sometimes children cannot be cared for in family settings (Browne et al., 2002), thus some residential care is needed as an emergency measure. However, it is also recognised that when this is the case, all possible efforts need to be made to ensure that the care is of a high standard, and, usually, this means small units with stable and experienced staff providing a highly specialised service for the children assessed to require particular help. Hence, in Western Europe, residential care is normally restricted to cases in which care

needs to be provided in circumstances of high security or where the child needs particular therapeutic inputs (Madge, 1994). In this context, residential care is viewed as a specialist service to be used only where other options have been exhausted or are contra-indicated and even then, a high premium is placed on making sure that the residential environment and systems are as 'domestic' as possible, located in and closely connected to the local community and able to encourage the maximum involvement of family, friends and other interested parties.

Understanding why different countries and regions have developed different patterns and histories of childcare provisions is a complex subject and those interested in the detail are referred to the relevant publications listed at the end of this guide. However, two key factors are considered to have played a major role in where different countries stand now in respect of use of residential childcare. On one hand, there is the drive towards institutional forms of care prevalent mostly in Eastern European countries, and on the other is the reaction to the negative features of institutionalisation, which shaped the pattern of child residential care use in most Western countries.

## The attractiveness of institutionalisation

All countries have, to a greater or lesser extent, embraced residential care for children at some time in their social history. A number of reasons can be suggested for this.

- In many countries foster care and community care are relatively new concepts, while institutional care tends to have a long history;

- Developing institutions has traditionally been the way that communities and states in industrialised society looked after the poor and needy; building institutions was viewed as a positive way of helping people;

- Institutional care was seen in the past as the best way to meet the children's needs, since it was believed that all their needs (material, education and health needs) could be met in one place with maximum focus and flexibility;

- Institutions could provide resources not available elsewhere;

- Institutional care is an approach which was believed to provide efficiency and low cost care, at times when resources were very short.

Institutional care can be regarded as having an honourable past based generally on good motives. However, it is also the case, in countries across the whole of Europe, including Romania, that the good intentions behind institutional care have been, and are still being, compromised by poor practice and an agenda which may have little to do with the best interests of the children. Some examples of such poor practice are:

- Institutions being starved of resources and otherwise ignored;

- Institutions being used as "dumping grounds" for political or misguided care reasons;

- Institutions being used to meet the needs of staff, or others, rather than the needs of the children;

- Lack of recognition that children are physically and sexually abused in some institutions as well as in some families (UNICEF, 2002; Browne et al., 2002);

- Lack of recognition that there are now alternatives to residential care, which are more appropriate for majority of children.

> *KEY POINT:* *The de-institutionalisation debate and programme must be based on an understanding of the different policy elements involved in providing alternative substitute children's services. It is not just a matter of closing bigger institution. A de-institutionalisation programme should maintain an appropriate balance of provision ensuring that all substitute care is of a high standard. At the same time, prevention services need to be in place so that institutions are not recreated.*

## 2. THE IMPORTANCE OF DE-INSTITUTIONALISATION

## Why de-institutionalisation?

From the 1950s onwards, many countries began to recognise that for whatever good they may have done in the past, continued use of institutions, and in particular the larger, more isolated ones, was not a good way of helping children who require substitute care. Reaching this conclusion was often a painful process. This conclusion was reached due to a greater understanding of the negative effects of institutions upon children, combined with growing appreciation of what could be done to prevent the need for substitute care and greater insights into how foster families could be encouraged to provide a better alternative care placement.

There are two main reasons for de-institutionalisation, as follows:

### The effects of institutionalisation on child development

Firstly, and most importantly, is the recognition that institutional forms of care almost inevitably result in negative outcomes for children. Over the last 50 years, numerous studies have documented the fact that children growing up in institutions often demonstrate delays in physical, emotional, social and cognitive development (Bowlby, 1951; Hodges & Tizard, 1989; Vorria et al. 1998; Wolkind & Rutter, 1973). One of the most influential theories that explain the negative effects of institutionalisation on children's health and development is the attachment theory, developed initially by John Bowlby in 1951. His pioneering studies on children who had been separated from their families demonstrated the relationship between 'maternal deprivation' and developmental delays. At the core of his theory is the notion of attachment, which can be defined as an enduring bond between a child and his or her primary caregiver.

*Figure 2.1   The Arousal Relaxation Cycle*
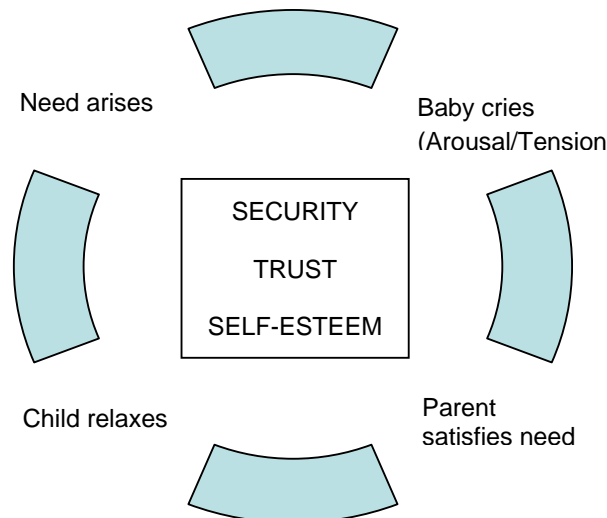
Vera Fahlberg (1991) outlines the psychological process through which children develop attachments in her 'arousal relaxation cycle' (see figure 2.1). According to Fahlberg, the new-born baby's only method of communicating its needs is to cry, which creates in the child a state of physical and psychological tension or 'arousal'. The parent or caregiver identifies and responds to the child's needs, as a result of which, the child relaxes, until another need appears.

This cycle is repeated hundreds and thousands of times during the first weeks and months of a child's life. As a result, a child learns that its demands will be met, that a parent or caregiver will respond when it needs something. Essentially, the child learns to trust and feel secure, which also assists in the development of self-esteem.

When a child is cared for inconsistently and its demands are either met sporadically, or are not met all, this cycle is interrupted. The child quickly learns not to demand, which is why it is possible to enter an institution where many babies live and to hear nothing from the children. In many institutions where a large number of children are cared for by one member of staff, this necessitates a regulated routine (set feeding times, changing times, sleeping times etc). Since it is impossible to respond to the individual needs of children as they arise, many children remain in a state of discomfort (tension or arousal) for long periods of time. This has a dramatic effect on their ability to focus on anything other than their discomfort (the child may be hungry, wet or in pain), thus limiting the potential for exploration, play and development. Moreover, children require stimulation and interaction from adults in order to develop.

The negative findings of the research into attachment were followed, in many countries, by a marked reduction in the use of residential care institutions for children, especially in the early years of life, and alternative care options were encouraged for children (foster placement or adoption).

Nevertheless, the practice of 'institutional child rearing' has continued to exist in many countries, especially in those less (financially) able to provide the more desirable alternatives for children to be raised in families. The topic of 'institutional deprivation and child rearing' was revived in the 1990s by the opportunity to study children who grew up in impoverished institutions in Eastern European countries, including Romania, and who were subsequently adopted by foreign couples after the fall of the communist regimes. For example, studies conducted in the main receiving countries of Romanian adoptees (UK, USA, Canada) have found that most of the children had medical problems and cognitive delays when they arrived in their adoptive homes, although these were fewer for those who had spent less time in institutions beforehand. The physical and cognitive development of the Romanian adoptees improved dramatically after adoption, but those who had spent a longer time in institutions did less well. Moreover, the longitudinal follow-up of Romanian children adopted in the UK (Rutter, 1998, O'Connor et al., 1999, 2000, 2001) has found that duration of exposure to institutional deprivation was the most powerful predictor of individual differences in developmental outcomes.

The experience of child institutionalisation in Romania, as in many other countries has clearly demonstrated that institutions are a wholly inadequate method of caring for children who are separated from their families. Most children who grow up in institutional care suffer severe effects as a result, which reduce their life chances and, at times, life expectancy, often resulting in great difficulty in integrating into society as adults (Aldgate, 1994). The effects of institutionalisation include those shown in box 2.1

*Box 2.1     The negative impact of institutionalisation*

- With few exceptions, children reared from an early age in poor quality institutions fail to sit, stand, walk, and talk by age four;

- Institutions do not facilitate children becoming attached to a significant adult. The consequence is that many institutionalised children lack empathy, behave in negative ways, exhibit poor self-confidence, show indiscriminate affection toward adults, are prone to non-compliance, and are more aggressive than their non-institutionalised counterparts. Equally, insecurely attached children rebound from adversity far less effectively than securely attached children;

- Basic human rights cannot be ensured within institutions. For example international conventions, such as the United Nations' Convention on the Rights of the Child, have asserted the human right of children to a family life and to be protected from abuse and neglect;

- Children in institutions are more likely to fail educationally and have poor work prospects, substantially affecting their ability to become independent and to contribute to society as adults

- Placements in institutions, often at some distance from the child's place of origin, tend to discourage contact with parents, family and other network members. This results in children having few links to support them as they grow older

- Most large institutions are essentially unmanageable and liable to the systematic abuse of residents (and sometimes also of the staff)

- Even good institutions harm young children and leave teens ill-prepared for the outside world.

*Case example 2.1     Practical application of attachment theory to surrogate child care*

An example of putting attachment theory into practice (now internationally recognised as one of the primary processes of the socio-emotional development of children) was developed by Dr Violeta Stan at the Medical University of Timisoara. Her "Open Windows" project influenced the surrogate care of de-institutionalisation across 3 counties. The principle was to recreate a family setting and allow abandoned and de-institutionalised children under 5 to emotionally attach to the primary care workers. Indeed, this was encouraged by the primary care workers (rather than discouraged, as in institutions) who sensitively responded to the children's attachment behaviours (smiling, following, clinging, crying). The staff were trained how to respond sensitively; make themselves accessible to and co-operative with the children. This promoted a secure attachment to the primary care-workers by each child and in turn promoted each child's socio-emotional and language development due to the enhanced caregiver-child interactions. Therefore is important to have a key-worker system where each social worker was responsible for the care and development of certain children. The structure of the project was that a male and female care worker would care for up to 5 children in a small family apartment. Sometimes these family apartments were created by partitioning larger buildings. The care workers on the day shift were seen by the 5 children as surrogate mother and father and the staff on the night shift were seen as surrogate uncle and aunt (and vice-versa). The use of these terms were encouraged in the children. For every group of 5 children mixed in terms of gender and age (under 5), one or two were disabled so that the disadvantaged children would learn from and copy their surrogate brothers and sisters to whom they also formed sibling attachments. Hence, the "Open Windows" project truly recreates a family environment. Family rituals, birthdays, religious holidays and events are all celebrated and recorded on camera. Each child has a photographic diary which reflects their

development and achievements. This is their own personal property which provides them with a sense of identity and a narrative of their life-story.

The aim of the project is to provide a permanent family placement for the children, recognising its influence on the child's attachments. Therefore this is a carefully planned and lengthy process. Firstly, the adopting Romanian family visits the child on a regular basis as if they were a close relative. During this time they help care for the child and take the child on outings. Initially with the care worker (primary attachment figure), and later alone. If this process is successful and the child is becoming attached to the prospective adoptive parent a formal week long assessment of the family as potential carers is made, after which the child is able to visit the home of prospective adopting parents every week-end. When the legal process of adoption is complete, the child moves in with the family and makes visits back to the surrogate family apartment to play with surrogate siblings slowly decreasing in regularity. If surrogate siblings are permanently placed nearby, then their relationship as they grow older is encouraged to be maintained.

Therefore, the "Open Windows" project recognises the socio-emotional needs of children and their sense of attachment, separation and loss on moving from one placement to another. The slow and overlapping transition between attachment figures significantly reduces trauma and later associated mental health problems for the child.

## Financial issues

The second reason for de-institutionalisation is a financial one. Whilst it is demonstrable that institutionalisation is a poor form of care from a qualitative point of view, at the same time it is a highly costly form of care when compared to community-based prevention and family support systems and substitute families According to NAPCA statistics, the unit cost per child in foster care is approximately half that of institutional care (www.copii.ro). Services to assist families in times of crisis and to place children in adoptive families usually only require a short-term financial input. Whilst some specialist residential care is always required, this should only be necessary for a small number of children. Thus, a range of integrated social services, providing a variety of services for children and families, is likely to be considerably more cost-effective than an institutional care system.

These insights and others have convinced most people working with children that residential care should only be used where this offers something positive which cannot be delivered through some other route, preferably through preventive intervention, but if this is not feasible or available through a family-based form of substitute care.

> KEY POINT: World-wide research and experience has highlighted the damage to children caused by institutional care, especially child care in institutions that are large, isolated and where providing the best possible care available is not seen as the primary objective.

# What is de-institutionalisation?

De-institutionalisation is essentially the process of moving away from a care system based on large institutions. It is widely regarded as consisting of three components:

1.      Preventing both unnecessary admissions to and stays in institutions;

2.      Finding and developing appropriate alternatives in the community for the housing, treatment, training, education and rehabilitation of the children who do not need to be in residential care;

3.      Improving the conditions, care and treatment for those who do require public care.

This approach is based on the simple principle that children are entitled to live in the least restrictive environment necessary and should be able to lead their lives as normally and as independently as possible. This is an approach that is closely and increasingly linked with the development of many other social policy agendas, including community care, civil rights and strategic planning.

> *KEY POINT: De-institutionalisation is a collection of activities: it is not just the closing down of large institutions. For most people de-institutionalisation is a clear-cut situation of gain – hence where large-scale de-institutionalisation has taken place in various countries, there has rarely been substantial long-term opposition.*

As such, de-institutionalisation is at the heart of developing modern and effective care services for children and families. Managed well, it can be both the catalyst and the funding source for improved and more sensitive childcare services. If de-institutionalisation is managed well, it will eventually lead to a situation where the majority of children and family problems can be resolved within the community, with only a small number of children needing substitute care and only a very small number requiring this in an residential setting, as illustrated by diagram 2.1. This should be the goal for all countries that rely on institutionalisation as a main form of substitute child-care.

*Diagram 2.1    Pyramid of services to children and families*
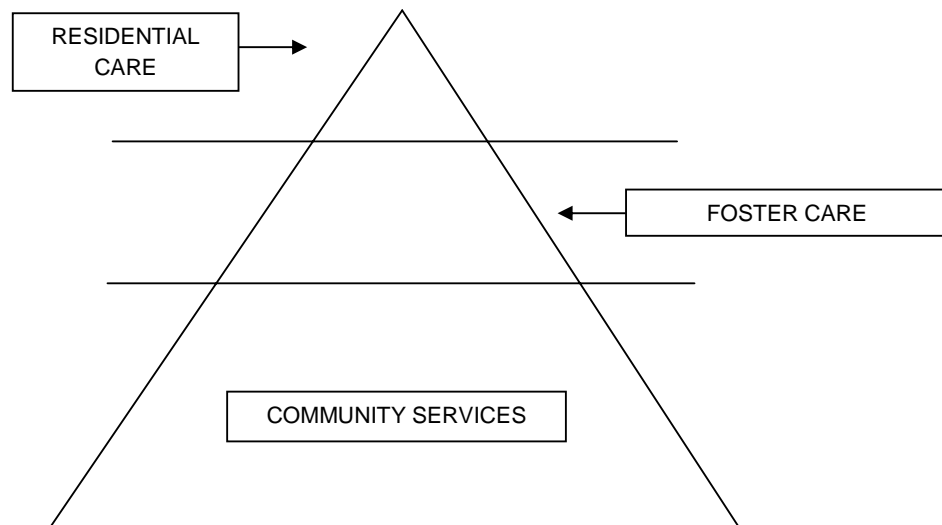
# 3. DE-INSTITUTIONALISATION IN ROMANIA: PROGRESS AND WHAT STILL NEEDS TO BE DONE

## The current situation in Romania

The de-institutionalisation process in Romania involves a wide range of actors and progress is dependent on all working together to the same agenda and value base. Some actors operate nationally, some regionally or at County level, while others operate more locally. Moreover, international contributors play a part in terms of funding, the dissemination of best practice and provision of support.

In order for the de-institutionalisation to be a success in Romania all these actors need to play their part. This emphasises the importance of a shared vision and the need for good coordination. Nationally, these are provided by the National Authority for Child Protection and Adoption, supported by other ministries, on behalf of the Government of Romania, while more locally it is primarily the responsibility of Counties[1] and their Bucharest equivalents to undertake this task.

*Box 3.1    Actors Contributing to De-institutionalisation in Romania*

| ARENA | ORGANISATIONS | CONTRIBUTIONS |
|---|---|---|
| **International** | High Level Group | Coordination |
| | The European Union | Funding |
| | World Health Organisation | International perspectives |
| | UNICEF | Sharing of good practice |
| | Individual countries (USAID, DfID etc) | Provision of support |
| | | Technical assistance |
| **National** | The National Authority for Child Protection and Adoption | Leadership and coordination |
| | Inter-Ministerial Group | Monitoring of progress |
| | | Development of policies and legislation |
| | Other Ministries (e.g. the Ministry of Health and Family, the Ministry of Education and Research and the Ministry of Labour and Social Solidarity) | Technical assistance |
| | | Professional development |
| | Other national organisations and associations (Universities, NGOs etc) | Technical assistance |
| | | Professional development |

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[1] Use of the term County should be read as also meaning the local authority sector councils serving Bucharest.

| Regional | Counties | Funding |
| | | Leadership and coordination |
| | | Monitoring of progress |
| **Local** | Municipalities | Funding |
| | Provider organisations | Identification of priorities |
| | | Services |
| | | Links to local communities |

The range of actors involved with the de-institutionalisation agenda is a major strength in terms of the expertise, resources and commitment available, but this situation also brings challenges. Therefore a national vision and agreed approach which can be understood and implemented locally, is of vital importance.

## National developments

Recent years have witnessed considerable activity relevant to de-institutionalisation at national level, both directly and indirectly. Most prominent have been the EU programmes to assist with the development of alternative services. The Government's decentralisation and rationalisation agendas (with their emphasis on the development of service planning and co-ordination at the County level and the amalgamation of children's services[2]; other programme–initiatives, such as the guaranteed minimum income, the reform of the health system and the development of a wider social assistance framework, have also played a major role. All these developments have played their part in pushing forward de-institutionalisation as a key element of the new health and social care environment that Romania seeks to establish for its citizens. Specifically, the Romanian Government's Strategy Concerning The Protection Of The Child In Difficulty (2001-2004) contains many references to de-institutionalisation, both directly and indirectly, as illustrated in box 3.2.

*Box 3.2      Reference points to de-institutionalisation in Romanian Government's Strategy Concerning The Protection Of The Child In Difficulty (2001-2004)*

| **Principles** | "All the actions laid down in the Government Strategy are based on the principle of securing a family environment for every child, including children in difficulty. If a child in difficulty is protected in substitute families or in residential type units for a determinate period, the priority will be to provide that child with a family type living environment for the whole duration of the protection measure - until the child can be reintegrated into the natural family, the extended family or (in cases where reintegration is not possible or it is not in the best interests of the child) until its integration into an adoptive family." |

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[2] Most notably in terms of the establishment of a single Children's Commission where have previously been three and the transfer of management responsibility for many residential services to the Departments of Child Protection

| General Directions | "Restructuring existing services and residential care institution, including services for children with deficiencies or disabilities; reorienting their use of the financial, material, human, and technical resources available towards the organisation and diversification of alternative services to residential protection; and reducing the number of institutionalised children (particularly in the case of institutionalisation for long or indefinite periods of time)" |
|---|---|
| **Operational Objective** | "Developing and diversifying the modalities of intervention in order to prevent abandonment and to reduce institutionalisation." |
| **Priority target groups** | "institutionalised children" |
| | "children protected in families, both in their own families (in order to reduce the risk of abandonment), as well as in their substitute families/alternative family-type services" |
| | "children with special needs and children with HIV/AIDS hosted in institutions or in alternative family-type forms of protection" |
| | "children/young people coming of age during their long-term institutionalisation " |
| | "According to the recently adopted Strategy on the improvement of the situation of Roma (GD no. 430/2001) particular attention shall be granted to children belonging to the Roma minority" |

These emphasise the importance the Government of Romania gives to this area of work. The national government strategy is also clear in emphasising that the responsibility for pushing forward the de-institutionalisation is shared across all ministries and all levels of local government. Specific related responsibilities within the Strategy are allocated to the following:

- The National Authority for Child Protection and Adoption;
- Government Ministries (Justice; Interior; Health and the Family; Labour and Social Solidarity and Education and Research);
- County Council Presidents;
- County Secretary Generals;
- Mayors.

Given the Strategy's emphasis on de-institutionalisation, this means all of these contributors (and those working for them) have a shared responsibility to achieve this national priority.

Experience in all countries has shown how important it is that de-institutionalisation be recognised as a multi-disciplinary effort and priority. It is not the responsibility of one profession or agency – progress requires everyone involved play their part. This especially relates to those working in the fields of social care, social assistance, education, housing and health. It is therefore vital that old ways of working, involving rivalry and competition, are replaced by cooperation and joint working. National and international authorities and organisation must act as role models in this regard, in order to lead regional and local actors to deliver "joined up" services[3].

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[3] "joined up" refers to organisations and authorities working together closely to deliver services which meet the user's needs in a way which is not hind bound by boundaries or budget allocations

**Regional developments: The county**

Counties, and their local partner agencies, statutory and voluntary, have a lead role to play in delivering Romania's national childcare strategy. Through their links with Child Protection Commissions, providers and other interested parties, Counties are centrally placed to direct and support the range of initiatives needed to transform children's services.

Counties provide a key linkage between the National Strategy and the results expected of local services (see box 3.3). They are pivotal to building the links between funding and needs and services, the coordination of efforts and the provision of leadership. Counties also have major responsibilities with respect to the quality of services, both now and in the future.

*Box 3.3    Results expected from local services following the implementation of the National Strategy*

The results expected following the implementation of the present Government Strategy Concerning the Protection of the Child in Difficulty (2001-2004) are:

- a decrease in the abandonment rate of children by their own parents;

- a decrease in the number of institutionalised children;

- a decrease in the number of residential care institutions and the closing down of those that, for various reasons, cannot be restructured in order to create a family-type environment;

- progressive increase in the share of children protected by alternative forms of services and family-type institutions, or who are reintegrated into their own families, as against the protection granted in residential care institutions;

- an increase in the number of alternative services offered to children in difficulty, compared to the number of "classic" protection institutions;

- a decrease in the length of stay of children in residential care institutions;

- the implementation, at a national level, of the minimum mandatory standards, of the framework operating rules, and the methodological guides of best practice for the organisation and operation of the services and institutions in the child protection system;

- improving the quality of child care in the residential system, following the implementation of quality standards;

- the operation of a flexible and operational national system for monitoring the entire activity of child protection;

- stricter supervision of the allocation and utilisation of the funds in the system;

- securing an adequate balance between the funds spent and the quality of services offered;

- increasing the professionalism of the human resources in the system.

## Local developments: The local councils

Local town and village councils throughout Romania have begun, to a greater or lesser extent, to play an active role in the social care reform process. The following issues are all relevant to the de-institutionalisation process at local level.

### 1. The tutelary authority

Traditionally in Romania, local councils have held significant responsibility regerding the support of vulnerable families and children. Under the Family Code, these councils, in their role of 'tutelary authority', still have a significant legal responsibility in terms of instituting guardianship for children who have been separated from their families. Their social workers have legal powers to investigate families where children may be at risk. These councils also have significant financial responsibilities for children who are in the institutional care system. Because of this, the local councils have a vested interest in the process of strategic reform of child welfare services and, in particular, in the process of de-institutionalisation.

### 2. The new Social Assistance law

This law, which came into force on 1 January 2002, increases the responsibilities of local councils in terms of the provision of social services. Although it is as yet unclear exactly how social services will be organised and financed at local level, there is a clear policy of further decentralisation of responsibility. Again, this increases the imperative for the involvement of the local councils in the reform process.

### 3. Local care for local children

The de-institutionalisation process requires children to be returned, as much as possible, to their communities of origin in order to re-establish relationships with birth and extended family, as well as with the local community. As such, each local council must be involved in the process of returning a child home and there must be some guarantee of adequate support structures at local level to ensure that the placement does not fail. This holds true for reintegration cases, prevention cases and placements in foster or residential care. When planning for de-institutionalisation, great care must be taken in providing local services and supporting local councils, particularly in towns and villages that traditionally place large numbers of children in institutions.

### 4. The prevention of family breakdown

By far the most efficient intervention for children and families at risk are services that prevent the separation of children from their families and other forms of harm to children. The prevention of family breakdown is particularly effective because:

- the children do not suffer the severe trauma associated with the separation from the birth family;

- the intervention by social services is usually time-limited and rarely has to extend throughout the child's entire childhood;

- the services are cost-effective (see chapter 11 for further details).

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But in order to make prevention work, services must exist at local level. The social services must be organised in such a way as to involve local knowledge and local influence. While services provided by Counties are important, the geographical distances in many counties mean that a system solely centralised at the county level alone cannot be effective. An excellent example of the development of local services follows:

*Case example 3.1    The family council – an example of cooperation between the authorities and the community*

In 1990, one county had considerable problems in terms of numbers and conditions of children in institutions. At that stage there were more than 8000 children in institutions. Today there are less than 300. At the same time however, the County has not had to rely heavily on alternative forms of care and although it has a well-developed foster service and some small residential facilities, the primary factor has been a focus on the prevention services at local level. The local County Directorate for the Protection of Children's Rights has worked closely with local councils since the mid-90s and has developed a system called the "family council".

In each town or commune, a social worker is employed who is trained and supported by the County Directorate for the Protection of Children's Rights. This social worker organises the local family council, which meets on a regular basis. This council is made up of local community leaders (including among others, a doctor, a teacher, a priest, a police officer) and may be attended, as appropriate, by members of the family in question. The council meets regularly to discuss cases of children in situations of difficulty or risk. The council develops a local plan of community based support for the child and family and it is only if this plan is not effective that the social worker calls for the assistance of the County Directorate for the Protection of Children's Rights.

The result has been a dramatic reduction in the number of children admitted to the care system in the County.

## 5. The relationship between local and county services

The involvement of local councils in the strategic planning process is essential for a number of reasons, including decision-making regarding the placement of the services and the level of services required within local communities. This process is essential to ensure that gaps in service provision are covered and that there is no duplication of services. During the planning process, the following questions should be considered.

*What services are required at local level?*

International experience and case example 3.1 (above) demonstrate that local services are particularly effective because they are accessible and involve people who understand local circumstances and needs. Therefore, it is important that some prevention services exist at the level of each local council. These services might only include a social worker and the provision of facilities for a family council. Alternatively, it may be decided that, due to the large numbers of children and families in difficulty, other services may be provided such as a day centre, or after-school clubs for children, community health nurses, parenting classes, school buses or material support. Of great significance here is

the provision of education for the children with special needs in mainstream schools to ensure that most children with learning difficulties or physical disabilities need not be separated from their birth families simply as a result of special educational needs.

*What services can reasonably be provided at local level?*

Since services decentralised to the local level would be numerous in any county, it is important that these services are relatively low-cost and cost-effective. As such, these services must focus on providing support at local level, which will ensure a significant decrease in admissions to the care system. It is unlikely that this would include highly specialised services, which are required for a relatively small number of children.

*How far can responsibilities be decentralised: which services are appropriately based at local level and which at county level?*

In a diversified system of integrated social services for children and families, certain services are necessary, but are only required for a small number of children. For example, therapeutic services for autistic children or counselling services for children who have been abused and their families. It is evidently not viable, or indeed appropriate, to have all these services decentralised to local level. It is possible that some of these services will only exist at county level and it may be appropriate for certain services to be zoned. For example, a mobile therapy team for special needs children may be based in a town, but serve a given section of the county.

*Where should specialist services be based?*

The geographical and demographic circumstances of the county should be taken into account, as well as the situation of particularly vulnerable communities, when planning services throughout a county. Where a number of specialist residential units are to be developed, for example, they should be spread throughout the county to ensure that children can be placed as close as possible to their families and local communities.

*Who should be financially responsible for the services?*

This should form a crucial part of the planning process. It is essential for all local and county councils to accept and clarify financial responsibilities for the services developed as part of the de-institutionalisation process.

## 6. Financial responsibilities

The local councils are currently financially responsible for children from their area who have been placed in institutional care. It is therefore in their financial interests to reduce the number of children in institutions. However, if considered solely from a financial point of view, local councils may approve of reintegrating children to the local level as a means of relieving financial burden, without providing any additional support to the children who have returned to their families. Local councils must be convinced that it is in their interests to provide cost-effective support services at the local level, which will in turn reduce the numbers of children in institutions, but they must not abdicate responsibility to vulnerable families in the process of de-institutionalisation.

**7. Involvement of the local councils in the closure of institutions**

Whilst the closure of institutions is a relief for some local Councils, since it reduces their expenditure levels, for others the process is a huge threat. Many institutions throughout Romania are based in villages and small towns. Often the institution is the main employer in the area and thus the de-institutionalisation process is viewed as a threat to the existence of the local community. Involving the local councils in the planning process for de-institutionalisation is therefore essential.

**8. Involving local councils in the process of strategy development (local knowledge, local resistance)**

The de-institutionalisation should not be viewed as a set of separate projects, but rather as an entire strategic process of reform. The closure of institutions is not an end in itself. Rather, is it an essential component of the development of a modern system of integrated social services for children and families. Therefore, local councils where institutions are currently situated and those which "provide" children to the institutional system should be a part of the strategy development process from the outset, for two reasons:

1.    The local councils have the greatest and most detailed knowledge of local needs (vulnerable families, vulnerable communities), as well as local resources (community leaders who may be of assistance, families who may make excellent foster carers etc).

2.    The.local councils could have a pivotal role in educating local communities about the changing values, mentalities and policies involved in the reform and de-institutionalisation process. This way, these councils can assist greatly in addressing fear and resistance to the changes and in inspiring a sense of community responsibility for children and families at risk.

# What still needs to be done

## Uniformity of approach

Many counties have made significant progress in the reform process and in terms of de-institutionalisation, yet approaches to the reform process vary greatly from one county to the next. Whilst allowing for a degree of flexibility in approach and differing levels of need in different geographical areas, the fundamental needs and rights of children require that a certain uniformity of approach be established in order to ensure that minimum requirements are met and that children are safeguarded throughout the reform process. Moreover, many lessons have already been learned by counties that have pioneered the de-institutionalisation process. These lessons form the content of this manual and can be used by local authorities to 'fast-track' the process, by-passing difficulties experienced elsewhere.

## Standardisation of services required

Counties vary significantly in the focus they have placed on types of services provided as an alternative to institutional care. No county has as yet developed the entire range of social services required to meet all the various needs of vulnerable children and families. Moreover,

the standards of care services vary greatly from one county to another, as do interpretations of what specific services should encompass. For example, in some counties, a mother and baby unit will only admit mothers under the age of 21 or mothers with only one, new-born child. In other counties mother and baby units may not have an age-limit for mothers, may admit mothers with more than one child and therefore address a wider variety of social needs. In some counties, foster carers are paid higher salaries than in others. There is an obvious need for national standards in all service provision, in order to ensure that basic minimum requirements are fulfilled and that services are adequately meeting the needs of children and families. Chapter 5 describes the range and quality of services necessary to provide a comprehensive alternative to institutional care.

## Standardisation of the de-institutionalisation procedure: "A model of de-institutionalisation"

Counties that have acted as pioneers in the de-institutionalisation process have used a variety of methods to a greater or lesser degree of success. Some of these methods are outlined in case studies in later chapters and demonstrate some of the pitfalls that can and should be avoided. The process of de-institutionalisation is complex, involving logistical issues, re-deployment and redundancy of personnel, redundancy and re-use of buildings, complex financial investment (capital, transitional and running costs), but most importantly, the movement of large numbers of children from institutional to other placements. Some children have been severely traumatised as a result of an ill-prepared or misguided de-institutionalisation process. Since the reform process is intended to significantly improve services to vulnerable children and their families, the way the process is implemented is of the utmost importance and *the safety and wellbeing of children must be the guiding principle.* As a result, the High Level Group has developed a **model of de-institutionalisation,** providing the framework for this manual (see Appendix 2). Taken together, the model and manual, offer a set of national good practice guidelines. If followed, these guidelines should ensure that all children are looked after adequately and that the de-institutionalisation process does not result in trauma. Chapters 5 to 12 provide detailed guidance for the process itself.

## Detailed county de-institutionalisation plans

On the basis of the standardised services outlined in chapter 6 and the standardised de-institutionalisation procedures outlined in chapters 5 to 12, each county is now required by the National Authority for Child Protection and Adoption to undertake a strategic planning process demonstrating how, in what period of time and in what order, de-institutionalisation will take place. It is expected that these plans will deliver a complete de-institutionalisation process within a period of five years (with a few exceptions). These plans should be logical, comprehensive and realistic and will necessitate the targeting of individual institutions, based on the criteria outlined in Chapter 5.

## Strategies addressing resistance

Over the last two years a great deal of progress has been made in terms of changing mentality regarding the need for de-institutionalisation. Nevertheless, there is always a

considerable amount of local resistance to any de-institutionalisation process. It is therefore essential that plans to de-institutionalise include plans for addressing resistance. Some suggestions in this regard are presented in chapter 9.

## Co-ordination of funding (local and national government, international organisations, NGOs etc)

On the basis of each local de-institutionalisation plan, a national de-institutionalisation programme could be designed. This programme would have a clear timetable and as a result, national government would be aware of which institutions are targeted for closure during which periods of time. This could assist in the allocation of government funds and attraction of external funds for the de-institutionalisation process. All the major international organisations are committed to assisting the Romanian government in its de-institutionalisation programme and a clear strategy, timetable and analysis of financial requirement would assist these organisations in the allocation of their funds. Moreover, the local authorities and the national government would then be in a position to approach NGOs and request their assistance with specific projects as part of the overall de-institutionalisation programme.

# 4.  THE VALUE BASE FOR CHILDREN'S SERVICES

The value base, the legislative and conceptual framework within which child welfare services in Romania currently operate have remained largely unchanged since the communist era. Of those changes made since 1990, some are progressive and helpful in terms of attempting to maintain children in the birth family, whereas others have introduced concepts and processes which, unfortunately, have further encouraged the separation of children from their families. The Romanian Government is currently involved in a complete overhaul of its legislative and administrative frameworks for child welfare and it is therefore obvious that all practitioners in the field will be required to engage in a re-conceptualisation of policies, procedures and practices in relation to children and families.

It is not the purpose of this manual to provide a detailed analysis of this process, especially since the legislative and administrative reform is 'a work in progress'. Nevertheless, a number of issues are touched upon here, since they are fundamental to the development of services required by the de-institutionalisation process.

## Rethinking the value base of Romanian children's services

### Questioning outdated concepts

The Family Code, which became a law in 1953, has remained largely unchanged up to present day (with the exception of certain modifications on divorce and the introduction of the 1997 adoption law). This code introduces a number of concepts that are not congruent with modern-day social work practice and impact significantly on the institutionalisation of children.

### 1. State control over family life

The level of intervention suggested by article 108 of the Family Code and, in particular, the wide reaching powers of the tutelary authority are of great concern:

> The tutelary authority is obliged to exercise an effective and continuous control over the way in which the parents fulfil their duties regarding the person and property of the child. Delegates of the tutelary authority have the right to visit children at their dwellings and *to be informed by any means* regarding the way in which they are cared for, in respect of their health and physical development, education, learning and professional training, *in conformity with the purposes of the state*, for an activity useful to the collective; when needed they will give the necessary direction. (emphasis added) (Art. 108, Family Code, ref)

Whist it is acknowledged that, at times, state intervention is necessary to protect children from harm and abuse, the powers here are dramatic and could certainly be seen as abusive of the rights of parents and the rights to privacy and family life.

**2. The child as property of the state – 'for the wellbeing of the collective'**

Both Article 108 (above) and Article 101 (below) in the Romanian Family Code define the purpose of raising and educating children as being that of preparing them to be of use to the state and to society as a whole:

> Parents are obliged to care for the child's person. They are obliged to raise the child, caring for his health and physical development, his education, learning and professional training, according to his personal characteristics, in conformity with the purposes of the democratic people's state, towards his being of use to the collective. (Article 101, Family Code, ref)

This is a proprietary concept of children and conflicts with a human rights approach by which children, by their very existence, have a right to care, protection and education, irrespective of how 'useful' to the society they become later.

**3. Termination of parental rights**

Art 109 from the Family Code gives the state wide-reaching powers to terminate parental rights:

> If the health or physical development of the child is endangered by the way in which the parental rights are exercised, through abusive behaviour or through grave neglect in fulfilling the duties of parents or *if the education, learning or professional training of the child is not carried out in a spirit of devotion to Romania*, the judicial court, at the request of the tutelary authority, will pronounce the deprivation of the parent's parental rights. (emphasis added) (Art. 109, Family Code, ref)

The circumstances in which parental rights may be terminated outlined here are highly questionable. Moreover, much recent thinking in child welfare legislation suggests that, even where a child cannot live with his or her family, the continuation of some kind of relationship with the family and some level of involvement of the family in decision-making is generally desirable.

Although the Family Code is an old law, the articles above have remained in force until very recently and the fact that the law has been in force for such a long period of time would suggest that it has had significant impact on framing the thinking and practice in child welfare services. As such, a process of questioning and challenging these notions and concepts and comparing them with the requirements of international conventions to which Romania is a party, is required.

*Law 47/1993 – The law on child abandonment*

A more recent, though perhaps even more damaging law is law 47/1993, which institutes and defines the legal concept of 'abandonment'.

In Romania, the concept of abandonment currently defines the culture of social work for children and families. The vast majority of children in state care in Romania are considered as having been abandoned by their parents and are defined as such. Moreover, the Romanian legal framework reinforces this concept. Law 47/1993, requires social work

personnel to apply for children in institutions to be legally declared abandoned, by court decision, if their parents have demonstrated "disinterest" in the children, i.e. they have not visited or contacted them for six months. Yet it is often the case that children are placed in institutions at significant geographical distances from the parents' home, making visiting difficult and costly. Moreover, it is commonly acknowledged that poverty is one of the main causes of institutionalisation in Romania.

Nowhere in this law, or in any other law in force, is there a stipulation of the requirement of social work personnel to undertake specific measures to prevent the separation of children from their parents. There is, as yet, no legal requirement for local authorities to provide a budget for prevention work or indeed to have prevention services within their structures. Instead services tend to be funded and provided 'after the fact' - i.e. services and funds exist for children who have already been separated from their families.

The term 'abandonment' itself is problematic. The UN Convention on the Rights of the Child (UNCRC) does not refer to the abandonment of children, but rather to the separation of children from their parents. This is an important distinction, as Article 9 (1) of UNCRC states:

> State parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review, determine, in accordance with applicable laws and procedures, that such separation is necessary for the best interests of the child. (ref)

Moreover, Art 27 (3) states that:

> State parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall, in case of need, provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

In this respect, it is the responsibility of the State to support parents by providing them with services which will ensure, as far as possible and with due regard to the child's safety and well-being, that children are not separated from their birth families. As Romanian law currently functions, a child's placement with an extended family or a foster family can be supported by a state allocation *(EO 26/1997 Art 20 (1))* of 500,000 lei per month. This payment is not available for the birth parents, thus encouraging a placement outside the birth family.

Abandonment is in fact a completely different legal concept. In UK law, for example, the abandonment of children comes under the Offences Against the Person Act and is defined as follows:

> [Abandonment of children] includes a wilful omission to take charge of a child by a person legally bound to do so and any mode of dealing with the child calculated to leave it exposed to risk (Stroud's Judicial Dictionary, 2000).

Abandonment is also defined in the Children and Young Persons Act as meaning: "leaving a child to its fate"; and by the Adoption Act as meaning: "abandonment which would have made the parent liable to the criminal law".

It is essential for the culture of Romanian social work to alter the way this concept is used, since labelling a child as 'abandoned' places the culpability and responsibility with the parents. But if a child has been separated from his or her parents, despite the parents' attempts to keep the family together, and as a result of a lack of state sponsored support services, then under the UNCRC, the responsibility lies with the State.

In short, the concept of abandonment itself must be abandoned.

## Developing a rights-based approach to child welfare services

Moving away from the outdated communist concept of the child as property of the state, who is raised and educated for the purposes of the state, modern social work practice requires that children be recognised as individuals who are endowed with a set of inalienable human rights, simply because they exist. These rights are not conditional on the parents' behaviour towards the state, nor on the projected future behaviour or productivity of the children.

Romania has signed and ratified two important international conventions, which have a bearing upon the reform of child welfare services: the United Nations Convention on the Rights of the Child (UNCRC) and the European Convention on Human Rights (ECHR). Under the Romanian Constitution, international conventions signed and ratified by Romania are adopted into Romanian domestic law and are superior to all other Romanian domestic law. As such, these conventions provide the fundamental legal and conceptual framework for modern child welfare practice. Moreover, as a candidate country for accession to the European Union, Romania must adhere to these conventions since the UNCRC forms an integral part of the *acquis communitaire*, and the ECHR is part of the Treaty of Rome.

Some of the key elements from the UNCRC are outlined below.

### 1. Family support and prevention of family separation

As stated earlier, a number of articles outline the responsibility of the state to support families and to provide services which ensure that children are, as far as possible to be brought up by their family (Article 18 of UNCRC). It is incumbent upon the state to provide these services and to actively promote the welfare of children within their families. Therefore, community-based services which prevent the separation of children from their families should represent a significant focus of the reform process.

### 2. Protecting children from harm

The UNCRC accepts that there are times at which it is necessary for the state to intervene in family life in order to protect children from harm, neglect and abuse. These powers of the state must, however, always be balanced with the rights of the child and of the family to their family life and to maintaining family relationships. Therefore, measures of protection do not necessarily mean that a child should automatically be removed from the family and, where the child is removed from the family, this does not necessarily mean an automatic termination of the relationship between the child and the family.

**3. Providing substitute families and alternatives to family care**

Art. 21 b of UNCRC establishes *a hierarchy of placements for children*, demonstrating that international adoption is the last option after all other in-country options have been attempted. Significantly, the article does not seem to suggest that adoption is preferable to foster care as a current widely held belief in Romanian social work practice would seem to suggest. A general hierarchy of in-country placements does exist, such that as far as possible children should be placed within their birth or extended family. Where this is not possible, they should be placed with a substitute family and where this is not possible, be provided with specialist residential care. However, this hierarchy should not be treated as completely rigid or fixed. An experienced social work professional who understands the complexities of balancing the differing needs and rights of the child and the child's family with the services available, should be in a position to make recommendations about which of those services would best suit the individual child's needs, wishes and current situation.

Hence the need for a *diversification of foster care services*, to include emergency, short-term, long-term, respite and specialist services. These are required to respond to the needs of the children who cannot live (either temporarily or permanently) with the birth or extended family, but for whom maintaining relationships with the family is deemed appropriate. Moreover, *adoption in general should be treated in a more complex manner*, recognising that it usually results in severing ties with the child's entire birth and extended family, and that it therefore represents an extreme measure of intervention in the child's rights to know and be brought up by his or her family.

*Specialist residential care* is required for a minority of children. It should be provided in small individual units integrated into the local community. Recent Romanian thinking has focused on providing residential care in units that house no more than 12 children. This should therefore be a guiding framework in developing new services. It should also be noted that 12 should be the maximum, and that smaller numbers are desirable whenever possible.

## New concepts

The European Convention on Human Rights contains two articles which impact on the reform of child welfare services in Romania. These articles introduce two key concepts detailed below.

**1. The right to privacy and family life**

Children have a right to enjoy a family life and families have the right to care for their children in privacy, unfettered by state interference except where this is agreed by the family and/or necessary to protect the child (see below). The concept of respect for private life includes the right to develop one's own personality as well as to create relationships with others. The Convention (and subsequent international opinion) views family life as a flexible entity, not confined to the typical nuclear family of parents (married or otherwise) and child. Family life includes relationships with extended family members (e.g. grandparents) and other key figures in a child's upbringing. The Convention places a duty on states to support and encourage family life, and privacy within it.

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**2. Measures of intervention must be both *necessary* and *proportionate***

If a decision is taken to implement a care measure for a child, the state must be able to prove that this measure was necessary, but also that it was proportionate. A situation or risk may mean that a social work intervention is *necessary*, but the type and extremity of that measure may not always be proportionate to the situation. For example, a child is placed temporarily away from a birth mother who is currently in a situation in which she feels unable to cope with caring for her child. If the state does not make adequate steps to maintain the relationship between the mother and child and to assist the mother to deal with her present difficulties, the placement may become more long-term or even permanent. In such a case it might be deemed that the measure was not proportionate to the situation and that the state did not make sufficient efforts to support the mother and return the child to her care.

## Supporting family relationships

It is clear then, that the legal obligations Romania has under these two conventions means that a change of emphasis is necessary in terms of the provision of services to children in situations of risk and their families. In this regard, there are a number of other issues to be considered.

### 1. Good-enough parenting

The concept of 'good-enough' parenting is essential to social work practitioners who have to make recommendations and decisions regarding the maintenance of children within their families, the reintegration of children or the placement of children in substitute forms of care. Inevitably, such difficult and complex decisions require a detailed evaluation of, among others, parenting skills and the quality and consistency of parenting provided. The danger here is that social workers and other practitioners may fall into the trap of expecting perfect parenting and, as a result, set unreasonable standards. There are many parents who have never come into contact with the social work system, whose parenting skills may be somewhat lacking at times, yet whose children are not removed from them as a result and manage to grow up adequately.

Social workers should work to a set of standards regarding what is 'good enough' to ensure that the child is brought up adequately in the family, and that his or her wellbeing is not greatly compromised by remaining with the birth family. Different social workers may have different ideas of what is correct parenting in terms of disciplining children, providing adequate physical conditions or even how tidy they keep their home. Therefore a general set of standards is needed, acceptable to most practitioners, which can be used to ascertain whether parenting is good enough to meet the child's needs sufficiently - even where an element of parenting is not perfect or ideal - or whether an intervention is required.

### 2. Partnership with the birth family

In recent years, legal and social work practice coupled with the gaps in service provision available (i.e. too few alternatives to institutional placements) and the geographical location of institutions all have contributed towards a tendency of minimising the possibility of a real

partnership with the birth family. This concept of partnership requires social workers to consider birth parents as real partners in the decision-making processes about their children. In order to make this concept work, there is a need to shift from the either/or stance of placement of children (for example: *either* children live in the family, *or* they are cared for by the state; *either* parents are 'interested' in their children as they visit regularly, *or* they have abandoned them) to an idea of shared responsibility and concern for children in situations of difficulty, of dialogue and negotiation. A case example may best illustrate this point.

*Case example 4.1    Involving parents in the decision-making process*

Marian and Andrei are twin brothers aged 20. They have special needs and, according to the social workers, were "abandoned" in a camin-spital at the age of one year old. The camin spital is in the process of being closed and the local authorities are developing placements for all the residents as close as possible to their community of origin. Although, according to records, Marian and Andrei's parents have not once visited their children during their 19 years' residence in the camin spital, the social worker contacts them and informs them that their sons will be moving to a town 8 kilometres from the village where the family lives and invites the parents to visit their sons. The parents do not respond. After 3 months in his new home, Marian has learned to write simple sentences and asks a member of staff to help him write to his parents – he asks them to come and visit.

Two days after the letter is sent, Marian and Andrei's parents come to visit their children in their new home. They begin to visit regularly three times a week and soon express their desire to take their children home. The social worker and psychologist in the case begin to assess the potential for reintegration, evaluating the family's motives and their abilities to cope with two young adults with special needs, as well as assessing the wishes and needs of the two young men. After two months of regular visits to their families, the young men go home. The placement is continually monitored and continues to be highly successful.

During the evaluation process, the following opinions were ascertained from the parents:

When their children were discovered to have disabilities, the parents were strongly advised by doctors to place the children in the camin-spital. They were told that they would be unable to cope and that the children required specialist care which can only be provided in the camin-spital.

The parents accepted their alleged inadequacy in caring for the children and trusted the advice of the professionals. The camin-spital is 80 kilometres from their home village and since the family has five other children, they found it difficult to visit the twins. When the social worker contacted the parents and asked them to visit their children, they felt the children were strangers and did not know how to re-establish a relationship. Moreover, they did not imagine the children had the capacity to understand the concept of family. When they received the letter from their son, they were surprised by the level of his abilities and by his desire to meet them again – this gave them sufficient courage to re-establish the relationship.

This case demonstrates that, at least in certain cases, unwarranted and prolonged institutional placements have been made due to a combination of:

- Professionals not respecting the capacity and abilities of a birth family;

- Professionals not entering into dialogue and sharing the responsibility for care with a birth family;

- Lack of alternatives to residential placement;

- Lack of services sufficiently geographically close to the community to allow a continued relationship between the child and the birth family.

This case also highlights another issue of importance, which is the need for *regular reviews of the care placements*. Since the circumstances of families change in time, it is highly likely that care and placement needs for children will also alter and change.

### 3. Care packages

Another key element in moving away from an either/or stance, is the concept of care packages. Whilst a family might not be able to provide for all a child's needs, certain additional services may make it possible for a child to stay at home and to avoid the trauma caused by separation from the birth family. A care package is likely to involve a number of different agencies, each of which provides an important element of a coordinated whole, in partnership with the family, to support the maintenance of the child in the family.

*Case example 4.2     A care package*

> Ana has five children aged between 2 and 7 years old. One of her children has a chronic illness. Her husband has left her and she has no income except the children's allowance. Ana is unable to work since she has no-one to care for her children during the day. She has mounting bills and is about to be evicted from her apartment. She approaches a social worker to place her children in institutional care, since she can think of no other alternative.
>
> The social worker, after discussing with Ana and after observing the strong attachment between her and her children, assists Ana in the following ways:
>
> First, through an emergency fund she buys Ana and her children some emergency food supplies, sufficient for two weeks
>
> Next, the social worker and Ana work together on a plan which includes:
>
> Finding day-centre and nursery placements for the four older children (education services and local NGOs)
>
> Approaching Ana's mother to provide day care for her youngest child
>
> Assisting Ana to find a job (through the local unemployment office)
>
> Approaching with Ana the administrator of her apartment block, explaining the situation and assisting the negotiation of a gradual repayment scheme for her outstanding debts – this ensures that the eviction order is repealed
>
> Assisting Ana to register with a family doctor and therefore be eligible for free health care and medication for all her children.
>
> The situation is regularly monitored and is stable.

**Value base specific to de-institutionalisation**

The model developed by the High Level group (see Appendix 2) contains 14 principles that provide a value base for de-institutionalisation. These are:

1.  UN Convention on the Rights of the Child: The UN Convention on the Rights of the Child should form the framework for the closure programme.

2.  Children should live with their families: Children should, where possible be raised in their birth or extended family. The state will create support services for vulnerable families to assist the maintenance of children within the family.

3.  Children should be protected from harm or abuse: Children will not be placed in a situation of risk or abuse. For example if part of the reason for a child's placement was abuse or neglect in the family, the child will not return home unless a thorough investigation proves that the situation has changed and that the child will no longer be at risk.

4.  Children should maintain contact with their families: Children who cannot return home to their birth or extended family should be able to maintain some form of contact with them. Therefore, alternative placements should be sought to ensure a child is not moved too far geographically and that visits should be facilitated where this is in the best interests of the child.

5.  Children's opinions should be listened to: Children who are old enough will be allowed to express their opinion regarding where they wish to live and this opinion will be taken into account when making decisions regarding the child's future placement.

6.  Children will be treated as individuals: The alternative services should be tailored to meet the individual needs of the children. Decisions will be made in the best interest of each child and, as far as possible, services will be designed accordingly.

7.  Substitute families should be found: Where a child cannot live with his or her birth or extended family, the local authorities will attempt to find a suitable substitute family, be that a foster family or a Romanian adoptive family.

8.  Specialist residential care will be required for some children: It is accepted that some children are, at times, unable to cope with living in families and that some children need such specialist care that an appropriate family cannot always be found. For these children, specialist residential services in very small residential units will be developed in order to ensure that "difficult to place" children are provided for.

9.  This move should be the last one for children and it should be positive: Moves are traumatic for children and often, children in institutions have already been moved several times. Therefore, for all the children in the institution, this move will, as far as possible, be the last and it will be positive. That is, all children will be moved in a planned and prepared manner to long-term family-based or family-style alternative services. No children will be transferred to other large institutions as part of the closure programme.

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10. Sibling groups will be kept together or will be reunited: Children will be reunited with their siblings as far as possible. No sibling groups will be separated as a result of the closure programme, unless extreme circumstances, such as inter-sibling abuse, demand this.

11. Additional support for children with special needs: Some children with special needs will require much longer planning. For children whose disabilities are such that they will never be able to be completely independent, the planning process should include long-term solutions, including their adulthood.

12. Adequate health care must be provided for children: Whether they are in institutions, or the community, this must include the services of a general practitioner competent in child health, together with community nurses and all those health professionals whose skills are necessary for the multi disciplinary assessment and management of child health problems. In particular multi disciplinary follow up of children leaving institutions is mandatory. This should be systematically organised at, say, 12 months. Extra care will be taken in the process of de-institutionalising children with severe or chronic health needs such as hepatitis, HIV/AIDS, epilepsy and hydrocephalus, among others.

13. De-institutionalisation needs to be developed alongside determined attempts to change cultural attitudes to family life and abandonment. Of core importance is promoting, within the whole society, the acceptance of the responsibilities of parenthood.

14. Closing long term institutions is never a primary goal in itself: However it must be a distinct goal, or institutions will not close. The primary goal is to find for each child appropriate and long term solutions in his or her best interests, within a family or family like environment. Here the main aim is to place the child with caring adults who will accept the responsibilities of parenthood. The real goal is to secure for each child a secure long-term, stable solution.

## Extra values regarding children with special needs

Additional principles can be suggested to cover the particular situation of children with special needs.

### 1. Opportunity to fulfil their potential

According to article 23 of the UN Convention on the Rights of the Child, the children with special needs will be accorded special provisions in order to ensure that they can fulfil their potential.

This principle is an essential component of the strategy regarding the provision of services to children with special needs. However there is a danger of falling into the trap of making an artificial separation between children with special needs and all other children. Perhaps it is

helpful to consider the issue of needs as follows. Children with special needs do not have *different* needs from those of other children, but rather they have *additional* needs. If we consider this as a starting point, then we are more likely to design adequate services, which meet the children's entire set of needs, not just the additional ones. Moreover, all children must be treated as individuals and services must be designed to meet their individual and specific needs.

## 2. Focusing on the person rather than the special need

Too often, when presented with a child with disabilities or special needs, we tend to focus on the disability rather than the person. If services are designed to respond only to the perceived disability rather than the person, then these services will not meet their needs as a whole. Large institutions in general have proved inadequate in caring for children because they focused either on physical wellbeing (such as the medical model prevalent in "leagane"), or formal educational needs (in school-oriented "case de copii"). Ironically, these institutions usually produce (with some exceptions) children with poor physical health, delayed physical development or disabilities on the one hand, and children with poor performance in formal education on the other. It has been recognised that the failure of institutions is largely due to the holistic needs of children not being met. That is, in addition to food, clothing and warmth, children need to experience family life and to be integrated into the community in order to develop properly.

It is therefore essential to recognise that all children have these basic needs, including children with disabilities. This should therefore be the starting point. When considering children with special needs, we should not automatically think of a residential placement. Instead, service design should consider how, as far as possible, this child can live with his or her birth/extended family. This should include, inter alia, respite care, day care, therapeutic services, support groups and counselling for family and decentralised special education.

Where this is not possible, alternative family or family-style placements should be sought (including specialist foster care), as with any other child. Some children inevitably require residential care, but this can be provided in small, family-style units, integrated into the local community, with specially trained personnel. It should be remembered that residential placements should be developed and situated such as to optimise possibilities of reintegration into the family or of maintaining relationships with the birth/extended family.

## Recent Legislative Developments

In 2002, the NAPCA initiated a process of radical legislative reform taking into account many of the issues raised above.  This package of new laws (including a Children Act and a new Law on Adoption) passed through the parliament in June 2004. These laws are based on the principles of the UNCRC and, once fully implemented, should have a major impact on improving services to vulnerable children and families. These laws are available on the NAPCA website www.copii.ro.

## Wider strategic issues

De-institutionalisation is more than the closure of one or more individual institutions. Rather is it an important part of the process of moving towards a child care system which has the following attributes:

- Is child and family-centred

- Whenever possible, seeks to prevent problems arising in the first place

- Whenever possible, seeks to solve problems as early as possible before they become ingrained or more complicated

- Is based on individual care planning involving sensitive and appropriate assessment methodologies

- Involves the wider community in identifying ways of preventing problems arising and seeks and accepts the community's help in responding to problems

- Embraces a culture of openness to learning and improvement

- Matches needs to resources rather than the other way around: if a child needs substitute family care, this is provided instead of the child having to use another resource simply because it is more available or easier to access

- Is based on ongoing review of individual planning to ensure that as children's needs change, so too does the service they are given. For instance, children are not left in a care situation when they could be helped to return home, or they do not stay in an institution when a substitute family option exists

- Involves open and collaborative exchanges between all the various people and organisation with a responsibility for the well-being of children of the system of child protection.

# 5. PLANNING FOR DE-INSTITUTIONALISATION: METHODOLOGIES

Chapters 6 – 12 demonstrate the complexity of a proper de-institutionalisation programme and attempt to provide suggestions and ideas for addressing many of the details which make up the whole process. Because of the intricacy of this process and, more importantly, because of the vulnerability of the clients involved, it is essential to anticipate and plan for as many areas of potential difficulty in the process as possible. This way, the process can be carried out with the least disruption possible to the children and with the most efficient use of finances, time and resources.

As such, this chapter is designed to assist in the development of an overall plan for the de-institutionalisation programme, whilst subsequent chapters provide detailed suggestions and advice, including case examples and methodological techniques, for many aspects of the execution of the plan.

## Development of a strategic plan

### Assessment of need

An overall appraisal of the institutional system in the county or sector is necessary in order to assess areas of greatest need, and therefore prioritise where to begin in the process of de-institutionalisation. In order to prioritise, the following questions should be asked:

1. Which institutions score lowest on an evaluation chart on the quality of the children's life? This evaluation can be undertaken quite quickly with a random sample of children from each institution.

2. Which children are most at risk from harm, abuse or long-term damage to health and development? In order to gather this data, ask the questions in box 5.1

*Box 5.1:     Important questions for assessing the quality of care in institutions.*

> *Which institutions provide the lowest staff/child ratio?* The fewer members of staff, the poorer the quality of care.
>
> *Which institutions have the worst physical conditions?* These can be detrimental to health and development. For example, poor heating systems can result in vulnerable children becoming ill, or even dying, in winter. Poor plumbing and sanitary systems lead to the spread of infections, lice, scabies and more serious illnesses such as hepatitis and tuberculosis.
>
> *What systems does the institution use to manage children's behaviour?* Where abusive and punitive systems are in place, children's health and development will be adversely affected. (NB: it is often the case that such systems are linked to poor staff/child ratios).

> *What are the age-groups of the children?* The greatest amount of damage as a result of institutionalisation takes place during the early years of a child's life. Therefore the younger the children, the more vulnerable they are.
>
> *Do the children have special needs?* Children with special needs require additional specialist care and are, therefore, more vulnerable.

Moreover, it is important to consider the institutions as a system and to recognise which institutions "feed" the other institutions. For example it is likely that the vast majority of admissions to a *cămin-spital* (special needs care units) or to a pre-school institution, are from the *Leagăn* (institutions for infants). Thus it may not be the most logical choice to close the *cămin-spital* or the pre-school unless plans have been previously made– or simultaneously – to close the *Leagăn* and to stop the admission of babies and infants to institutional care.

## Assessment of resources

The county or sector should carry out an appraisal of available resources, which may be of assistance in the de-institutionalisation process. It is important to think creatively at this stage, in order to minimise the amount of additional capital and human resource investment required. Such resources might include:

- **Buildings and land.** This refers to the assets of the County Directorate for the Protection of Children's Rights, the County Council, the local council, other state bodies as appropriate (Department for Disabled People, Department of Health, Schools' Inspectorate). For example, in one county, many former centralised heating system buildings are derelict. The local council in one city, who were supportive of the de-institutionalisation process, agreed to lease (for free) the building to the County Directorate for the Protection of Children's Rights, in order to develop a day centre for children with special needs. The land attached to the building belonged to the state energy company. Through the intervention and lobbying of local politicians, a local NGO and the Rotary club, the energy company agreed to lease for free a portion of the land so that the day centre could have an outdoor play space for children with special needs. The institution itself might be a future resource, either to house new services, as appropriate, or to provide an income, which can be ploughed back into children's services (see chapter 11 for more details). It should be emphasised however that the institution building should never again be used to house large numbers of children.

- **Human resources**. Personnel beyond the County Directorate for the Protection of Children's Rights may be able to assist with various stages of the de-institutionalisation process. Again, creative thinking is required in order to ensure that all resources are fully exploited. The example outlined in the previous paragraph exploited the resources of politicians, civil society and the business community, as well as volunteers from the local community. Likewise, priests and other religious leaders within communities can help to spread the positive message of the need for de-institutionalisation, and help identify families at risk and local resources to assist them, potential foster parents, etc. Moreover, within the state departments and local

NGOs a great deal of expertise may exist in working with children and training personnel and this expertise should be built upon, rather than "reinventing the wheel".

- **Financial resources.** Where the number of children in institutions are reducing, rather than reducing the overall budget, the county council should agree to ring-fence the funds and to plough the savings back into the development of new services or the transitional costs of a de-institutionalisation programme. Moreover, local fundraising can be attempted and businesses can be asked to donate goods, materials or services, as part of a de-institutionalisation programme. For example, in one county, three children were placed in an institution because the roof of their parents' house collapsed and the family had nowhere to live. As part of a de-institutionalisation programme, an NGO and the local community assisted in the repair of the house: the NGO provided the building materials and local tradespersons from the village provided the labour for free. As a result of this joint community action, three children were reunited with their family, with no ongoing costs to the state and no necessity of further service provision to the family, apart from monitoring.

## Assessment of available services

The de-institutionalisation programme will require the creation of a range of services, as described in more detail below. However, prior to creating services it is important that an inventory of the existing services be carried out, in order to avoid duplication. It is often the case that a service is being provided by a small NGO, a detail unknown to the local authorities, or that informal services are being provided by community activists or members of the Church. Moreover, if the County Directorate for the Protection of Children's Rights wishes to develop prevention services, it should work closely with other local authorities, such as the department of health, the schools inspectorate, the labour directorate, the unemployment office, social workers employed by local councils, in order to identify what is available and what is needed.

A resource map and a services map should be drawn up and made available to all those involved in the de-institutionalisation process and all other practitioners in the fields of child health, welfare and protection. This map should show where services exist in the county and where the geographical gaps are. Combined with a clear picture of areas vulnerable in terms of poverty or high unemployment, this map can be a helpful tool in terms of planning service design.

*Case example 5.1 – A planned demise as opposed to a slow demise of an institution*

Closing an institution poses many problems and challenges. They are easier to overcome when careful planning of alternative community and family based services have been occurred. A case example is where children were de-institutionalised into the urban community (foster carers, adopting parents and returned to natural parents and relatives) with the support of new community services. These new community services provided day-care facilities for families in need, residential facilities for mothers at risk of abandoning their children, educational and counselling services for abused and abandoned children and a crisis centre for street children and run-aways. This coincided with the closing process, which occurred within a reasonable timeframe (e.g.: 6 months to 1 year), recognising the needs of the children residents.

By contrast, in the same urban area of Romania, another case exemplified how *not* to close an institution. A *Leagăn* was planned for closure prior to the development of community services other than those provided by NGOs. Therefore, not all the children were able to be de-institutionalised within a reasonable time frame. Two years later a significant number of children still resided in the *Leagăn* with disinterested and disillusioned staff (due to no job security). Sibling attachments and relationships between the children were not recognised because of their age (although peer attachments occur from nine months onwards). The effects on the children remaining in the institutions were difficult to assess. Of those remaining in the institution, it is acknowledged that some of the children have medical needs and are under the auspices of a medical institute. Nevertheless, no assessment has been made on these children as to the possibility of supporting their medical needs in a home environment.

## Identification and analysis of the target institution

### Consultation process – factoring in resistance

Once the target institution has been identified, consultation should take place with all those who will be involved in the closure process (see below for detailed suggestions of partners) and, most importantly, with the management of the institution. Early consultation with the management of personnel of the institution itself is essential. Once discussions regarding the closure of an institution begin, rumours will soon reach the ears of the institution director and personnel. Involving them from the outset ensures that the correct information is transmitted and that people do not hear about major changes to their lives 'second-hand'. It is true that this will almost inevitably trigger a wave of unrest, hostility and resistance to closure, but this is bound to appear at some point in the process and the sooner this resistance manifests itself, the sooner strategies can be developed to address it. For ideas on how to address resistance from institution personnel, see chapter 9.

### Stock and flow analysis

A detailed analysis will be required, which will form the basis for the entire strategic plan. This analysis should begin from the premise that an institution is not a static entity, but a dynamic process, through which there is a regular "flow" of children, coming into and leaving the institution. This is a vital concept in terms of closing the institution, since if the services developed only address the placement needs of the "stock" of children in the institution (i.e. the number and characteristics of children resident at any given time), the institution will not close, since its population will be replaced on a regular basis.

A stock and flow analysis can provide the necessary information for the projection of the service provision required in order to close the institution.

An analysis of the "stock" will look at the individual situation of each child present in the institution at any given time and will provide a general idea of the types and location of alternative placements necessary for these children.

The following data will be required:

- Date of birth

- Sex

- Ethnicity

- Date of entry into institution

- Family's domicile

- Family's names, addresses and details

- Details of siblings: numbers, age, sex, whereabouts

- Whether the family is in contact with the child: regular visits, sporadic visits, regular telephone calls/correspondence, sporadic telephone calls/correspondence, no visits, no contact at all

- Where the child was prior to entry into institution (e.g. maternity hospital, paediatric hospital, the birth family, other long-term institution, other short-term or emergency institution, small family home, family placement, foster care, adoptive family, other county, prison, other.)

- Whether the child has any disability or severe/chronic illness

An analysis of the "flow" of children through the institution will assist in projecting the type, level and location of services required to prevent institutionalisation, i.e. to stop the flow.

The following data will be required in addition to the above:

- Number of admissions into the institution during a one year period (broken down into age categories)

- Reasons for admission to the institution - e.g. poverty, single parent, very young parent, removed from abusive or neglectful situation, orphaned, rejected because of disability or chronic illness, genuinely abandoned (i.e. family unknown, circumstances surrounding the abandonment unknown), involvement in criminal activity, severe behavioural problems

- Number of discharges from institution during the one year period (broken down into age categories)

- Average length of stay in the institution of those discharged (broken down into age categories)

- Where each child discharged went to (birth family, extended family, nationally adoptive family, internationally adoptive family, foster placement, simple placement, small family home, other large institution for children, prison, runaway – whereabouts unknown, discharged from system as adult, institution for adults, deceased), broken down into age category.

On this basis, a series of graphs can be developed which will present a clear picture of the stock and flow and provide the data necessary for designing future placements.

*Case example 5.2    Planning for the closure of an institution:*

Leagan X, in Oldsville, has 137 residents when the stock analysis is carried out. Some examples of the stock analysis graphs are as follows.

| Town/village | Type | Population | Number of |
|---|---|---|---|
| Oldsville | county town | 200,000 | 64 |
| Newsville | town | 60,000 | 31 |
| Smallville | village | 1,500 | 20 |
| Bigville | village | 4,300 | 7 |
| Quaintville | village | 300 | 9 |
| Countryville | village | 700 | 6 |
| TOTAL | | | 137 |



**DOMICILE OF FAMILES**

- Oldsville
- Newsville
- Smallville
- Bigville
- Quantville
- Countryville
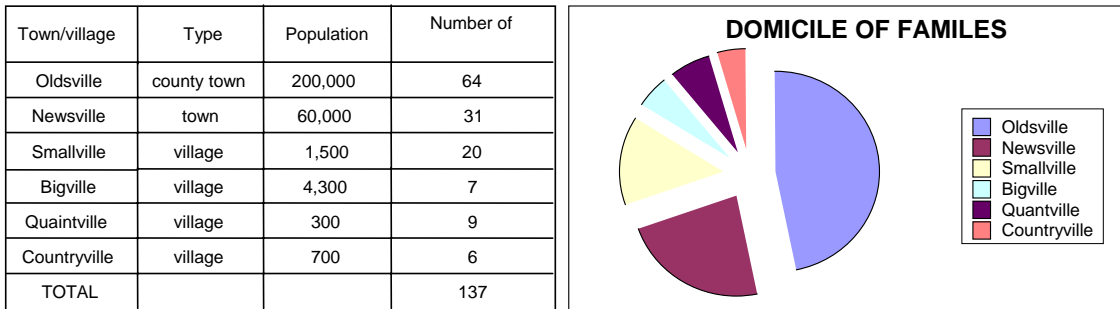
Chart 5.1    Example presentation of domicile information

Chart 5.1, as well as giving a broad idea of the geographical spread of required placements for the stock, also demonstrates that there is a need for services to prevent institutionalisation based in Oldsville and Newville. Moreover, the situation in Smallville and Quaintville require investigation as it is evident that they are disproportionately represented.

Chart 5.2    Admissions into the Leagan for 1 year

| Source of Admissions | Number |
|---|---|
| Birth Family (voluntary) | 11 |
| Birth family (care order) | 2 |
| Extended family (Voluntary) | 7 |
| Extended family (care order) | 0 |
| Maternity Hospital | 42 |
| Paediatric Hospital | 14 |
| Other institution | 0 |
| Emergency Service | 5 |
| Foster Home | 0 |
| Adoptive Home | 1 |
| Small Family Home | 1 |
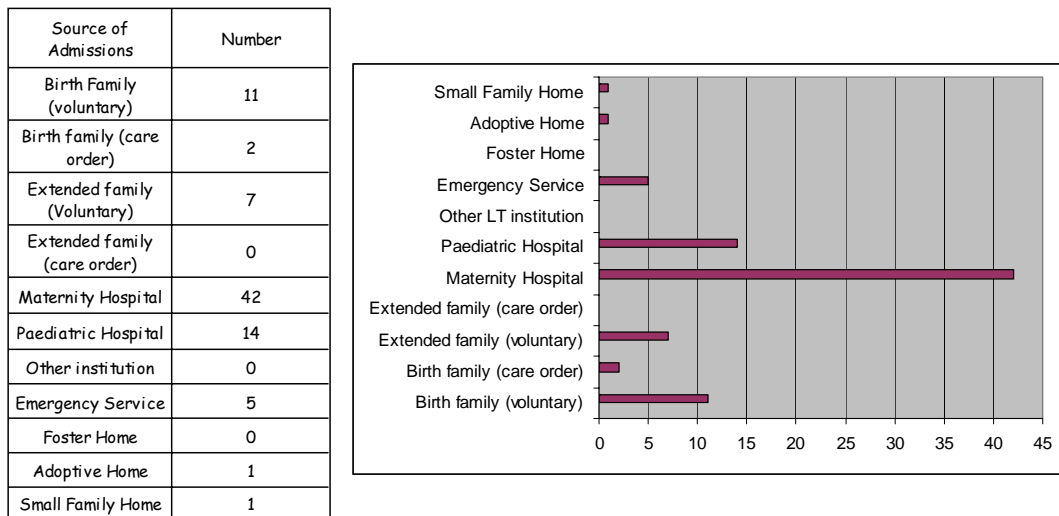


Chart 5.2 demonstrates clearly that a prevention service is required at the maternity hospital and perhaps also at the paediatric section. Clarifications should be made as to why an adoption breakdown case was transferred into a long-term institution and why an infant was transferred from a small family home into a large residential unit – these are indicators that there are some inconsistencies in the decision-making process.

Charts should also be produced to demonstrate the following:

- Length of stay in institution, broken down into age categories

- Length of stay of children with special needs in institution

- Services the children move onto, for example if there are very few re-integrations into the birth family, a service will probably be required or, if it exists, will require improvement, to address this issue

- Reasons for institutionalisation, broken down into age categories

- Subsequent placements, broken down into age, gender and ethnicity categories. For example, it may be that proportionally fewer Roma children are reintegrated or placed in foster or adoptive care. This may be an issue of resistance in the local community or could be an issue of discrimination on the part of professionals, which would require training to address.

## Projection of required services

Once all this data is available and clearly presented, it is possible to project an approximation of the need for services, as follows.

### Prevention

- An approximation of how many emergency placements are required each year and for what length of time

- Where (geographically) there is a need for day care, counselling and other prevention services

### Placements

- A broad outline of the appropriate placements for the children currently resident (although this will inevitably change as a result of individual evaluations)

- The geographical location of these placements (again subject to modification following individual evaluations).

## Projection of running costs for future services

Once there is a projection of running costs for the new services (for details on how to produce such a projection, see chapter 12 on financial management), it is possible to compare this with the current running costs of the institution. This is essential for the following two reasons:

- If the new services cost more than the current institution, extra resources will have to be identified before approval can be given to develop the services, in order to ensure sustainability.

- If the cost is higher, a clear justification for allocating extra resources will be required. Such justification might include:

    1. an improvement in the quality of care to children, which will increase their life chances, therefore saving the state money in the future, since many

people who grow up in institutions are at a high risk of either entering adult institutions (by becoming involved in crime resulting in prison sentences, or by contracting diseases or developing mental health problems requiring long-term medical care), or being unemployed and dependent on state benefits.

2.    a reduction in the number of children in institutions in the medium and long-term by emphasising the prevention elements of the services, resulting in a dramatic reduction in costs on the part of the state.

If the new services will cost less than the current institution, it is important to get the agreement of the county council or local council to ring-fence any savings and to plough this money back into improving existing services for children or to developing further services to accelerate the de-institutionalisation process.

## Projection of capital investment required for the development of new services

Again this information is necessary to present a complete picture of the resources required in order to carry out the plan and should be presented to partners. For an example of how to project need for capital investment, see Chapter 12 on financial management.

## Building partnerships

One of the criticisms of the Romanian institutional system for children prior to the decentralisation process in 1997 refers to the artificial division of institutions according to age category and types of needs, and to their separation between various ministries, which has resulted in a compartmentalisation of the child into artificial component parts. Thus, the leagane functioned like mini-hospitals and focused mainly on the physical health of the child (often resulting in underdeveloped, mentally and physically sick children), while pre-school and school age institutions functioned as schools and focused almost entirely on the formal education of the children (often resulting in poor academic performance). In reality, as it is largely recognised, the needs of children are highly complex and unless these complex needs are met, children do not develop properly. It is important to note the following:

- The needs of children are cross-disciplinary. They cannot be met only by services in the social protection system. Children also require access to health care, education, recreation and in some cases specialised facilities.

- The best place for children's needs to be met is within the birth family and community system and, where living with the birth family is not possible, despite support services provided to the family, alternative family placements should be sought.

## Multi-disciplinary services

In order to meet the complex needs of children within their family system multi-disciplinary services are required. For more details of such services see chapter 6. It is therefore imperative that the design of the de-institutionalisation programme involves partners from each of the relevant disciplines.

**Multi-disciplinary resources**

An additional advantage to inviting partners from across disciplines and across sectors is that this will increase the level of resources already available to the de-institutionalisation programme.

**Planning and action groups**

Partners from each of the agencies involved should form part of a planning and action group, whose role is:

- to develop the de-institutionalisation strategy and action plan

- to act as a steering committee, overseeing the implementation of the strategy and action plan

- to provide regular monitoring of the methodology of implementation and to evaluate the quality of both process and outcome

**Examples of specific institution types**

The following are some suggestions of partners who should be invited to participate in the planning and action group.

*Leagăne*

At least, senior representatives from:

- County Directorate for the Protection of Children's Rights, both social work and therapeutic representatives, as well as a senior economist

- Department of Health (responsible for primary health care and or maternity/paediatric care),

- Directorate of Labour and Social Solidarity (responsible for family support, benefits etc),

- Local councils of the communities with a disproportionate representation of the numbers of children in the institution,

- Schools' Inspectorate (responsible for the educational side of some pre-school and school-age facilities). It is likely that the *leagăn* feeds pre-school institutions with children and that, if the *leagăn* closes, this will reduce the number of children in pre-school institutions, therefore also in the pre-schools themselves. Thus, unless involved in the process, the schools' inspectorate could be a factor of resistance due to concerns regarding the loss of jobs in pre-schools and schools.

- Department for Disabled People (responsible for children's disability allowances). It is likely that some of the children in the *leagăn* have special needs. Moreover, the leagan "feeds" the *cămin-spital* and, therefore, the closure of the *leagăn* will result in reduced numbers in the *cămin-spital* and therefore a greater integration of children with special needs into the local community.

- NGO partners who can assist with resources (not just financial, but also technical assistance, training etc).

- Civil society representatives, as appropriate (for example ethnic minority community leaders, community activists from areas which provide a disproportionate number of cases for entry into the *leagăn*).

- Business representatives who are interested in assisting with resources.

*Special needs institutions*

At least, senior representatives from:

- County Directorate for the Protection of Children's Rights, both social work and therapeutic representatives, as well as a senior economist

- Department of health (responsible disability services),

- Directorate of labour and social solidarity (responsible for family support, benefits etc),

- Local councils of the communities with a disproportionate representation of the number of children in the institution,

- Schools' inspectorate (responsible for special education). The closure of a *cămin spital* is likely to result in an increased number of children and young people integrated into the community, who require access to formal education. The closure of a placement centre attached to a special school must be carried out in very close partnership with the schools' inspectorate, since this may, in all likelihood, result in the closure of the special school itself, particularly if it is in a rural area. Thus, unless involved in the process, the schools' inspectorate could represent a factor of resistance due to concerns regarding the loss of jobs in pre-schools and schools.

- Department for Disabled People (responsible for children's disability allowances and adults with disabilities). When planning the closure of a *cămin-spital* it is important to think very long-term regarding the future of the children once they turn 18. It would be doing more harm than good to remove a child from a *cămin-spital*, only to transfer him to a *cămin-spital* for adults once he or she turns 18. Therefore the development of services for children and young adults, who will always require some level of residential care or state support, must be coordinated with the local strategy for de-institutionalisation of services for adults with special needs.

- NGO partners who can assist with resources (not just financial, but also technical assistance, training etc).

- Civil society representatives as appropriate (for example ethnic minority community leaders, community activists from areas which provide a disproportionate number of cases for entry into the *cămin spital*).

- Business representatives who are interested in assisting with resources.

> <u>*KEY POINT.*</u> *The partnership for the planning and action group should be based upon an appraisal of the complex needs of the client group and this should be reflected in the choice of representatives of each agency.*

## Individual evaluations of children

This is essential for making suggestions of appropriate individual placements for children. The evaluation must consider the child as part of a family and community system, even if the child is currently in institutional care and is unvisited by family members. For more details and some suggested methodologies and tools for the evaluation of children, see chapter 8. For details of planning a placement on the basis of an evaluation, see chapter 7.

## Proposing a timetable

By this stage, all necessary information should be available in order to propose a timescale for the closure of the institution. Factors to be taken into consideration should include:

- Number of children in institution
- Age range, behavioural difficulties, special needs (as these will affect the length of the recuperation and preparation programme required)
- Number of personnel allocated to carry out evaluations and recuperation/preparation work
- Number of children that can be prepared for moving at any given time
- Time required to develop the physical buildings which will house the new services
- Time required to evaluate, select and train personnel (see chapter 10)
- The need to move the children in a phased manner, so that the move is supported and post-placement support is provided consistently.

## Identifying a project management team

The closure of an institution involves a large number of personnel to undertake different aspects of the process. However it is essential to ensure that an appropriately experienced project management team is appointed to oversee the entire process. The team should probably include at least

- An experienced project manager
- An experienced social worker
- An experienced psychologist or therapist
- An accountant or economist
- An administrator

If significant renovation or construction work is required, it will also be essential to include an experienced construction engineer.

These professionals should be released from all other duties so that they may focus their full attention on the de-institutionalisation project.

## Proposing an action plan

By this stage, there should be sufficiently detailed information available to the planning and action group to design an action plan.

Broad headings of the plan should include:

- Rationale for the choice of institution
- Mission statement or statement of intent
- Timetable
- Projected costs
- Available resources
- Additional resources required
- Partners
- Methodology
- Designated project management personnel
- Strategies to address resistance
- System for evaluating and monitoring the quality, both of process and of outcomes, for children
- Details of services to be developed (both prevention and placement services)
- Building plans for the new services
- Plans for use of the building currently housing the institution
- Plans for location of services
- Plans for the phased preparation and movement of children
- Plans for redeployment/selection and training of personnel (see chapter 9).

**Seeking approval**

Before implementing an action plan to close an institution it is important that all partners in the planning and action group agree with the plan. Moreover, it is essential to seek approval for the development of new services and the closure of the institution from:

- The General Director and Board of Directors of the County Directorate for the Protection of Children's Rights
- The County Council
- The local councils of the communities where the institution is situated and the new services are planned to be situated
- The Child Protection Commission
- Directors of partner organisations who have offered to provide funds and/or technical assistance.

It is also advisable to have the official agreement of the following bodies:

- The Schools' Inspectorate, where appropriate
- The Department for Disabled People, where appropriate
- The health department, where appropriate.

## Minimising resistance: the education and involvement of the local community

One of the most obvious factors of resistance is the staff of the institution itself, and the issue of developing strategies to minimise that resistance is discussed in some detail in Chapter 9.

However, particularly if the institution is in a rural area, a considerable amount of resistance can originate from the local community, local politicians and local community leaders. As such, it is important to organise a positive information strategy regarding the process. This strategy should highlight the following issues:

- The negative effects of institutionalisation on children
- The needs and rights of children to live with families and, as far as possible, with their own families
- The existence of different forms of care (day care, foster care, respite care, national adoption, specialist residential care etc)
- The need to change the mentality regarding children with special needs – i.e. to focus on their potential as opposed to their disabilities
- The need for communities to help vulnerable families
- The need for communities not to accept violence towards and abuse of children
- The remarkable potential for recuperation of the children who come out of institutions
- The special contributions children from institutions have made and can make to our society
- The opportunities for the creation of new jobs due to the development of new services

Methods for addressing these issues could include some of the following:

- Regular press releases regarding the development of alternative services, the prevention of institutionalisation and the integration of the children from institutions into society
- TV shows, radio shows, newspaper articles
- Poster and leaflet campaigns
- Days of action
- Public debates on the issues
- Using church representatives to preach the message of de-institutionalisation to their parishioners.

## Seeking funding

Once the action plan is agreed and approved by all relevant parties, funding must be sought to cover the following:

- The development of the new services
- Increased running costs during the transitional period
- Costs of project management personnel
- Costs of covering the training and selection of personnel

For ideas regarding funding sources, see chapter 12 on financial management.

> NB. It is extremely important to ensure that funding is available for the entire closure of the institution through alternative services and placements, in order to resist the temptation to transfer some children to other large institutions.

*Case example 5.3     Consequences of poor planning*

In one county, an NGO offered to pay for a number of apartments in order to assist the County Directorate for the Protection of Children's Rights to close an institution. Unfortunately, there were not enough apartments to house all the children and so a group of about 35 children were transferred, without preparation to other large institutions, splitting up sibling groups in the process. The children were told that they were not chosen for apartments because they were the "bad" children in the institution. This, and the manner of transfer, resulted in trauma and increased behavioural problems for the majority of the children.

## Building in a monitoring and evaluation process

Children find moving from one placement to another difficult, but, as subsequent chapters will demonstrate, it is possible to minimise their difficulties involved in this process. The way in which children are moved, and the appropriateness of the new placement, will have significant influence upon their emotional and physical health and development. In order to ensure that the programme is truly effective, it is therefore essential to build in a system for monitoring and evaluating both the process of moving children and the outcomes for children, in terms of health and development, as a result of the move. For some examples of how to construct and use such a monitoring and evaluation system, see chapter 13.

*Summary*

> ➢ The stages of planning a de-institutionalisation programme are as follows:

> ➢ Carry out an overall needs assessment in the county, looking for vulnerable areas and communities

> ➢ Assess the resources available in the entire community to address these needs

> ➢ Carry out an inventory of current services provided by state bodies, as well as NGOs

> ➢ Identify the starting point – i.e. which institution to close first, based on a prioritisation exercise in terms of which children are most vulnerable

> ➢ Once the target is identified, begin a consultation process, particularly with the personnel of the institution in order to avoid rumour-mongering and to anticipate and address resistance to closure

> ➢ Undertake a "stock and flow" analysis of the institution in order to estimate the level and type of alternative services required to close the institution without putting children at risk of abuse, neglect or harm

- ➢ On the basis of the stock and flow analysis, design the range of services required to close the institution

- ➢ On the basis of service design and the stock and flow analysis, produce a financial projection of future running costs of the new services

- ➢ Compare the financial projection with current budget. Ensure that the current budget will be ring-fenced to children's services. Estimate extra funding required above the current budget (where applicable)

- ➢ Produce a financial projection of the capital investment necessary to carry out the project

- ➢ Seek funding for the project

- ➢ Identify the partners who should be involved in the process and form a steering committee or a "planning and action group"

- ➢ Identify an appropriate project management team

- ➢ Undertake complex individual evaluations of each child, seeing the child as part of a family and community system

- ➢ Project an appropriate and realistic timetable based on the complexity of the project, the number of children involved and their needs

- ➢ Produce a realistic action plan based on all the above analyses

- ➢ Seek approval for the project from the relevant authorities

- ➢ Carry out awareness raising campaigns in the local community in order to address resistance and to ensure that the project is owned by the community

- ➢ Build a monitoring and evaluation process into the project design itself

# 6.  DEVELOPING NEW SERVICES

Prior to World War II, the Romanian system of child and family welfare services, whilst state-regulated and partly state-financed, was, for the most part, run by NGOs and Church organisations. Many of these services, developed at the local level, focused on prevention, family support and the provision of substitute families where necessary. However, a series of laws introduced in the early 50s shifted the provision of services from NGOs to the state and simultaneously the focus of service provision shifted from prevention services at the local level to a system based almost entirely on institutional placements. As such, the institutional system in Romania has tended to centralise services and to provide only one kind of placement or support to children and families experiencing difficulty. Thus, the focus on *decentralisation* and *de-institutionalisation* of services should simultaneously be a focus on *diversification*.

It is therefore necessary for all those involved in any way in the care of the children in difficulty, to envisage more complex and diversified alternative services and supports to children and families and to consider which of these alternatives is most appropriate in each individual case. These people include:

- **Professionals working in direct service provision.** It is unfortunately the case that not all professionals in social work and the provision of care to children are yet aware of all the alternatives available. Moreover, they may be unaware or unclear on decision-making regarding what type of placement or support would be in the child's best interests, as provided for by international conventions to which Romania is a party.

- **Other professionals tangential to social care**. Health professionals, teachers, police officers, priests, county civil servants and local authorities, *inter alia*, need to be aware of their potential role in counselling parents, informing them of the services available, alerting the competent authorities to situations of children at risk and working together to ensure that children can grow up, as much as possible, in their own families.

- **Parents of children in situations of difficulty.** Often, parents are not aware of the services available and believe that the only alternative in a situation of difficulty is an institutional placement for the child. Moreover, there are some cases of parents who have become used to the ease at which a child may be admitted to institutional care and use this seasonally (when they migrate for work), unaware of the negative effects this may have on their child. There is an urgent need for counselling and education for such parents, to ensure they are fully aware of their responsibilities to their children.

- **Children and young people themselves.** Children's awareness of their rights and the support services available to them requires attention. Mechanisms to ensure that the children's voices can be heard in the reform process are required, as are

mechanisms by which individual children can be involved in decision-making regarding their care.

- **Society in general.** The de-institutionalisation process is complex and involves a great deal of change. Inevitably, there will be resistance to this change due to fear or lack of understanding. In order to combat and minimise such resistance, it is suggested that the entire community should be persuaded of the importance of de-institutionalisation. Local publicity campaigns and awareness-raising, using the local press, poster and leaflet campaigns, public meetings and the introduction of volunteer programmes can all assist in bringing the general public on board and getting the message across.

## What services are required?

### 1. Prevention

Any child separated from his or her birth family suffers a trauma. As such, it is far better from all points of view to support families to look after their children wherever this is possible and safe. Whilst it is obvious that there are situations in which children must be separated from their families (situations of abuse and risk of serious harm), there are currently many cases in Romania where children could remain with their families if the right support was available. Under the UNCRC, it is the obligation of the state to support families to care for their children and to provide services in this regard.

Currently, under Romanian law there is no requirement upon local Directorates for the Protection of Children's Rights to provide prevention services and as such there is no separate budget for prevention. Yet prevention services, when run correctly, are not costly and are in fact highly cost-effective. Social workers require training in a prevention approach, such that they look not only to the resources of the Directorate for the Protection of Children's Rights, but also to all other resources available in the community. The following case study demonstrates the effectiveness of prevention measures.

*Case study 6.1 The effectiveness of prevention measures*

> Alexandra is a single mother caring for five children under the age of 7. She does not have a job as she has no one to care for her children during the day. She owes large sums of money for rent, electricity and gas and, as a result, is about to be evicted from her apartment. She considers placing the children in an institution, as she can see no other alternative to her situation.
>
> The social worker helps Alexandra examine her situation and find the resources in the local community that can help her. An NGO assists by providing some emergency food supplies and paying off a small amount of her debts. The social worker helps Alexandra find a job, by approaching the local Unemployment Office *(Forța de Muncă)*, and place her children in a crèche and a local nursery school. Together the social worker and Alexandra go to see the companies to which she owes money and arrange for repayments to be made in instalments. The social worker monitors the case regularly.
>
> By using the resources of the local community, the social worker assists five children to remain with their mother and not be placed in institutions.

### Resource map/directory

When attempting to prevent the separation of a child from his or her birth family, a map or directory of local resources may be of assistance to the social worker.

### Types of prevention services

*Hospital-based social workers*, who work in multi-disciplinary teams, can provide counselling to mothers at risk of leaving their children in care. For example, in one county, such a programme reduced the rate of abandonment in hospitals by 90%, without providing additional support to mothers. As a result this county managed to close its institutions for new-born and to ensure that no new-born who were separated from their parents spent long periods of time in hospital wards.

*Day centres* can assist families who require child-care provision so that the parents can go out to work. Such centres can also provide additional food and access to free medical care. Moreover, the centres can provide educational support for children marginalised in school and at risk of dropping out. Often, dropping out from school or problems in school is a precursor to a child's admission to an institution. The centres can also provide counselling support to the children and/or the parents or families where necessary.

*Family planning services.* Social workers can assist mothers to access free family planning services and to ensure that they are educated regarding contraception. This is often the best method of preventing unwanted pregnancies and, subsequently, the separation of children from their birth families.

*Mother and baby units.* For mothers in crisis situations, which put them at risk of placing their children in care, a mother and baby unit can be an ideal service. In such a unit, a mother can live for a limited period of time with her child or children, whilst social workers assist in preparing her for independence. The mother can learn parenting and household skills, can be supported to finish her education and/or gain employment and be assisted in repairing her relationship with her family.

*Primary health care.* Community health visitors and family doctors can be of great assistance in supporting families with young children and in accessing the right support services, where the child or the family is in a situation of risk or difficulty. Social workers should always ensure that clients are registered with family doctors so that they can receive the medical care to which they are entitled.

*Decentralised special needs education.* In accordance with government policy, it is essential that County Directorates for the Protection of Children's Rights work closely with local Schools Inspectorates to decentralise special needs education, since a large proportion of children who remain in the institutional system (approximately 60%, according to the National Authority of the Protection of Children and Adoption) are diagnosed as having special needs and many are placed in residential special schools. If special needs education were available at the local level, the numbers of admissions to institutions could reduce dramatically.

*Crisis intervention.* Social workers should be available to intervene and support families in times of crisis. Emergency prevention funds, respite services, counselling services and temporary emergency reception services can all be used to support children remain in their

families and to prevent institutionalisation. Social workers require training in order to assess the gravity of each situation and therefore prioritise their caseload.

*Material support.* At times, material support can assist a family through a crisis, but this should only be used as a temporary measure and as part of a support package. Long-term material support tends to create dependence and does not necessarily assist the family resolve its problems in the long-term. [NB: this does not refer to the material support to which any family is entitled such as family allowance, children's placement allowance or the guaranteed minimum income, but rather to additional material support in emergency situations].

*Resource networks.* Social workers should create local resource networks, involving all local agents who can assist in some way in resolving problems of children and families in situations of difficulty. Often, a solution to a situation of difficulty for a child and family is made up of many different components and involves a range of agencies and services.

*Emergency reception services.* At times, it is appropriate for a child to be removed temporarily from the family, for example if the child is at risk of significant harm, or if the parents are in a severe crisis situation. For such situations, emergency reception services are required. They can be provided by emergency foster placements or emergency reception centres, and offer a family-style environment for a short period of time. Emergency reception services should be supported by social workers whose responsibility it is to work as quickly as possible to return the child home, where safe and appropriate, or to find a long-term family placement for the child. In this way, long-term admissions to institutions can be avoided.

*Case study 6.2     Emergency reception services*

Mariana, Carmen and Lili are three sisters aged 12, 10 and 7. A social worker is alerted to this family, since information has come to light that the girls are being looked after by their mother, who is alcoholic and abusive. The girls have signs of non-accidental injury, are under-nourished and withdrawn. It is decided to remove the girls temporarily from their mother in order to ensure their safety, whilst an investigation is carried out. The girls are placed temporarily in an emergency reception centre, whilst the centre's social worker investigates the case. In discussions with the centre's psychologist, the girls confirm that repeated and severe physical abuse has taken place. It is decided that it is not safe for the girls to return home and the social worker begins to look for an alternative placement. The extended family are unable to care for the girls and so they are placed together in foster care. In this way, the girls avoided being admitted to a large institution and were also able to stay together throughout the difficult transition process from their family to foster care.

*Respite care.* Particularly for children with special needs or severe behavioural problems, respite care can assist families to look after their children in the long-term. Caring non-stop for a child with severe special needs is exhausting and stressful. There are many cases of families who manage to care for their special needs child for a number of years, but then they reach a point where they feel they can no longer cope with the stress. Often this results in an institutional placement for the child. This can be avoided in many cases through the provision of respite care. Respite care can be provided on a planned or emergency basis and the levels of care will vary dependent upon the needs of the family. Respite care can be either day-care or residential.

*Case study 6.3    Respite care*

Ioana has severe learning difficulties and is deaf. She remained at home with her parents and attended a local special school until the age of 14, at which point her parents felt they could no longer cope and placed her in a *Cămin-Spital,* 70 km distance from their home. For some time Ioana's behaviour had become increasingly aggressive and difficult for the parents to cope with. At the time Ioana was placed in the *Cămin-Spital*, no alternative services for children with special needs were available to the parents. As part of the process of closing this *Cămin-Spital*, Ioana's case was re-evaluated. The parents stated that they could not possibly take Ioana home and as such she was placed in a small family home in the same town as her parents. A social worker and psychologist worked consistently with the family and gradually, Ioana began to spend more and more time at home (weekends and overnight stays). After six months, a package of care was developed which made it possible for Ioana to return home to her parents. Each day, Ioana goes to school, and then she returns to the family type home until late evening, when her father collects her and takes her home for the night. At least one weekend a month Ioana stays in the family type home to give her parents a break. The psychologist carries out individual therapy sessions with Ioana and visits the family at home on a weekly basis. The parents have been offered a number of longer respite placements throughout the year, so that they can take holidays. Ioana is happy to attend the family type home daily and to stay on occasional weekends, because she is secure in the knowledge that she will return home to her parents. The parents are currently happy with the situation and know that they can ask for increased support if and when they need it.

*Counselling services and parents' support groups*. Often, families or parents are suffering severe stress as a result of coping with children with special needs or with being single parent families. They may at times feel they can no longer cope and that an institutional placement would be best for the child. In such circumstances, a skilled counsellor can assist parents to address their stress and find coping mechanisms that do not require the placement of their children in care.

Peer support groups can have a similar effect and can reduce the sense of isolation that many parents in difficult situations may experience. Moreover, support groups can assist in the identification of needs and lobbying for services in the local area. Many excellent services for children with special needs or severe illness throughout the country have been developed by groups of parents.

*Financing prevention services.* Perhaps one solution to the lack of funds for prevention would be to ring-fence the funds provided for child protection services. For example, as the number of children in institutions decreases, a proportion of the funds saved could be redirected into prevention services, which would in turn result in a decrease in the number of children in institutions.

## 2. Reintegration

When children have been removed from the care of their parents and placed in institutions, social services should attempt, where safe, possible and appropriate to reintegrate children into the family. Such reintegration can be supported by a package of care for the child and family, which may involve a placement in a day centre, respite care, short-term material support, counselling, assistance in finding employment, educational support etc. Making

recommendations regarding reintegration is a highly complex process and should be carried out by experienced social workers in consultation with their managers, in order to ensure that the children are not placed in situations of risk.

## 3. Family placement

When a child cannot be raised by his or her birth parents, members of the extended family might be able to look after the child. This way, the child maintains strong relationships with his or her family and the trauma of separation from the birth parents is reduced. Again decisions regarding family placement should be considered carefully, particularly in situations where the child has been abused by the birth family. Placement recommendations should be made in consultation between experienced social workers and their managers.

## 4. Substitute families

*Foster care*

Foster care in Romania is a relatively new phenomenon, less than a decade old, and until recently has largely been considered as a temporary measure. There is a need for diversification of foster care in order to cater for a wide variety of needs.

Types of foster care required in every county/sector in order to provide viable alternatives to institutional care include the following.

- **Emergency foster care** – whereby children can be placed at very short notice, for short periods of time. This is particularly important for new-born left in maternity/paediatric hospitals or *leagăne*, and for children who must be removed urgently from dangerous situations, such as abusive family environments. An emergency foster placement provides a short period of time (anything from a few days to 2 to 3 months), during which social workers search for a long-term solution for the child.

- **Short to medium term foster care** – this service is for children who require family placements for longer than a few months. For example, this service can be used to support children who cannot be with their birth/extended family for a prolonged period of time, but for whom a return to the birth/extended family is deemed appropriate, such as, where a parent has a severe illness, is currently undergoing prolonged treatment and cannot care for the child during the process. Moreover this may be an appropriate placement for children who are being prepared for adoption and may wait six months to a year.

- **Long-term foster care** – in Romania, currently there are many children in institutions for whom a return to the birth/extended family or adoption are either impossible or inappropriate. For many of these children, long-term foster care would be a much better solution than residential care. In this service, children are placed with families until they become independent adults (although in many countries this is used for a minority of children).

- **Specialist foster care** – this service is for children with special needs such as physical disabilities and/or learning difficulties. Moreover this service can support children with severe behavioural problems. When placing children with special needs it should be noted that long-term plans should include plans for the child's future as

an adult, particularly if the child's special needs are of a nature which mean he or she can never become fully independent.

*Case study 6.4    Specialist foster care services*

> In one county, almost 100 children with medium to severe special needs have been successfully placed in foster care. The results include a dramatic improvement in the development of these children and through the foster program, the county's *cămin-spital* no longer has children as residents. This county has also managed to employ a number of Roma foster parents, who can provide an ethnically appropriate environment for Roma children.
>
> In another county, many children from *Leagăne* have been provided with "maternal assistants" (foster care) whose responsibility is to care for the child in a family environment. This particular county prides itself on the fact that these maternal assistants are trained (as potential role-models for parents with problems) and their service is evaluated.

*Adoption*

Adoption is an extreme form of intervention in family life, which usually severs all family links between the child and his birth parents and entire extended family. This has serious implications for the child's sense of identity and should therefore be considered as an alternative only when it is definitely not in the child's best interests to maintain links with his or her birth/extended family. A child should not be adopted if the child has been separated from the birth/extended family as a result of poverty, since it is the state's responsibility to support poor families to be able to care for their children.

Therefore, it is essential that when an adoption is considered to be in the best interests of the child, this should whenever possible be a national adoption. When a child is adopted within his or her own culture and language, the potential negative effects upon his or her sense of identity are much less than if a child is adopted internationally.

## 5. Specialist residential care

For some children, their needs or experiences are such that they are unable to live in a family. For these children, specialist residential care can be provided in small family homes, which offer a family environment and simultaneously respond to the special needs of the child. Children who have spent a long time in institutions often have concomitant developmental delays or behavioural problems. It may be that some of these children require a period of time in a small family home as a transition to care within a family, or some children may require a longer-term placement in residential care. In any case, where residential care is used, this should be the last in-country alternative and should be provided in small family units. For children with severe special needs, the small family homes should be specially adapted to their needs.

## 6. Therapeutic services

Children with special needs, autism, behavioural problems, Attention Deficit Disorder or children who have been abused may all require therapeutic support to help address their particular needs. Therefore, local authorities should have at their disposal teams of specially trained therapists who are available to assist not only children in the care system, but also

children who are living in families throughout the community. Therefore these teams should be flexible and mobile, so they can provide services even in remote areas of the county.

## Some key concepts in developing the appropriate range of services.

### Care packages

Social work personnel or those responding to the needs of a child in difficulty should think in terms of care packages, as opposed to a 'one placement fixes all' approach. Many of the case studies in this chapter have demonstrated that the complex needs of children and families were best met with a complex of services – for example a mixture of respite or day care, counselling, at times material support and assistance in accessing local resources.

### Working in partnership with families

This is the concept central to successful social work intervention in situations where children are at risk or are in difficulty. The social worker should work to empower the family to understand what is happening and to access resources in order to resolve their own difficulties. Even when social workers must take difficult decisions, such as to remove the child from the care of the parents in cases of abuse, they should work with the parents in this regard, explaining why this decision has been taken and what will happen next.

### Choosing the best placement for the child from the range of services available

A social worker or social work team, in consultation with an experienced manager, should be able to choose from the range of services available in order to find the best placement for the child. For example, a child might be considered legally "adoptable", but may be secure and happy in a current foster placement. In such a situation, the social worker should be able to weigh up all factors in the case (including the child's attachment to the foster carer, the age and wishes of the child, the child's relationship with the extended family) before deciding to recommend adoption or a continued foster placement. Another example might be when a family wishes to take a child home, but the social worker is concerned that the child may be placed at risk. In such a situation, again the social worker should have the possibility to take into consideration all factors before making a decision to return the child home or to maintain the child's current placement.

It should also be remembered that there are many children for whom adoption may not be the appropriate solution even though under Romanian law they are considered "adoptable" or "available for adoption". Just because a child is legally declared abandoned or because the parents have given their consent to an adoption, does not mean that adoption is automatically the best placement for the child. The law should operate sufficiently flexible so that social workers can choose the most appropriate placement for the individual child.

# 7. ASSESSMENT OF THE CHILDREN

In the past, the institutional system was divided into a small number of categories, into which children were fitted in a somewhat arbitrary manner. As it is now recognised, this institutional system did not respond appropriately to all the needs of the children and the processes which were used to decide upon the placement of children therefore require overhauling, updating and modifying in order to correspond to the needs of the changing system. This chapter attempts to provide comprehensive and practical answers to questions regarding the assessment of the children.

## Why do we need to assess the children?

Each child is unique, has an individual history, identity and complex set of needs. In order to decide upon the best placement for a child, it is necessary to have a clear and comprehensive view of the child needs and how a proposed placement would respond to these needs. This is particularly crucial for a child who has lived in an institution, since any placement move is traumatic and multiple moves can have severely negative effects upon the child's development. Therefore it has to be ensured that the right placement for the child is prepared and not setting the child up to fail. Moreover, a comprehensive assessment will assist in identifying therapeutic needs, special education needs and developing individual programmes to prepare the child for the move to the new placement, as well as individual care plans.

In short, the assessment is the keystone to building an individual placement and care plan for every child currently in the institutional system.

## What does a comprehensive assessment involve?

### A multi-disciplinary approach

A simple, short observation process will reveal only a partial picture of the child. Moreover, the professional background of the person carrying out the assessment will influence the outcome. It is important therefore that the assessment be carried out by a multi-disciplinary team of experienced professionals. This team should routinely include a social worker, a psychologist and a doctor.

The role of the team is to analyse the social, medical, psychological and developmental functioning and needs of the child. Prior to carrying out an assessment, the team should establish what methodological tools will be used.

### Social assessment

This part of the assessment should consider the child's family background, history of separation from birth family and of subsequent placements. It should pay particular

attention to identifying the child's siblings, as it is often the case that children in institutions have siblings in other institutions, within and outside the county. It should also analyse the current placement of the child in terms of its suitability to meet the child's needs. For example, it may be that the child is not visited by his or her family, but that the institution is situated at some distance from the family's home, making visiting extremely difficult. Dependent upon the age and understanding of the child, his or her opinions regarding family relationships must be noted.

## Psychological/psychomotor assessment

Here consideration should be given to the child's emotional and psychological health and development. It is important to identify, in conjunction with the physical evaluation, any special needs, developmental delays or behavioural difficulties the child may have which may affect the decision regarding a future placement.

This section will also, where age and understanding on the part of the child allows, attempt to assess the child's feelings and wishes regarding current and future placements.

> _KEY POINT:_ _However, it should be noted here that assessors should in no way communicate to the child during the assessment that he or she is to be moved from the institution – this should only be communicated once a plan for the child's future placement has been made and a preparation programme has begun._

## Physical assessment

This section should evaluate the physical health and development of the child. This, in conjunction with the psychological evaluation, will assist in the identification of any illnesses, special needs, behavioural difficulties or developmental delays the child may have and which may affect decisions regarding future placement.

## Prior planning

Before carrying out the direct assessment of the child, the team should familiarise themselves with as much information about the child as possible, using data from the child's file, as well as discussing the child's case with the social worker attached to the institution, or with other institution personnel as appropriate.

## Ensuring sufficient time

In order to be of use, an assessment _must not_ be carried out in a hurried manner. Therefore enough time must be allowed to assess each child properly. Moreover, if carrying out a number of assessments in one day, it is important to leave a period of time between them, to take sufficient notes, and to allow for any necessary discussions. After three or four assessments it is easy to confuse information. It is suggested that a thorough assessment process requires two hours of direct contact with the child. As such, it is not appropriate for a practitioner to carry out more than four assessments a day.

**Appropriate setting**

When carrying out direct assessment work with children, it is most important that they feel secure and at their ease. Therefore, the setting for the assessment is of paramount importance. It is likely that the most appropriate setting for an assessment is a quiet, carefully chosen room within the institution itself. For example, the child may associate the director's office with discipline or highly formal occasions and may feel uncomfortable there. Whichever room is chosen, this should ensure as little disturbance as possible. For example, the room should not contain a telephone, or files/materials to which members of the staff may need access during the assessment period. Similarly, it should not contain too many items that may distract the child (toys, computers, television, stereo, photocopiers etc). The room also requires sufficient floor space for play and should be adequately heated.

**Appropriate tools**

Methodological tools chosen for the assessment should be appropriate to the age-group and level of understanding of the children to be assessed. Some examples of such tools are given below. The assessors should ensure they have sufficient quantities of the necessary materials with them (for example some of the tools described below require paper, pens, pencils, lego bricks, tape measures, weighing scales etc).

**An interactive process**

Although an assessment involves a significant amount of observation on the part of the assessor, this should not come across in a clinical manner. The child should be made to feel at ease. Thus the assessor needs to develop skills of observation during an interactive process (appropriate to the child's age and level of understanding), such as play and discussion.

**Making the child feel safe**

Children, like all people, do not "perform" well under stress. The assessor is likely to be a stranger to the child and so the assessment must begin by putting the child at his or her ease. One of the most straightforward ways of doing this is working on the child's level. That is, if you are working with a baby or toddler, it is probably appropriate to carry out a significant amount of the assessment on the floor or, at the very least, sitting down, as this is less physically threatening to the child.

Moreover, depending upon the age of the child, it may appropriate to have a person known to the child present throughout all or some of the process. This has its own disadvantages, however, as the child may be inhibited in the presence of this person, depending upon the quality of the relationship.

## Difficulties or dangers in carrying out an assessment

**The child's "performance" on the day**

If an assessment is based on only one direct contact session with the child, then the result is vulnerable to a number of factors. Most importantly, the child may not demonstrate all of his

or her abilities during the session. This is why it is important that the results of the direct contact session be compared with comments on the part of members of staff regarding the child's abilities, behaviour etc. If these results differ significantly, more direct contact sessions may be necessary.

## The institutional environment

In some situations, the child's performance in assessment may be affected by the institutional environment itself. If, for example, institution personnel use severe discipline against the children, they may find it difficult to relax and may not answer all questions freely and frankly. In such situations, it may be appropriate to visit the child on a number of occasions and at times perhaps to assess the child in a situation outside the institution, where this is possible.

*Case example 7.1      The influence of the institutional environment on the assessment*

> In one institution, a number of girl children who were being assessed presented signs of sexual abuse. Evidently, they were too frightened to provide any details. The assessors informed the Director of Child Protection, who arranged for the girls to meet the assessors again outside the institution, where more concrete details emerged. On this basis, the Director took action to protect the girls and remove the abuser.

## Assessing the current situation versus assessing the potential

**As far as possible, labelling children should be avoided**. An assessment of the current situation of a child provides only orienting information. We can only guess, on the basis of this information, what a child's potential may be, but we cannot predict it with complete accuracy. Particularly in the case of children who have grown up in institutions, it is often difficult to identify whether a child's learning difficulty, failure to thrive or behavioural difficulty is organic or results from the institutionalisation itself.

The assessment should therefore be part of an on-going process. An initial assessment provides basic information which can assist practitioners in making suggestions regarding future placements and appropriate recuperation and preparation programmes, but only repeated assessments during recuperation and preparation will confirm a child's true placement needs.

*Case example 7.2      Assessing the current situation versus assessing the potential*

> Marius is 18 years old and has lived all his life in a camin-spital. At the initial assessment, he presented as severely autistic, with a developmental/cognitive age of about 2 years old. The initial assessment team had little hope for Marius' improvement, however, after one year of recuperation, his developmental age is about 10 years old, he is extremely communicative and displays no autistic tendencies. Marius is able to assist with cooking and housework, he can shop on his own and go out to the cinema, park or theatre with his friends and without professional supervision.

# A model for assessment

Each child and their family and community context involves a complex range of factors. Hence, it is useful to have a "roadmap" or model to guide thinking about what should be involved. One such tool is provided by the UK's Framework for the Assessment of Children in Need and Their Families (http://www.doh.gov.uk/scg/cin.htm). This framework is designed for all assessments, not just those linked to the de-institutionalisation or the movement of children. As such, its use is based on the principles that assessments are:

- child centred;
- rooted in child development;
- ecological in their approach;
- ensuring equality of opportunity;
- involving working with children and families;
- building on strengths as well as identify difficulties;
- inter-agency in their approach to assessment and the provision of services;
- a continuing process, not a single event;
- carried out in parallel with other action and providing services;
- grounded in evidence based knowledge.

The content of the Framework is shown in the diagram below. Further details of this approach are available on the Internet at the UK Department of Health's website (http://www.doh.gov.uk/scg/cin.htm)

*Diagram 7.1    The UK Assessment of Children in Need Framework*
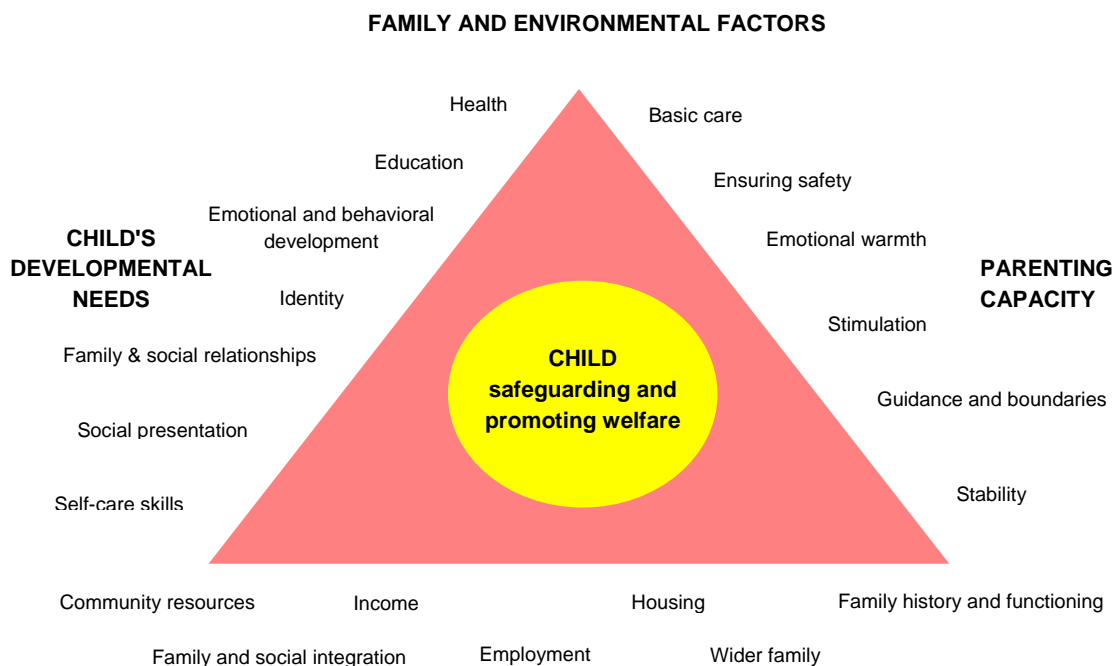
**Various assessment tools**

It is important for the team to be consistent in its approach and, therefore, the same assessment tools should be used for all children of the same age group/level of understanding. However, there are different tools appropriate to different age-groups. Therefore, when assessing the children in a *leagăn*, the Portage scale might be chosen, in a pre-school institution the Denver scale may be more appropriate, whilst a specially adapted evaluation form may be appropriate for children in a *Cămin-Spital*. This section presents a number of useful tools, which provide an accurate and practically helpful assessment of children.

**Medical assessment**

At least the following should be included in the medical assessment.

- ***Physical growth:*** measurements of height, weight (and head-circumference, where appropriate), compared to normal development for age

- ***Chronic illnesses:*** the personnel should be asked questions regarding how often the child required treatment for illnesses, which require medication such as antibiotics and how often he/she was admitted to hospital in the previous year. This can reflect the child's nutrition and general state of physical health.

- ***Non-organic failure to thrive:*** this syndrome, relatively common among children in institutions, is almost always the result of lack of attachment, a broken attachment or experience of abuse. In this situation, the nutrition and other physical care of the child are adequate, yet the child does not grow.

- ***Serious illnesses, congenital disorders, etc.:*** it may be the case that the child, despite being in public care, suffers from a serious illness or congenital disorder which is treatable, but has not yet been diagnosed and/or is not yet being treated.

**Developmental assessment**

*Denver Scale.*

This scale is appropriate for children from 0 to 10 years old. It gives a clear indication of the developmental age of the child from the points of view of language/communication, social, motor, cognitive and autonomy. It is a relatively simple scale to apply and requires few materials (some paper, pens and some lego etc). This is often an appropriate scale to use in the initial assessment, since it can also be easily applied by other practitioners (such as foster parents or carers), once they have been provided with basic training. Thus it can be used for continuous assessment and monitoring (http://www.denverii.com/DenverII.html)

*Portage Scale*

Portage is a developmental scale similar to Denver, but which provides more detail of development. It is a little more complicated than Denver, but again can be applied by most practitioners following training. Portage is only appropriate for children aged 0 – 5 years (http://www.portageproject.org)

*Special needs evaluation form*

This Adaptive Behaviour Scale (ABS-RC 2) form is appropriate for children with medium to severe special needs. It is evident that children with special needs require a different scale, because their needs and experiences differ from those of other children (http://www.proedinc.com/store/index.php?mode= product_detail&id=6190).

## Recording assessments

It is essential that all assessments are recorded fully and accurately, as soon as possible after the assessment. These records should then be kept with the child's file and should be held in the institution, the appropriate social work department or the placement to which the child moves (as applicable). It is often the case that children's files (particularly those of older children) contain insufficient or inaccurate information on the children. The assessment document should aim to rectify this situation.

## Factors of resistance and their effects on assessment

By the time the assessment process is being carried out, the personnel of the institution will probably have been made aware of plans for closure. Even if they are being involved in the process and are aware that they may be employed in one of the alternative services to be created, it is likely that a certain amount of fear and hostility will exist on the part of the staff. This can adversely affect the assessment process, as the staff may refuse to cooperate in providing information or may provide inaccurate information about the children.

*Case examples 7.3    Factors of resistance and their effects on assessment*

Case example 1:
Ionel is nine years old and lives in a pre-school institution, which is scheduled to close. Ionel has been placed on a list to be transferred to a residential special school. The assessors, in discussion with personnel, were told that Ionel does not speak at all, has severe behavioural problems, is aggressive and has the developmental age of a three-year-old. On assessment, however, it becomes apparent that Ionel has a well-developed vocabulary and mild learning difficulties. He has since been placed in foster care, attends special school during the day and came top of his class this year.

Case example 2:
In institution X there are a large number of young teenagers for whom reintegration into the family would be possible. The local Directorate for Child Protection, in cooperation with an NGO have developed a plan to reintegrate many of the children and close the institution. The staff are extremely hostile, and when personnel arrive to carry out assessments, they are denied access to the institution and the only way they can gather information about the children is to talk to them through the fence.

Such factors can be minimised by regular discussions with the staff and by involving them in the process of de-institutionalisation as much as possible, but, inevitably, some resistance will remain and this should be taken into account when carrying out assessments.

*Box 7.1    Assessment checklist*

Before beginning an assessment programme, have you:

- Identified a multi-disciplinary team to carry out all the assessments?

- Identified the tools to be used?

- Tested the methodology?

- Gathered the materials you need?

- Informed the staff of the institution regarding the assessment programme?

- Involved the staff of the institution in discussions regarding the closure programme, the future services and their potential future role?

- Ensured an adequate setting for the assessments?

- Given sufficient time to the assessment programme?

- Produced sufficient assessment forms?

- Considered any other factors of resistance and identified strategies to minimise them?

*Box 7.2    Supporting documents*

Before beginning an assessment programme, have you gathered all the relevant materials, such as:

- Prior-planning questionnaire/checklist

- Denver scale

- Portage scale

- Medical evaluation check-list

- Assessment form for the children with special needs

- Instructions for using all the above

# 8.    PLACEMENT AND CARE PLANNING

Once a clear assessment has been produced regarding the child's social situation and developmental, physical and emotional functioning and needs, it is then possible to make a decision or recommendation regarding the best placement for him or her.

For any child identified as being in a situation of difficulty, the decision-making regarding the best approach to support the child involves the consideration of a complex set of issues. The role of the social worker is crucial in this regard, since the worker must consider all view-points (the child's evident needs, the family's wishes, willingness to care for the child and the ability to do so, the family history, the child's placement history, any assessment report, any allegations of abuse, any additional factors such as illnesses, disabilities or behavioural issues), weigh them up and develop a plan for the child which attempts to ensure his or her needs are met, whilst striving to respect the rights to family life and to know and be brought up by his or her parents. The parents' right to family life must also be considered in this process.

As any experienced social worker will attest, one rarely feels 100% certain that the recommendation is absolutely the right one, since, for a child who is in some way in difficulty, removal from the family will have traumatic effects, whereas at times remaining in the family may involve leaving a child in a situation of danger. These decisions are not easy and since they impact upon the entire future life of the child, the social worker should not make such decisions alone, but rather in consultation with other professionals and, usually, with a line-manager.

## Levels of intervention

The situation of risk or difficulty identified in most cases should not automatically involve an admission into residential care of any kind. Although there are exceptional cases of severe abuse, in most cases concerns regarding a child are picked up before the stage of imminent risk of severe harm has been reached. When this is the case, it is the social worker's duty **to assist the family to access the services it needs** in order to be able to care adequately for its child. **The family has a right to such services and support under both the UNCRC and the ECHR.**

For inexperienced social workers, or those who have worked in a system with limited alternatives (such as the residential care system), envisaging the types of interventions possible and, crucially, at what point such interventions are appropriate, can be a huge challenge. This is another reason why consultation and sharing of experience between practitioners is essential. Moreover, this process involves not having too high or too low expectations regarding the parenting provided to these children. We should not expect "perfect parenting" and assume that otherwise a child should be removed from the family. At the same time, prejudices on the part of the social worker regarding a certain social class or

ethnic group should not result in leaving children in situations where the parenting is evidently so poor as to put the children at severe risk.

As with many other aspects of social work, skilled judgment is required in order to keep children safe and, simultaneously, respect their and their families' rights. It is not possible to provide a recipe for the perfect placement. Nevertheless, diagram 8.1 presents a general guide to the levels of intervention needed and the types of support services that might be activated at each level.

*Diagram 8.1.   Intervention and the Support Services Needed*

Excellent parenting

**Basic general support services family kindergarten, free medical care, family planning etc**

Good enough parenting

**Intervention begins here – additional support services, (e.g. Counselling, assistance in: gaining employment, accessing day care, receiving guaranteed minimum income; parenting classes; support groups; respite care etc).**

Borderline parenting

**Intervention becomes more serious – access to all the above services, plus closer monitoring by the social worker and the development of a care-plan to improve the situation.**

Poor parenting

**Probably call in other professionals. Certainly discuss case with line-manager. It is expected that in such situations, there would be a fairly rapid improvement. If not, more serious intervention would be considered.**

Severely abusive parenting

**Would almost always result in the temporary removal of the child from the family, which might later become permanent.**

Absence of parenting

**Alternative arrangements needed for provision of care.**

## Decisions within the residential care system

The decision-making process regarding a placement recommendation is equally difficult, (perhaps at times even more so), if the child has already experienced separation and loss, the trauma of movement from one placement to another and the negative effects of institutionalisation.

The social worker allocated to the case should take into account the recommendations of the assessment team, but should also consider other factors. For example, it may be the case that certain information on the child's family was not available when the initial assessment took place, or circumstances may have changed which will affect the placement decision.

This stage of the process is crucial, since, once a placement is made, changing the placement involves moving the child once more, which can result in severe trauma.

*Case study 8.1    Making placement decisions*

Alex is 7 years old and has lived for four years in a camin-spital. He is severely developmentally delayed, but the initial assessment suggests that he has a great deal of potential. His parents are alcoholics and are unable to care for him and, according to the information available, he has no other siblings. As such, a foster placement is recommended for Alex. After an initial matching process, Alex is moved into foster care and his delays are rapidly recuperated, so that he is soon able to attend special school. He develops a very strong attachment to his foster mother. After Alex has been in foster care for only three months, the social worker discovers that in fact he has an older sister, Maria (aged 10), also living in the camin-spital. Up until this point, no one was aware that the children were siblings and so no effort was made to develop a relationship. The foster carer does not feel able to foster two children with special needs and so an alternative placement is found for Maria, as geographically close to Alex as possible, in order to facilitate visiting.

The practitioners have to decide whether to prepare another placement for Alex and Maria together. In this case it is decided that Alex feels so secure with his foster mother that moving him would be highly traumatic. However, this means that a proper sibling relationship cannot be developed.

Evidently, had this knowledge been available beforehand, it would have been possible to identify a placement for both children together.

Before making a final placement recommendation, the social worker should discuss the case with a line-manager to ensure that there is a general agreement regarding the placement. Again, such decisions require experienced judgment, but to assist in this regard some examples of procedures and checklists are presented by types of placements. They may be useful when assessing the best placement for a child.

*KEY POINT: Remember, the placement decisions you make will affect the child's life in a significant way and, if wrong decisions are taken, these can not only affect progress but sometimes even put a child's life in danger.*

## Types of placement

### Reintegration into the birth or extended family

When evaluating a child's situation, the first port of call should be reintegration. This does not mean that a reintegration should automatically be attempted, but rather that the professionals involved should weigh up all the circumstances and opinions involved in order to make a sound decision regarding reintegration. Some basic principles should be considered here.

- Reintegration should not be attempted if there is a high risk of placing the child in danger of abuse – protecting the child must be the first priority of any placement plan. Sometimes this may mean that work is needed to reduce the risk to an acceptable

level. Therefore, if the situation changes over time, the initial danger should not always rule eventual reintegration. However, re-integration *must not* proceed if a significant, current danger exists.

- If a child has been placed in care as part of a voluntary arrangement and the parent requests the child to be returned home, the Child Protection Commission, or other competent authority, must have good reasons not to allow the return of the child – such as risk of severe abuse. The Commission should make a decision separate from the initial decision to admit the child into care.

- Although it is not appropriate to reintegrate children into physical conditions which are so poor that they would put the child's health and well-being at risk, at the same time, under the UNCRC, the state cannot allow poverty alone to be a reason for separating children from their families. As such, it is the responsibility of the state to find means to assist a reintegration. Therefore, in circumstances where the only motive for institutionalisation is poverty, the authorities must develop a reintegration plan that also addresses the family's economic circumstances and living conditions.

- Reintegration must be planned carefully and children and their families must be prepared for this process (see below).

- Reintegration cases should be supported and monitored following the child's moving home, in order to ensure that the package of care developed to support the child within the family is sufficient, and to adapt this package to suit changing and developing circumstances.

*Box 8.1    Reintegration checklist*

Before carrying out a reintegration, check the following:

- Have I checked the child's previous history with the family?

- Am I confident that there is no previous history of abuse with the child or with other children in the family?

- Have I checked the police records of the family members?

- Do the physical and material conditions of the family home correspond with the minimum physical needs of the child?

- Does the family wish to take the child home?

- Has an individual care plan been developed for the child?

- Has a care package been developed for the child and family, and does it correspond to the individual care plan?

- Do the parents have a healthy relationship with the child (have I monitored/observed this relationship)?

- Has a process of preparation for reintegration been undertaken? (see preparation ideas below)

- Are the professionals who have undertaken the preparation process sure that both child and family are ready for the reintegration?

- Has the child had at least three home visits (including overnight stays) before final placement?

- Is a monitoring system in place once the reintegration has been carried out?

- Have the parents and the rest of the family been prepared adequately?

- Dependent upon age and individual understanding, has the reintegration been explained to the child and is he or she aware of what is going to happen, how and when?

- Has the child's agreement been obtained? (where age and understanding allow)

- Have arrangements been made to maintain contact, at least for a period of time, with the child's current placement (be that foster, family placement or institutional placement)?

- If the child has special needs or disabilities, have arrangements been made to ensure that any therapeutic support he or she currently receives will continue to be provided?

- If the child requires special education, have arrangements been made, in cooperation with the schools inspectorate, to ensure that a special needs educational placement is available to the child?

- If the reintegration requires a significant geographical move and the child must change schools, have these issues been discussed with the schools inspectorate and has a school place been made available?

- Has the child and family been registered with a family doctor near the place where the family lives?

- If the child has any ongoing medical needs, have provisions been made to ensure that the child continues to have access to medical treatment and medication as required?

## Family placements

### Substitute family - foster care

There are a significant number of cases involving children who cannot return to either the birth, or the extended family. This may be a temporary or permanent separation from the family. For these children it is important that they have the opportunity to experience family life, in order to ensure optimal health and development. One form of substitute family care

can be provided by foster families. Foster families may care for all kinds of children and the broad categories of foster care are presented below.

*Emergency foster care*

These foster placements are of very short duration and respond to an urgent admission of a child into care. A child may be found on the streets, left in a hospital, or removed from home due to actual harm or risk of serious harm or abuse. So that these children do not end up in institutions, emergency foster carers can provide very short-term placements, which ensure that the child experiences normal family life and can begin to form a healthy attachment to the foster carer. Meanwhile, the social worker and foster carer work together with the birth family to attempt reunification (where possible and safe), or to find an alternative long-term family placement for the child. An emergency foster placement can last from a few days to a few weeks, but would not usually be longer than about six weeks to two months.

*Short to medium term foster care*

Whenever a decision has been made that it is not possible or safe to return the child to the birth family at that particular moment in time, but it is likely that a return will be possible later on, the child should be placed in a short to medium term foster placement. This would be appropriate in cases such as parents unable to cope at the moment due to exceptional circumstances, such as severe illness, long-term hospitalisation or imprisonment, but where it is expected that once the parent is better or released from prison he or she will be able fully to resume parental responsibilities.

*Long-term foster care*

For some children, it is clear that they will never return to the birth family, but they require the experience of a secure, stable family life. One way of providing this is through long-term foster care. There are certain circumstances in which this option should probably be considered rather than the option of adoption. These are:

- **With older children.** World-wide studies suggest that the older the child is at the time of placement the greater is the risk of an adoption breakdown. Altering the identity of a child who has already developed a distinct personality and who has a history with his or her family can have negative effects on the child from an emotional point of view.

- **With groups of siblings.** It is rare that appropriate adoptive families can be found for large groups of siblings. Since sibling relationships are extremely important, and for children separated from their parents, often represent their only biological family relationships, all efforts should be made to reunite siblings or to keep them together. There are of course exceptions to this rule.

- **With children for whom it is possible and desirable to maintain a relationship with the birth/extended family, even if they cannot live with the family.** Although children are hurt by the experience of separation from their family, they can learn to accept what has happened to them, and for many, this acceptance comes more easily if they maintain some sort of relationship with their family.

*Specialist foster care*

For children with special needs, including physical and learning disabilities, or children with severe behavioural problems, specialist foster carers, who undertake additional training, can provide excellent family environments. It is most important, however, that these services receive additional support, including additional remuneration, respite care and counselling/support groups, as caring full-time for children with special needs is highly stressful.

*Respite foster care*

Short periods of planned respite care can be provided for children with special needs who are either cared for by other long-term, specialist foster carers or are cared for in their own families. Respite services help to support the long-term placement of children with special needs and can ensure that only a minority of children with special needs have to be placed in residential care.

**Substitute family - domestic adoption**

Adoption is considered an extreme measure, since it usually severs all ties with the entire birth and extended family. As such, this should not be the automatic consideration for a child who is separated from his or her family. Nevertheless, there are cases where adoption is appropriate, such as for some very young children who, despite all attempts cannot be reunited with the family, or whose family are completely unknown, or for children who have lived with foster or placement families for long periods of time and the families wish to formalise the arrangement in order to make the whole family feel secure about their future together.

It should be noted that adoption is about finding the right family for a child, as opposed to finding a child for a family.

Care should be taken when considering for adoption the following categories of children:

- **Extremely young babies – under a year old.** It is unlikely that all efforts to reunite the child with the birth family would have been exhausted in this period of time and placing children for adoption without attempting to re-establish a relationship with the birth family would be in breach of both the UNCRC and the ECHR.

- **Older children - over age six.** At times, adoption is appropriate for this age-group and each case should be treated as an individual, but it should be remembered that the older the child, the higher the risk of an adoption breakdown. It is often argued that adoption is a better form of care than fostering, since it provides a permanent solution, but if the risk of adoption breakdown is high, then this is simply setting a child up to fail. A failed adoption is in nobody's interests – including the adoptive parents. Failed adoptions sometimes result in a breakdown in the relationship between the adoptive parents. A child from a failed adoption placement is traumatised not only by the number of moves he or she must make, but also by the rejection he or she feels as a result of firstly being separated from the birth family and secondly from the adoptive family. Indeed, it is possible that an older child would also have been separated from a foster family with whom he or she had been placed prior to the

adoption, thus tripling the rejection. This often results in low self-esteem and behavioural difficulties, making it more difficult to find an appropriate family placement for the child later on.

- **One of a group of siblings.** As far as possible, siblings should be kept together and although there are individual exceptions to the rule, social workers should try to find joint placements for groups of siblings. In most cases it would be better for a group of siblings to stay together in a long-term foster placement than to be adopted separately.

- **Children with special needs.** Most adopters fantasise about the child they will have in the future. In their vision the child is usually healthy, bright, a high achiever of some kind. If a family adopts a child with special needs without proper preparation, the risk of adoption breakdown is very high. Again, there are exceptions to this rule, but we should remember that placing a child for adoption is about finding an appropriate family placement for the child rather than finding a child to suit the needs and wishes of a family. Where the family's expectations are at odds with the actual reality of the child's needs, the risk of adoption failure is high.

## Specialist residential care – small family homes

Some children will continue to require residential care, perhaps because of a lack of viable alternative or because of special needs, which cannot be met in family settings. Where residential care is provided it should be provided in small units (a maximum of 12 children, and ideally a smaller number) and made as domestic as possible. Domestic here means ensuring that the children enjoy a life style which is as close as possible to that provided within a natural family. Some key elements to consider here are the following:

- Parent figures. Ensuring that the unit is managed by people who see themselves as meeting the children's needs for stable parental figures. This will involve accepting a longer-term commitment to the unit and the children within it. Ideally, contact should be maintained with the children after they have left the unit and are making their way through life.

- An emphasis on personal space and opportunities. Children should be given time, physical space and support to develop their own personalities and support networks. It should be ensured that the unit's needs (e.g. staff rotas, use of resources) do not get in the way of the children's needs to develop as individuals.

- Domestic routines. Children should be allowed to experience care in the unit as close as possible to how family life operates. For example, both allowing children to "do their own thing", even when the rest of the "family" want to do something else, and expecting children to participate in family routines and responsibilities (e.g. cooking and washing up).

# 9.    PREPARING AND MOVING THE CHILDREN

## Why is it important to prepare the children for the move?

Moves for children can be highly traumatic. Many of the children in institutions have already moved several times and this has negative effects on self-confidence and self-esteem. It also makes it difficult for the children to trust adults since changes in their lives seem to occur with no explanation. These children often feel very insecure.

Change is difficult for anyone and no less so for children, but if the reasons for change are understood and particularly if it can be demonstrated that the change is advantageous, then it is more easily accepted. Even if the change has been looked forward to, there are often elements of the new situation that can be difficult to adjust to and a sense of loss can exist in relation to elements of the old.

The de-institutionalisation can therefore be considered as a huge and complex process of managing change in the lives of children, their families and their carers (both present and future).

Thus, there are two main and interlinked reasons for preparing the children for moving from one placement to another.

- In order to minimise the amount of trauma children suffer during the process and to make the experience of change a positive one for the children.

- If the children feel confident and happy about the change, their new placements are highly likely to be successful. If, on the other hand, they are scared of and resistant to the move, the chances of placement breakdown are much higher.

In short, preparing children is of benefit not only to the child, but also to the agencies responsible for the children's care.

*Case example 9.1      Consequences of lack of preparation*

In one county, an institution was destined for closure due to a reduction in the number of resident children. It was considered that the institution were no longer financially viable. As a result, thirty-five teenage boys were to be moved to another institution, some distance away. The boys did not want to leave and, on the planned morning of departure, ran away from the institution. They returned once the social workers who had come to move them had gone away again. Early the next morning, while the children were still sleeping, the social workers returned with armed guards, who forced the children onto the bus to move them to their new home. All the boys were severely traumatised by the experience and, when evaluated six months later, many displayed behavioural difficulties that had not been present in their previous placements. The boys stated that they felt they could not trust adults again after what had happened to them.

## What do we need to know before we begin a preparation programme?

Each child is an individual and therefore the best way of preparing them is to tailor a programme to their individual needs and situation. As such, in order to design the individual preparation programme, it is essential that we have a clear picture of the child's history, needs and wishes in order to prepare him or her properly for the move to a new placement. This is why an in-depth evaluation is so necessary prior to planning the move.

Therefore, prior to preparation, we need the following:

- A detailed recent evaluation of the child which covers all aspects of the child's health, development and needs.

- Specific information regarding any special needs of the child (medical, therapeutic, educational, behavioural), in order to ensure that important details are not overlooked while preparing the placement.

- Detailed information regarding the family circumstances and the wishes of the child's relatives. This does not mean that the child will automatically be placed according with the wishes of the parents, if that placement is not in the child's best interests, but parents should be involved in decision making and planning for the child as far as is possible.

- Knowledge of the child's siblings and friendship groups, in order to attempt, as far as possible, to place these children together and to prepare them together for the move.

- Knowledge of the child's wishes (where such wishes can be expressed, dependent upon age and level of understanding). Only in very unusual circumstances should children be moved to a placement against their wishes. However, prior to the preparation program, a child may be afraid of the move and so reject the idea of a certain placement, but once prepared may be very happy to move (see case study below).

- A clear placement recommendation. We should be aware of what sort of placement is planned for the child (reintegration into the birth or extended family, foster care, national adoption or small family home), in order to adapt the preparation programme accordingly.

- A fairly accurate idea of when the placement will be ready. It is important to have an approximate date, in order not to start the preparation programme too late or too early. This means that information must be available, according to the type of placement, on the following:

- The preparedness of the parents/carers to take the child home. If this is the birth or extended family, we should ensure that they have been prepared for receiving the child, including through visits aimed at building/rebuilding relationships with the child. If this is to an adoptive or foster family, we should ensure that an appropriate matching process has taken place, that the necessary training and preparation programmes have been carried out and that the new families have had at least several visits with the child and have begun to form a relationship. If the child is being moved to a residential placement (small family home), we must be sure that the

personnel have been adequately trained, have been acquainted with the children and are aware of the children's needs and individual care plans.

- The preparedness of the placement context itself (e.g. if the children are being moved to a new small family home, we should know when the house will be ready and equipped).

Based on the above information, and according to the child's age and level of development, an appropriate preparation programme can be developed.

*Case study 9.2    On moving the children*

In one county, as part of the closure of a residential special school, a group of 10 children were being moved to a small family home in the area of the county from which they all originated. Their new home was 150 km from the institution where they had all lived for many years. This group of 10 were the first children to be moved from the institution as part of the closure programme and, when the team of therapists first met them to begin the preparation programme, a number of the children were totally uncooperative. They were scared and said they did not want to move. The therapists explained that they would not be forced to go anywhere they didn't want to and that they just wanted to let them know about the possibility of moving to a small family home. The young people reluctantly joined in the preparation programme (devised according to methods outlined below) and within one month were so excited about their new home that they could not wait to move.

*KEY POINT: In order truly to involve children in decision-making about their future, they must be provided with full information in an understandable way and must feel confident about making choices.*

There are three main components to a preparation programme, as follows:

- Preparing the child

- Preparing the carers

- Preparing the placement context

## How do we prepare the children to move?

The majority of children in institutions have not had the opportunity to develop a healthy attachment with a trusted adult and many of their difficulties and delays result primarily from this. An understanding of the types of difficulties that can result from this lack of attachment and from institutionalisation is essential to a proper preparation programme.

These difficulties will probably include many of the following:

- Low self-esteem

- Poor physical development

- Poor cognitive development

- Confused sense of identity

- Confused sense of personal history

- Inconsistent moral understanding

- Enuresis

- Behavioural difficulties

- Difficulties in forming healthy relationships

- Difficulties understanding and engaging in appropriate physical behaviour

- Self-harming

- Aggression towards others or cruelty to animals

- Autistic tendencies and stereotypical behaviour

Moreover, the child will almost definitely have some apprehension (where age and understanding permit) regarding the move. It is worthy of note that very young children or children who have difficulties in communicating due to disability will probably not manifest concerns prior to the move, since they do not understand that they are moving. However, without preparation, very young children and children with severe disabilities may manifest even greater disturbance when moved since they are unable to understand why everything is changing.

Preparation of the child therefore involves three major components:

**1. Forming trusting relationships with adults**

The therapist or team of therapeutic personnel involved in the preparation programme should, through consistency of approach and regularity of involvement, demonstrate to the child that they are trustworthy. This means that they need regularly to make promises or commitments which they keep. They should assist in the preparation of the child, the movement of the child and provide post-movement support, in order to smooth the transition to the new placement. It is crucial that those involved in preparing the children tell the truth about all aspects of the process, even if some factors are difficult for the child to accept. The child needs to know that he or she can truly rely upon the personnel involved in the move, so that they will believe what they have been told about the new placement. This helps ease the fear and worries the child may have, therefore making the move easier and increasing the chances of a successful placement.

**2. Recuperating developmental delays and addressing attachment related behavioural problems**

The preparation programme should, based on the needs analysis, begin to address many of the difficulties the child has, which are related to lack of attachment and the effects of institutionalisation. The more a child recuperates delays and learns to manage his or her

behaviour, the easier it is to find an appropriate placement and the higher the chances of a successful placement.

**3. Familiarising the child with the new placement**

This involves gradually introducing the children to the family or carers who will be looking after them and to the location of the new placement.

Since each child is an individual with complex needs, it is difficult to provide a "recipe" for the perfect preparation programme. Instead, below are presented suggested activities for different age-groups, placement types and levels of understanding, followed by a number of case examples.

# Preparation programmes – some suggestions

## Babies and Toddlers

Children who are pre-verbal or have limited verbal ability and understanding cannot understand the changes in their lives simply by being told what is happening. But this does not mean that we do not need to prepare them for the move. Moving babies and toddlers without preparation to an unfamiliar context and unfamiliar people can be extremely frightening and traumatic for them and may result in disturbed behaviour and developmental delays.

Although we cannot, in any adequate manner, verbally explain to these children what is happening to them, nevertheless preparing them for the move is relatively straightforward.

First, once they have been matched with the appropriate family placement, they should be introduced to the new family and be given opportunities to gradually form a relationship with the new family. The first visits should take place in a location familiar to the child – i.e. most probably the institution - and a carer known to the child should be present throughout.

Once the child has begun to get to know the new carer, they can safely spend time alone together. The carer should be made aware of methods to assist in forming an attachment. Therefore the visits can be planned to include constructive play activities, appropriate to the child's stage of development, which give opportunities for the child to achieve and for the carer to express pleasure at the child's achievements. This way, the relationship with the carer begins to develop on the basis of positive reinforcement of the child. From this type of interaction, the child benefits as follows.

- The individual attention, coupled with the obvious pleasure of the carer as a result of the child's actions, will help increase the child's self-esteem.

- Constructive play activities, appropriate to age and development level, will assist the child to begin to recuperate developmental delays and to attain some of the developmental milestones he or she has missed.

- The carer genuinely begins to delight in the child's achievements, which helps them bond with the child.

- The child begins to learn that positive behaviour is rewarded – the beginnings of moral development

Once the child has begun to develop a relationship with the carer and evidently feels comfortable with them, visits to the new placement context, accompanied by the new carer, can begin. This usually means visiting the home of the carer. In order to assist the child with these visits and the move in general, it is suggested that they have access to a transition object, such as a small teddy bear or an item of clothing or blanket dear to the child. It should be noted that, in many institutions, children do not have their own possessions and therefore transition objects should be introduced to the children as part of the preparation process. It is important, therefore, that if a special toy is given to a child as a transition object, that all staff in the institution should be aware that this toy needs to remain with the child, in his or her cot and that the child should be encouraged to play with it.

Another useful method is for the new carer/parent to bring specific toys to the first meetings at the institution and to take the toys home with them at the end. Then when the child first visits the new placement, the toys should be produced. They will be familiar to the child and, like the transition object, help to form a bridge between the old and new placements.

If the visits are all going well with the new carer, then overnight stays can be planned, followed by the move itself. Once the child moves, it is usually helpful to retain some of the child's usual routines in order to help them feel safe and only change routines gradually, as the child becomes more and more familiar with the new carers and environment. It is usually helpful for the child not to be introduced to many different people and places at one time. Whilst it is likely that many people may wish to visit once the "new baby" has come home (particularly in the case of an adoption), it is probably more healthy for the child to have few visitors until such time as he or she is secure in the new environment and has begun to form a healthy attachment to the parents/carers.

It is suggested that the therapist involved in preparing the child to move be also involved in supporting the new placement for a period of time, as a figure of continuity. Moreover, transition objects and life-story books can help the child cope with the move. If the child had special friends or special relationships with carers in the institution, they should be given the opportunity to visit them.

It is estimated that the period of matching and visits should be of approximately two weeks for very young babies, and for about a month for older toddlers.


**Methods for promoting a healthy attachment**

- Of fundamental importance is that the child must have one or more primary care givers who are consistently there for the child. The carers should use the 'arousal-relaxation' cycle to help the child learn to trust them. This means that they should consistently respond to the child's needs. Babies in institutions usually learn very quickly to stop demanding and rarely cry out in ways that seem normal to us. Many simply lie or rock or engage in other stereotypical behaviours. It is therefore important for the carers to learn to understand the child's methods of communicating his or her needs. If the child is not demanding at all, the carer should give the child a lot of

physical contact (cuddles, hold the child a great deal) and attempt to stimulate the child, try to gain eye contact, use sensory stimulation etc. Usually the child will unlearn the abnormal behaviour that has developed as a result of lack of stimulation and will begin to demand, once he or she begins to understand that the demands will be answered.

- Since children who have not formed an attachment often feel insecure and vulnerable, they therefore need a truly consistent approach on the part of the new carer/parent. They need to know that they will be fed when hungry, rocked to sleep when tired, changed when wet, cuddled when feeling lonely, insecure or unhappy.

- Engaging in constructive play with the child, appropriate to his or her age and level of development, will help the child achieve, thereby raising his or her self-esteem. The parent/carer displays pleasure and uses positive reinforcement to help the child increase his or her self-esteem. The child learns that his or her achievements are important to the carer.

- Difficult or negative behaviour (such as temper tantrums) should be dealt with through positive reinforcement when the child behaves well. Moreover, the carer can use temper tantrums to help the child form an attachment by working through the arousal relaxation cycle. If we treat the tantrum as distress (in the same way that a child becomes distressed if hungry) and hold and cuddle the child until the tantrum subsides, the child experiences this as a positive response to what, after all, probably, is real distress. This approach does not necessarily come naturally, since as carers we are more likely to chastise a child or distance ourselves if he or she is "being naughty". But we know that children who have not formed an attachment often have difficulty discerning between right and wrong. Therefore, our first and foremost task with a child who has not formed an attachment prior to entering our care is to help them do this. Once the attachment begins to form, it is likely that the tantrums will reduce and even disappear. At this stage it is then possible to help the child develop an understanding of right and wrong and to use other forms of behaviour management.

## The role of the current carer in promoting the new family relationship

If the child has formed an attachment with a current carer (member of staff in an institution), then the attitude of the current carer towards the new carers is important in assisting the children to learn to trust and feel comfortable with the new carers. This is another reason why it is essential for staff in the institution to be engaged as positively as possible in the de-institutionalisation process. The current carer with whom the child has a trusting relationship should communicate to the child that it is okay to trust the new carer. This giving of permission will help the child in forming the initial contact with the new carer. Where the child has not formed an attachment with a member of staff in the institution, this role of attachment figure can be taken on by the therapist involved in preparing the child. That is, the therapist first develops a trusting relationship with the child and then helps introduce the child to the new long-term carer, demonstrating to the child that they (the therapist) trust the new carer and that it is therefore okay for the child to trust them too.

**Pre-school aged children (about 3 to 7 years)**

Once beyond toddler age, children are more able to communicate their feelings verbally and to understand what is said to them at more and more sophisticated levels. It may therefore appear that preparing these children is easier than preparing babies. However, the longer they have spent in an institution, the more likely they are to be damaged by the experience of institutionalisation and therefore the longer it will take to recuperate. Older children who have not had the opportunity to form an attachment are likely to have difficulties with this process and will need a lot of understanding on the part of the carers. Moreover, older children often have greater difficulty in accepting and adapting to change in their lives. Therefore, with older children, the preparation process is simultaneously more simple and more complex. It is, essentially, the same as that for babies, but the activities involved are more age appropriate.

It is recommended that preparation take place for at least one month, with several sessions a week. If the child has severe developmental delays, disabilities or behavioural problems, then the recuperation process preceding actual preparation for moving will need to be longer, dependent upon the individual needs of each child.

Since it is likely that the therapists involved will be preparing a number of children for de-institutionalisation, these children can be prepared in groups (with some possibility for one-to-one work). The groups should be identified according to the type of placement they are going to. For example those children who are going home to their birth or extended family can be prepared together, those going to foster care or adoptive families can form another group and those moving to small family homes should be prepared along with the other children with whom they will live.

There where groups of children have been selected to live together, the early preparation sessions should be also used for observing group interaction, in order to ascertain whether or not the group will indeed function well together or whether any modifications need to be made.

> *KEY POINT:* Each child is different, has different needs, a different history and develops at different speeds. Therefore, each preparation programme must be tailored to the individual needs of that child.

Each one or two hours session should follow a plan established beforehand with a set of specific goals. These may include the following.

- Improving gross and fine motor skills

- Behaviour management

- Improving language and communication skills

- Improving cognitive development

- Increasing self-esteem

- Developing a sense of individual identity

- Learning to work in a team, to share and to cooperate, establishing relationships within the group and creating a family unit

- Understanding personal history

- Understanding why they are moving

- Understanding where they are moving to

- Exploring any fears regarding the move

- Ascertaining the true wishes and opinions of the child

- Developing relationships between the child and the new carers

- Updating the evaluation of the child's needs and establishing a care plan involving the child where possible

What is important to remember is that all these goals can and should be met through play based, enjoyable activities, which engage the children's imagination and creativity.

## Children with special needs

Children with special needs who have spent long periods of time in institutions will probably require a significant amount of basic recuperation work, before beginning a preparation programme. Moreover, it is important that preparation programmes are aimed at the level of understanding and use the preferred communication method of such children. Children with special needs usually require a great deal of practical and experiential learning. Simply telling them what is happening is not nearly enough to help them understand the radically new experiences that are about to happen in their lives. (Some case examples of preparation programmes for children with severe special needs or complex behavioural difficulties are given below).

The following example represents a preparation programme for children moving to a small family home from a camin-spital. This type of programme can be adapted for different age groups, for children who are more or less able, as well as for different placement types.

*Box 9.1    Example preparation programme*

| WEEK/ SESSION | AIM | ACTIVITY |
|---|---|---|
| **Week 1** | Overall aims:<br><br>- Introduction to the group<br><br>- General overview of each child's level of development and specific issues<br><br>- Developmental work (gross and fine motor skills, language and communication skills etc) | |

| Session 1 | To get to know the group and learn to share and cooperate | Circle work – children introducing themselves to each other, e.g. ball work, parachute, singing; |
| --- | --- | --- |
| | | Number of group activities on different tables, allowing the children to move freely between activities; |
| | | Play activities where children have to cooperate – support them to learn how to do this; |
| | Observing the children's level of development, behaviour and interaction with others | Observe and record (after the session) development, behaviour and interaction in each of the activities; |
| | To work on general development | Each of the activities outlined above also serve general development, e.g.: circle work such as ball work, parachute or singing – encourages eye contact, sense of belonging, turn-taking, communication, sitting and listening skills, concentration span; motor skills; sense of identity (listening for name), confidence and sense of achievement. |
| | To introduce a positive system of reward and behaviour management | Rule-setting – each activity would have a set of basic rules communicated at the level of the child's understanding – through demonstrating what is considered positive and not positive behaviour; for older children, or those with more complex understanding, star-charts might be used. |
| Session 2 | Dependent upon the levels of children's abilities, the objectives of session 1 would be repeated in session 2, but varying the activities | See activities above |
| Session 3 | To develop a sense of individual identity | Activities can be chosen from the following: |
| | | Mirror work, language association (recognising parts of the body etc) |
| | | "All about me" projects – e.g. drawing around whole body, measuring myself, drawing myself, handprints, footprints; |
| | | Group games – who is the tallest, who is the smallest, how many girls, how many boys, siblings, friendship groups etc |
| | | Personal hygiene and grooming (hair-brushing and styling, teeth-cleaning, shaving (for teenage boys) – combined with mirror work) |
| | | Encouraging choice, decision making and problem solving wherever possible in all the activities |
| | To develop a sense of personal history | Memory books – photo albums, beginning of life story work |
| | | Group discussions |

| Week 2 | Overall aim:<br><br>- To continue the work from week 1 and to introduce a concrete idea of the new placement | |
|---|---|---|
| **Session 1** | To continue to develop group skills and a sense of belonging within the group and group identity; | See above, but vary activities and include more activities where children have to cooperate with each other, e.g. group art activities, group games with simple rules; for more developed children, introduce responsibilities within the group (e.g. putting out art paper, clearing up at end, more able children helping less able children etc). It is often important for children with special needs who are in institutions to have a specific space and a specific part of the space (such are a particular chair or desk) which is "theirs", in order for them to feel safe. |
| | To continue work on general development | Individual work with children, providing more challenging activities corresponding to each child's individual level of development; introducing activities which can grow and extend in order to increase capacity of concentration |
| | To begin to conceptualise the new placement | Introducing photographs of the new home and new carers where possible; activities related to the concept of a home or house – e.g. making a drawing or model of a house, deciding what goes in each room, cutting pictures out of magazines and placing them |
| **Session 2** | To continue individual identity work | Continuing life story work and other individual identity activities (see above) |
| | To plan for the new placement | Photos of the children - placed in each bedroom by the children based on their decisions as to who will sleep where; making wish-lists of what they want in their house, in their bedroom etc; choosing colours for their bedrooms, curtains, bed-linen etc |
| **Session 3** | To continue work on personal history | Continue life story work |
| | To prepare the children to visit the new placement | Reinforce with photos, project on the town itself, discussion work; explore any fears; imaginative play of the journey to the new placement if it is a long distance. |
| **Week 3** | Overall aim:<br><br>- To introduce the children to the new placement context and to address their reactions | |

| Session 1 | To introduce the child to the new placement | Prepare for the visit – personal grooming, hair-brushing, make-up, nail-varnish (as appropriate to age and gender); allow the children to choose what clothes they want to wear for their trip (this may be the first time they have had the opportunity to make choices)

Visit the new home and meet the new carers

Discovering the community (this would be a day project, including lunch in a restaurant in the town, or provided by the new carers in the new home), take photographs; if possible, each child should be able to buy/bring a souvenir from their new community |
|---|---|---|
| Session 2 | To address the children's reactions to the new placement

To continue individual identity work

To continue work on personal history | Discussion regarding the previous day's visit – exploring any fears; presenting their souvenirs

Drawing my new house/family, drawing my memories of the day, what did I enjoy best, looking at the photos, including all this art work and photos in the album or life story book |
| Session 3 | To plan for the new placement | Shopping trip with the children for personal items for the new house (clothes, toys, personal grooming items – such as hairbrushes, toothbrushes, deodorant, make-up – music cassettes, posters etc). It may not be appropriate for the children to keep these items with them in the institution and therefore it might be best to take them and move them to the new house – where possible it would be best for the children to do this themselves. |
| Week 4 | Overall aim:

- To become more familiar with the placement context and to get to know the new carers | |
| Session 1 | To address the children's hopes and fears regarding the new placement

To consolidate the group

To begin to say goodbye | Discussion work

Art work

Role play/situation play – what would happen if…?

Work out any difficulties within the group, focus on the children who are more withdrawn and on engaging them in the group activities; group games; assign roles and responsibilities within the group that will operate the new placement

Begin the process of making a memory book or memory box about the current placement. In |

| | | these the children should express their feelings about moving (things I don't like about the institution, things I do like); photos would be included of friends, members of staff, their bedroom, the institution itself, so that they can maintain a visual memory. For more developed children, an address book can be included so that they will be able to maintain contact with their friends |
|---|---|---|
| | | Planning the goodbye party |
| **Session 2** | To become familiar with the new placement and to begin the transfer of attachment from the therapy team to the new carers | Spend a day or an overnight stay in the new house with the new carers, supported by the therapy team who have been working with them through the preparation programme |
| | | Plan the children's bedrooms, and the rest of the house together with the new carers |
| **Session 3** | To say goodbye to the current placement | Goodbye party with the other children and staff of the institution, also invite the new carers |
| | | Complete memory books/memory boxes |
| | | Discussion work again to explore concerns and fears |
| **Session 4** | To plan the journey | Packing |
| | | Making a packed lunch (if it is a long journey) |
| | | Deciding who will sit where in the car/minibus |
| | | Choosing games and toys for the journey |
| | | Discussion work again to explore concerns and fears |
| | To consolidate the group | Closing group exercise – e.g. a friendship tree of all the children's handprints and/or photographs put together on one tree. |

## Older children and young adults

Similar preparation programmes can be used for older children and young adults, but the activities must be tailored according to age and understanding. For older children it is likely that a lot more discussion work would be used. It is also probable that they will be able to take a much more complex and active role in decision-making regarding the new placement and in preparing the new placement context.

## Some preparation tools

As demonstrated in the example above, all elements or preparation work can be carried out in a play context, engaging children's imagination and creativity. The following provide more details of specific types of exercises, therapeutic in nature, which are helpful in prepararing the children to move and are based on play.

## Life-story work

The most common form of life story work is the life storybook, which is created together with the child. The life storybook contains essential information regarding the child's history, which helps children come to terms with what has happened in their lives. It helps them to understand why, when and how they were separated from their birth parents and what happened next. It also helps develop a strong sense of identity since it contains important details regarding a child's development (when the child first walked, first talked, what the child liked to eat, what games the child liked to play; special events such as holidays, trips away). These memories are usually held by parents and are told to the child as he or she grows up. The child feels important and special because these events and memories are obviously important to the parent. This kind of detail, however, can easily get lost if a child moves from one placement to another.

This is where a life storybook can be very useful, since it follows the child from one placement to another. Each carer responsible for the child in each different placement fills in important details in the book and thus the memories, although not held by one individual or set of parents, are there for the child to identify with. As far as possible the life storybooks should also contain photographs and as many details as possible regarding the birth family (parents, siblings, extended family). Children often wish to know who they resemble, therefore, even if photographs cannot be provided, details about the parents' physical appearance, talents, interests etc can be essential to a child developing a sense of self.

However, for many children who have spent considerable amounts of time in institutions, it is rarely the case that such documentation has been kept. Often children have moved through three or more institutional placements and the record keeping usually refers strictly to medical issues, dates of transfers, details of education, original address of the parents, perhaps some details on siblings. In terms of developing a clear sense of history and identity, the contents of most children's records are usually insufficient. Many older children in institutions have absolutely no idea what happened to them during their first three years of life. It is not simply that they have no memories, as this is fairly normal, but rather they are not aware of where they lived, with whom and how they developed. Most of us are aware of these crucial beginnings of our histories as a result of being told stories and looking at photographs. As such, it is important to help the children reconstruct their history. Many of these same children, if asked what they would like to do in the future, would rarely have a response. They find it difficult to conceptualise a future.

> _KEY POINT:_ _A sense of identity is closely related to self-esteem. High self-esteem is essential for normal cognitive development. A sense of one's personal history is closely linked to conceptualisation of time. It is difficult to understand your present and imagine your future if the past is "missing"._

*Content of life storybooks*

Life storybooks should contain the following sorts of details. Note that it is important that these are not simply dry 'facts', but that they feel like someone's 'story', including emotions.

- Name (including details as to why this name was chosen, if any are known. Perhaps the child was named after someone in the family, or a favourite actor, or a saint with certain qualities)

- Date and place of birth (including details why)

- Age when separated from birth family and reasons why. This should be introduced sensitively and should not paint the birth parents in a negative light. Perhaps a drawing by the child of this event might be helpful (dependent upon the age of the child).

- Baby photos. If not available, then the child might be asked to draw a picture of him or herself as a baby. This is possibly the first occasion on which the child has been encouraged to imagine him or herself as a baby and even if a genuinely accurate picture cannot be ascertained, the fact that the child begins to conceptualise him or herself as a baby represents an important step in reconstructing his or her early history.

- Details and, as far as possible, photographs of parents, siblings and extended family. Who does the child resemble most? If there is a common history with the siblings for any length of time, details of this should be included. Because of the way in which the institutional system operates, it is often the case that siblings were initially placed in the same institution, but then later separated due to age and sex (i.e. at the age of 3, children used to move from the leagan to a pre-school institution and then at 7 to a school age institution, usually segregated according to sex. In the past it was rarely the case that siblings were moved at the same time. There are some cases where siblings have been living in the same institution, but personnel are not aware of the relationship, or even if they are aware, they do not actively encourage the siblings to develop a special relationship.

- Milestones in the child's development. When did the child first sit up, take his or her first steps, speak for the first time, learn to eat with a spoon.

- Special events in the child's life. The child's first day at nursery or at school, plus other important details regarding education: who are the child's teachers, what does the child excel in or enjoy best at school, involvement in any team sports or musical or artistic activity, or other hobby. Holidays: where did the child go, with whom and what happened. Specific religious occasions (dependent upon the religion of the child) should also be marked, such as baptism: who are the child's godparents?

- Paintings and drawings by the child at different ages, specifically those that marked special occasions or reflect the child's identity in any particular way: handprints/footprints, self-portraits, drawings of the child's family, placement family, friends etc.

- Details of childhood illnesses, vaccinations, and any specific medical or health needs. Include the names of the doctors the child goes to.

*Life story work for different age groups*

Producing life-story books should, as far as possible, be an interactive experience between the child and the carer or therapist/social worker. Evidently, for babies the adult will undertake the vast majority of the production, but as soon as it is possible, the child should play an active role. The earlier the life-story book is begun, the easier it is for the adults involved to collect all the necessary data. The older the child, the more difficult this becomes. However, life-story books can have an extremely positive impact on children as regards helping them come to terms with what has happened to them. As such, it is the responsibility of the practitioner involved in the case to ensure that as much information as possible is traced. In some situations it is possible to find the birth parents/extended family and discuss the child with them. Occasionally, a member of staff in an institution or hospital the child lived in some years before will remember the child and be able to describe him or her with some accuracy, or may remember special events that occurred in the child's life.

When working with teenagers, the reconstruction of the past is usually more difficult due to the passage of time and the number of moves they have experienced. However, this can be an extremely rewarding and therapeutic experience and can often bring the teenager and his or her carer/therapist/social worker much closer together. Tracking down facts from the teenager's past may involve visits to institutions where the teenager has previously lived, which can often bring back many memories. It may involve the teenager making contact with the birth or extended family, with siblings, with old teachers and old school friends. This can be a highly emotive experience for the child and it is therefore important to go at the child's own pace and not to force the child into activities which make him or her uncomfortable.

## The road of life

For children aged around 7 years and above, it is possible to use a simpler form of life-story work as part of their preparation. This does not exclude the use of a life-story book. Rather is it a useful tool when trying to assist a child to develop a sense of identity and history during a time-limited preparation programme. On a very large, long sheet of paper the child draws a road or a river. They draw themselves and their family at the beginning and then the various places they have lived and people they have lived with along the way. Side roads branch off the main to represent departures of various people in their lives. The child is encouraged to talk about each placement, different events that happened, whether they liked living there, what were the good things and bad things. During these discussions talk about the moves themselves: how did the child feel when moved to the new placement. Did they miss friends or carers etc. How did they say goodbye.

It may often be the case that children have large gaps in their knowledge of their past, particularly of the early years and so some reconstruction will be necessary.

When the child reaches present day, he or she is encouraged to talk about the new placement, to imagine what it will be like and to ask any questions. If photographs of the new home and family/carers can be made available, they should be placed on the road. The child is encouraged to talk about how he or she feels, any concerns, worries, what he or she would like to do at the new home.

This can be a very useful tool for helping the child:

- to see the next move as part of the continuously changing process of life itself

- to understand and conceptualise past, present and future

- to explore any concerns regarding the new placement

- to plan for the new placement and make choices

**Mirror work.**

Using a mirror can play an important part in creating a sense of identity and in building self-esteem. Many institutions do not have mirrors on walls and so it is often the case that the child is not used to seeing his or her reflection. In fact, a significant number of children (particularly the younger children or those with special needs) may never have seen themselves in a mirror. For babies, beginning to recognise oneself in a mirror is an important stage in development, where the child realises that he or she is an individual, a separate entity. Most children who have grown up in institutions have missed this stage of development. Therefore mirror work of different kinds can be useful for children of all ages.

For babies, a mirror which flips over can be used, so that the child can make him or herself disappear and reappear, or a large wall mirror at the child's level so that he or she can pull into standing position in front of it. Positive reinforcement should be used: the carer or therapist working with the child should comment on how beautiful the child is. Mirror work should also be used to help the child to identify the different facial features (eyes, nose, mouth).

For toddlers and pre-school children, wall mirrors can be used. Moreover, small hand mirrors can be used so that the child may paint self-portraits. Mirrors should also be used for positively reinforcing how beautiful the child is and for helping the child learn to comb and arrange his or her hair.

For older children and teenagers, hand mirrors and wall-mirrors can be used again for self-portraits, but also focusing on personal hygiene and grooming. For teenage boys, learning to shave is an important rite of passage. Most girls enjoy the opportunity to play with make-up and to arrange their hair in different styles. Although these activities may seem trivial, they are essential for developing positive self-image, self-identity and high self-esteem.

For babies and for children who have been cot-bound and are only just learning to move, a mirror which can be stood safely on the floor can be used. Therapy mirrors of this kind (made with plastic rather than glass and with soft edges) can be very useful for children with special needs.

**Rule-setting**

Since preparation programmes also include an element of behaviour management and of assisting children's moral development, ground-rules are important. Moreover, this helps make the group-work a positive experience for all those involved. However, rules can tend to be presented in a negative or prohibitive manner and it is usually the experience of the

children in institutions that rules are imposed on them, without explanation, and are not necessarily understood, but rather adhered to for fear of punishment.

Since our preparation work focuses on trying to form attachments, increase the children's sense of self esteem and individual identity, increase the children's abilities and introduce a sense of responsibility for their own behaviour, it is important that all discipline and control issues are based on positive reinforcement and on shared responsibility. Therefore when setting the rules, the following should be considered:

- Rules should be about positive action rather than prohibitive. Instead of rules such as "no shouting, no fighting", a list of positive rules for a group of older children might include:

- Let's be a team/family.

- Let's sit nicely.

- Let's behave.

- Let's speak only when spoken to or when we have permission.

- Let's take turns speaking.

- Let's listen while others are speaking.

- Let's arrive and leave on time.

- Let's not hurt each other by our words or our actions.

- Let's respect each other and the adults.

- Let's keep our work area clean.

- Let's do the tasks that we are asked to perform.

- Rules should be simple and easy to follow. If the set of rules introduced is too long or complicated, it is unlikely that the children will be able to respect them all and this will not help in building self-esteem. Therefore the rules should cover the most important aspects of behaviour necessary to a positive group experience.

- Rules should be communicated appropriately. For children with special needs or very young children, understanding what is right and wrong should be communicated through demonstrating what behaviours are and are not acceptable.

- As much as possible, encouraging moral development among the group should be achieved through rewarding good behaviour rather than punishing difficult or challenging behaviour. For example, a child who manages to respect all the rules throughout a preparatory session, might get one star on his or her star-chart. Once the child has three stars over three consecutive days, he or she is given the opportunity to choose an item from a box of "treats". These treats might include small toys, games, personal grooming items (such as deodorant, shampoo, nail-varnish, make-up, shaving cream), or school supplies. In most cases, this positive reinforcement works well in terms of helping children learn to control and manage their behaviour. For children with severe

behavioural problems however, it might be important to have an available space close by for "time out" and/or to engage in a more prolonged programme of one-to-one therapeutic support, prior to introducing the child to group activities.

## Working with children who have been cot-bound

A small minority of children in the Romanian system of institutions have spent long periods of time living in their cots. These children, usually in *cămin-spitals*, are usually diagnosed as "paralysed" and the tendency has been to believe that because they are "very sick", they need to live in hospital conditions, and keeping them in cots is the "safest" thing to do. Although these children represent a small minority of children in institutions, their needs are extremely complex due to their experiences and they therefore require extra-special care and (in most cases) longer periods of therapy and recuperation prior to moving. After many years in institutions, attempting to assess whether the child was born with disabilities or whether they are a result of de-institutionalisation is often an impossible task.

What is certain in all cases is that lying in cots for long periods of time has exacerbated the disabilities these children have. Lack of stimulation results in brain atrophy and muscle atrophy. These children are often difficult to feed and, as a result, their nutrition is very poor. They are often severely underweight and physically small for their ages. Moreover, they may have specific illnesses or medical conditions, which further complicate their treatment and therapeutic needs. Epilepsy, hepatitis, hydrocephalus are common conditions in these children. Often, lack of stimulation and lack of attachment have resulted in autistic tendencies including stereotypical behaviours such as self-harming or aggression towards others.

The following case studies demonstrate methods used to recuperate and prepare a number of cot-bound children, each of whom had a complex of needs that had to be addressed.

*Case studies 9.3      Severe developmental delay coupled with ill-health*

> Andrei was five years old and had been placed in a *Cămin-Spital* as a baby due to the fact that he has hydrocephalus. The five years old boy spent all day lying in a cot, unable to move his limbs or even to lift his head. The staff had been advised that he must not move, since his head was too large and would put overdo strain on his body. Andrei had not been given a consultation by a specialist, nor had he had a CT scan. Andrei's hydrocephalus was not extremely developed and the therapeutic team involved in preparing Andrei to move, including a doctor, agreed that the primary priorities were a CT scan and specialist consultation, and getting Andrei mobile. Andrei's CT demonstrated that the hydrocephalus was not currently developing and that it was not appropriate for him to be operated upon at that time, but that he should have regular medical check-ups to monitor the progress of the disease. The therapeutic team developed a set of objectives for Andrei's development and individual sessions, including basic physiotherapy and play therapy were developed for him. Within six months Andrei could lift his head, sit up and was beginning to learn to crawl. In less than a year Andrei could walk and his motor development was functioning at about age of 2 to 3 years. With a relatively small amount of consistent therapeutic input Andrei had transformed from an allegedly paralysed child into a child with developmental delays, in the process of recuperation.

*Case study 9.4    Self-harming behaviour*

Maria was 14 years old and had been admitted to the *Cămin-Spital* at the age of 1 because she was blind. By the age of 2 years old, Maria had developed severe self-harming behaviour and, as a result, was physically restrained by the staff in the institution. Maria spent 12 years tied up with her arms across her chest and her feet behind her shoulders. She was only untied twice a day for brief periods in order to change her nappy. As soon as she was untied Maria would hit and kick herself in the head, repeatedly, with all four limbs. A psychologist specialised in working with autistic children, and particularly those who self-harm, began to work with Maria in individual sessions, 5 days a week.  Using close physical contact, long periods of holding, massage, brushing and stroking, the therapist encouraged Maria to enjoy physical stimulation other than that of hitting herself. At the same time, the therapist used holding, cuddling, bottle-feeding and involvement in normal daily routine to help Maria form an attachment. Gradually, Maria was able to stay for longer and longer periods of time without hurting herself and within 8 months the self-harming had reduced to a level at which all the staff in the institution felt comfortable with leaving Maria untied. As Maria's self-confidence grew, she was introduced to group play activities and was given opportunities to explore her physical environment. With physiotherapy, Maria began to 'unfold' her body, learned to roll, to shuffle on her bottom and, two years later, is pulling herself to stand and walking with assistance. Maria sometimes reverts to self-harming behaviour when distressed, but this stops immediately she has physical contact with a trusted adult.

*Case study 9.5    Aggression towards others*

Alin was 11 years old and had been in the *Cămin-Spital* since the age of 3. Due to fairly severe aggression towards others, Alin spent the vast majority of his time tied up, with his arms tied behind his back and then tied to a chair. As well as hitting, kicking, punching and spitting, Alin could projectile vomit at will. The therapist used similar methods to those outlined in Maria's case study above to assist Alin to learn to adapt and control his behaviour. Individual sessions on a daily basis took place over a period of four months prior to Alin moving to his new home. By the time he had moved, Alin was untied all the time and rarely displayed aggressive behaviour. Alin's new home was specially adapted for children with aggressive behaviour, with toughened Perspex windows and mirrors and a quiet room with soft walls and floors for "time out". Within three months of moving to his new home, Alin no longer displayed physically aggressive behaviour and was able to engage in constructive play activities for prolonged periods of time.

## Physiotherapy and play

Until relatively recent, in Romania physiotherapy has tended to be a discipline which focuses on the treatment of sports injuries. Paediatric physiotherapy for children with special needs is relatively new. It is difficult to explain to children with special needs why it is important for them to be involved in physiotherapeutic exercises, which may be painful at times or at the very least exhausting. Moreover, for the children who have spent long periods of time lying down, even becoming vertical can be a frightening experience, since their brains and perceptions have adapted to a horizontal position. Because of this, it is essential that any

physiotherapy for these children should be carried out in a play context. If, for example, a standing frame is used to assist a child to stand, the frame should be placed next to a table of appropriate height, on which are placed a series of constructive toys or art materials. Helping the child play while standing will take the child's mind off the fact that he or she is doing something new which might make them tired or ache, whilst simultaneously demonstrating to the child that undertaking these new experiences of physical movement are rewarded by access to fun activities.

Physiotherapy should take place in a space in which the child feels safe, such as the child's own home or a day centre which is brightly coloured and full of constructive toys, games and fun activities. If the child is scared, muscles will tense up and it is unlikely that the therapist will get the results they are looking for. Moreover, it is important for the therapist to develop a relationship with the child and to reward the child's successes with smiles, cuddles, words of encouragement.

## Moving children

The preparation programme at box 9.1 above demonstrates many of the important factors in preparing a child to move. The following are issues to consider during the move itself.

### Familiar faces, familiar places

The final move to a new placement should not be the first time that the child has seen the new home or has met the new carers. This can be extremely frightening and traumatic for the child. This is why introducing a child to the new place and the new carers as part of the preparation programme is so important. It is also essential that the person who moves the child is well known to the child. It is therefore recommended that the therapists who have been involved in preparing the children are also involved in moving them and are prepared to stay for a number of hours in the new home to help the child settle in.

The new carers should, as far as possible, ensure that familiar routines from the previous placement (such as mealtimes, bedtimes etc) are respected as much as possible, at least for some time. As the child becomes more familiar with the new placement, it is then possible to begin to vary and adapt routines without distressing the child.

### Transition objects

A favourite toy, such as a teddy or doll, or even a blanket the child treasures can be used as a transition object. The therapist can assist the child prepare for moving to the new home by involving the transition object in the process. Plans can be made for 'moving teddy' to his new home and the child can be encouraged to 'take care of teddy, because he is a bit scared of moving'. Once the child has moved, the transition object acts as a link between the previous placement and the current one, helping the child feel that he or she has not been "cut off" from the past altogether.

When working with children in institutions, the use of transition objects is essential but can be more difficult. Often, children in institutions have no individual possessions and, moreover,

they may not even understand the concept of individual ownership. Moreover, because of a lack of understanding of the significance of individual possessions, if a child in an institution is given a toy as a transition object, there is a significant risk that they will not be able to keep the toy long enough to support them through the move. It is therefore important to introduce transition objects in a careful manner. It may be that the child is given a specific toy during therapeutic sessions, but that the child is encouraged to help 'put teddy to bed' in a locked cupboard each day, 'to keep him safe' until such time as the child and teddy are ready to move. The new carers should also be introduced to the transition object during the preparation programme, so that they understand the importance of this treasured possession and ensure that the object remains with the child in the new placement. If 10 children are moving to a small family home for example, it would be easy to pack all the toys in a box and then not understand why a child is particularly distressed if another child is playing with his transition object in the new home.

## Positive moves

The most important factor that will ensure the success of the move is ensuring that the move is a positive one for the child. If the child is moving from one large institution to another, whilst preparation may ease the trauma to an extent, it is unlikely that the move will be trauma-free. This is because the child's life does not improve as a result of the move, but he or she still has to go through the difficult process of learning new rules, getting to know an unfamiliar place and new people, and missing old friends. This is why it is so important that every child from an institution is moved into a new family or small family home and not to other institutions.

## Post-movement support

Even though a child has been prepared for a move and supported during the move, post-placement, support is essential to ensuring that the new placement is a success. Therefore it is important for the therapeutic team to be involved in supporting the move, by visiting regularly and continuing to be involved in the child's life. Visits can reduce as the child becomes more and more attached to the new carer. The rate at which visits are reduced should depend upon the needs of each individual case, the levels of distress of the child and the concerns of the new carers.

## Monitoring and evaluation

Once the therapists are sure that the child is feeling safe and secure and that the carers are confident in their new role, visits might be reduced to weekly or, in some cases, monthly intervals. However, it is essential that the child and carers know that they can contact the therapists at any time if they have any concerns. Moreover, as children grow and develop, new challenges appear and carers may need guidance in dealing with unexpected behaviour changes.

These regular visits should be used by the therapist to evaluate the child's development and attachment to the carer, in order to ensure that the placement is working. Tools such as those outlined in the chapter on assessment can continue to be used for this purpose.

Monitoring a placement serves two main purposes. It demonstrates that family based care is superior to institutional care, since the rapid recovery of developmental delays is usually evident. More importantly, however, monitoring indicates if a placement is not working properly or is beginning to break down. It is highly unlikely, when closing an institution, that all placements will be 'right first time'. Although good assessment and preparation will minimise the potential for placement breakdown, practitioners should be ready to intervene as early as possible when placement breakdown does occur.

## Addressing placement breakdown

Monitoring may evidence one or more of the following factors which may lead to placement breakdown:

- Non-organic failure to thrive

- Lack of attachment to the new carers

- Poor recovery of developmental delays

- Absconding from the home or school

- Signs of neglect such as poor nutrition and lack of attention to hygiene and personal appearance

- Changes in the behaviour of the child at home or in school

- Inappropriate behaviour management on the part of the new carers

- Suspected or actual abuse

When such indicators of placement breakdown are evident, it is important to take appropriate action as soon as possible, but it is essential that action taken is proportionate to the problems presenting. For example, where abuse is suspected or proven, it is possible that an emergency placement for the child may be necessary in order to keep the child safe, but this will depend upon the level and nature of the abuse. If a parent uses smacking as a disciplinary measure, it might be possible to work with the parent to help them identify other more appropriate behaviour management techniques. Although smacking is unacceptable, it might be the case that the placement could work if extra support and guidance is given. On the other hand, if a carer is using objects to hit a child or if sexual abuse or severe neglect is suspected, the child should be removed as quickly as possible to a place of safety.

When the carers are clearly abusive, it is essential to have a personnel management mechanism in place, which makes it possible to suspend the carer from duty until such time as an investigation can take place. If abuse is suspected, this is a crime and the police should be involved. If it is proven that a carer has been abusive, they should be dismissed from their post and should never again be allowed to work in a position that involves caring for children.

However, there are cases where the placement is breaking down because the carers are unable to provide the care the child needs, through no fault of their own. Even with a careful planning process it is still possible for children to be placed inappropriately and this should

not automatically disqualify a carer from continuing to work with children, as the following case example demonstrates.

*Case study 9.6    Placement breakdown*

> Marcela was 11 years old when she was moved from an institution into a foster placement where she was reunited with her 8-year-old brother (who had been placed in a separate institution). The foster family had three years' experience of providing care, mainly to babies and toddlers and had been evaluated as providing high quality care. For the first few months, the placement went well and Marcela appeared to be building up a relationship with her new family and settling well into school. However, the situation changed suddenly, Marcela began absconding from school, and coming home late. Moreover, it was noted that she was engaging in inappropriate quasi-sexual behaviour with two of the younger children in the family. The foster parents tried to talk to Marcela and used positive reinforcement coupled with non-abusive behaviour management techniques, but were unable to help her change her behaviour. Eventually it was agreed by all parties that a new placement should be planned and Marcela should receive counselling and support from a psychologist. Over a number of weeks the psychologist built up a relationship with Marcela, who eventually began to disclose that she was being sexually abused. The abuse had started in the institution and stopped when she had moved to the foster family. However after a few months in her new placement, two adolescents from the institution had found out what school she was attending, began to wait for her after school and involve her in a local paedophile ring. Marcela told the psychologist that the man running the ring was going to take her to Spain in the summer, where she would "work" and have her own apartment and television. Marcela was removed to an emergency placement in another town because she was at risk of being trafficked and of continued sexual abuse, until a more appropriate placement could be planned in a small family home. The foster parents had been unaware of the sexual abuse, since they had no prior experience of this kind of problem and therefore had not recognised the signs. However, they continue to provide excellent foster care to a number of other children, including Marcela's brother.

If a practitioner is concerned that a placement may be failing, the following check-list may be of assistance.

- Is the child in imminent danger of serious harm or abuse? If so, an emergency placement must be organised and the relevant authorities should be contacted in order to arrange for the child to be removed immediately. Following removal, an assessment process can begin in order to identify an appropriate alternative placement. Moreover, the police should be involved where abuse, severe neglect or exploitation is suspected.

- Is the child being neglected or suffering less severe abuse (such as smacking or other inappropriate forms of punishment)? If so, it is likely that a psychologist or therapist should begin to work immediately with the family in order to help them alter their behaviour.

- Is the child failing to thrive or not developing physically and psychologically as rapidly as would be expected? If so, it is important firstly to ensure that the child is evaluated by an appropriate medical professional in order to identify or rule out any physical or psychiatric illnesses which may contribute to the child's difficulties.

- Is the child demonstrating a lack of attachment to the carer? If so, a psychologist or therapist should begin working with the carers in identifying methods to encourage attachment. Many children who have spent time in institutions have difficulties in forming attachments and therefore, at times, carers need extra support in this regard.

- Is the carer able to access all necessary services for the child? For example, if a child has special educational or health needs, are the appropriate health and education services available to the family? If not, practitioners should do everything possible to access relevant services. It may be the case that the placement is inappropriate from a practical point of view if, for example an isolated rural placement means that a child cannot receive appropriate education. In some cases, a placement may work for many years, but may begin to break down because behaviours appear which the carer is not capable of dealing with. For example a foster placement for a child with special needs might work well until puberty when, in some cases, difficult behaviours may begin to manifest. In such cases the carer may need access to more support, more respite care and the child may require greater levels of therapy. However, in a small number of cases, it may be possible that foster care is no longer appropriate and the child requires a residential placement in a specially adapted small family home.

## Cooperation between authorities

In some cases children may need to move to different areas and become the responsibility of other authorities. This may be because this is in their best interests to be closer to family and friends or because of agreements between Counties linked to the origin or wishes of children.

Where any transfer of responsibility for a child or group of children is envisaged this should be associated with an extra level of planning and careful consideration of what is best for the child and sometimes also his or her family and network.

What must be avoided notwithstanding pressure on resources, is either

- the host authority (the County currently caring for the child) giving up its responsibility for the child without a credible plan for the child's future being put in place; or

- the child "falling between" two Counties as they argue about who should take responsibility for the child.

Romania has a history of children finding themselves "on the street" for a range of reasons, and it is vital that the de-institutionalisation process does not become the cause of further examples of this.

Hence, good social work practice and inter-agency (inter-County) arrangements are vital in these circumstances. Resource issues and other factors must not allow good standards to be compromised. Where there is a dispute between Counties, and other parties, all efforts should be made to resolve these at the earliest possible point, also by seeking the involvement of third parties such as the National Authority for Child Protection and Adoption.

*Case example 9.7     The importance of principles when counties cooperate*

> One of the basic principles of moving children is to make sure the funding for services follows the child and NOT the child follows the funding. Therefore, an assessment of the children's needs has to be established prior to any finalised funding and management decisions. Closing a large institution of disabled and/or non-disabled children and moving some children out of the county requires justification. For example, returning a child to be close to their natural families with the intention that their families will play an active role (and NOT just on the basis that they were born in that county). Where a significant number of children may move, careful planning is required. For example, a move must only happen once after suitable family-type homes are available and complete. Moving children prematurely and placing them in unsuitable institutional environments on a temporary basis to wait for the completion of suitable facilities, as has been the case, is unacceptable. Furthermore, the number of suitable facilities required also needs careful planning. De-institutionalising children in need into over-crowded family-type environments with poor recruitment staffing and supervision places children at risk of harm. Staff training for challenging behaviour children is essential and takes time, thus inexperienced staff also places children at risk of harm. It could be suggested that it is the responsibility of the county to not only make sure that they have carefully prepared the de-institutionalisation process for their own county, but also to co-operate with other counties to make sure that careful preparation and planning has taken place outside their borders. Only them should children be moved. The transfer of funds prior to the transfer of children is unwise.

**LESSONS LEARNED FROM THE CASE EXAMPLE**:

➢ Assessments of the child's needs should be made on an individual basis and matched to their proposed placement and surrogate family prior to any transfer between counties.

➢ Assessments of placements and small family homes should be made based on the needs of the children being transferred and matched in terms of staff and physical environment, prior to any transfer between counties.

➢ Co-operating Directorates should put the children's needs before budgetary and accounting needs.

➢ The funding should follow the children and not the children follow the funding. Therefore money allocated to children should only be transferred between counties after the children have been safely moved.

➢ Children are only moved when it is in their best interest and NOT in the best interest of the Directorates to meet imposed deadlines.

➢ Children should be moved only when their next placement is fully ready, in terms of the physical environment and the staff having been trained to meet their needs.

➢ Interim placements which are not part of the child's care plan are an abuse of the child and do not respect the rights of the child or the principles of the UNCRC, and therefore, should be avoided at all costs.

- All newly recruited staff should be based on a comprehensive selection process which assesses their motivation to work with children.

- All newly recruited staff are adequately trained before they are allowed access to work with the children.

- Inexperienced staff should be always placed on shift with experienced staff.

- The number of staff employed for a small family home should reflect at least a 1 to 4 ratio and the rota should include at least 3 shifts to prevent staff exhaustion.

- The number of children with special needs in small family homes should not exceed 12 or 3 to 1 bedroom. Gardens are an important resource to alleviate the sense of overcrowding.

## Preparing children – summary

Preparing children for a change of living circumstances requires considerable attention and is an extremely important element in determining placement success or failure. Children cannot be moved safely and effectively without having the time and support to work through all the issues involved. Taking into consideration the potential trauma and disruption involved for a child from a stable family starting school, it is easy to see how hard a child separated from his natural parents will find moving to a new living situation. Most children thrive on familiarity and routine and find change difficult to handle. Some key aspects of helping the child are presented below.

**Talking and listening:** Give the child as much information as possible before the move, as far in advance as possible. More lead time means more time for the child to get used to the idea. Answer questions completely and truthfully, and be receptive to his or her reactions - positive and negative. Don't ignore the child who seems unconcerned – he or she may be masking fear for the benefit of others.

**Involving children in planning and decision-making.** To an age-appropriate extent, children should be helped to feel that the move is something they are participating in, rather than something that is being thrust upon them.

**Visits.** As a norm, children should have the maximum opportunity to visit their new home and neighbourhood. If distance prevents many such visits, provide as much information as you can about the new home and area. Learn about where the child's favourite activities can be found in the new location. Pictures, videos etc. can help the child build an image of their new home.

**Recognise and acknowledge the child's stress**: Before the move, be prepared for signs of stress from children of any age. Young children may regress to thumb-sucking, "baby talk", or other behaviours they had left behind. School-age children may intensify natural traits: a shy child may become more shy, an aggressive child more aggressive.

**Babies, toddlers, and preschoolers:** Children under age six are by far the easiest to move, but, as they have few mental resources for processing changes, the guidance of those involved in the move is crucial. Explanations should be clear and simple. Stories are especially helpful. A toy truck or wagon, dolls, and furniture or boxes can be used to act out

the move. Make sure the child understands that their possessions are not being thrown away when they are packed in boxes. If the new home is nearby, advance visits and taking a few toys each time will help a very young child get used to the idea. This is not the time to move a toddler from a cot to a bed and other big changes in routine should also be avoided. For example, toilet training or weaning a toddler from a dummy or bottle should not be attempted during or immediately following the move.

**School-age children.** While children in the lower school years are less pliable than preschoolers, their relative openness, combined with lots of support, can ease them through a transition. Middle-school children may be more open to the challenges of moving than both older and younger children, since they are already in a state of transition - from childhood to adolescence, from one class to many classes. A child's experience in a new school can make or break a move for him. Before the move, gather the information the new school will need to process the transfer, including the latest report card or transcript, birth certificate, medical records, standard test results, and descriptions of any special programs the child has been in.

**Teenagers.** Whereas younger children may have difficulty adjusting because they do not entirely understand what is happening, teenagers understand exactly what is happening and may actively rebel. A teenager has probably invested considerable energy in belonging to a particular social group, and may be involved in a romantic relationship. When discussing a move with a teenager, it is particularly important to avoid seeming dismissive of his or her concerns or falsely reassuring ("Don't worry, you're doing fine here and you'll do fine in the new place"). Rather, you might discuss his apprehension in the context of "rehearsing" for future changes, such as going away to college or meeting new people in a job situation.

Among some other things to consider about the move are the following.

- Children should receive a warm welcome to their new home, delivered in a warm, individually directed way

- Ensuring that familiar items and activities are available in the new setting*,*

- The physical layout and the personnel of the setting are introduced to the new children in a relaxed and unhurried manner

- Expectations of the new children's abilities to adjust to the setting are realistic and consistent with their developmental level and understanding

- Children and adults in the setting are positively encouraged to make newcomers feel welcome

- Reassurance offered to the new children about **unfamiliar features** is promptly and sympathetically given

- Levels of individual attention, reassurance, comfort and physical contact offered to the children are appropriate to their enquiries and distress

- Appropriate strategies that will encourage new children to join in activities and adjust to the setting in their own way and at their own pace are selected and used

- Relevant information about the children's adjustment, behaviour and enjoyment in the setting is shared with people interested in their welfare

- Where parents are in touch with the child, they are positively encouraged to play their part in helping the child move and settle.

Equally it is vital to recognise that "settling in" is not a quick, one-off time or activity. Children will require support and monitoring for a substantial period to ensure that the integration process is going well and to pick up any ongoing problems.

# 10.  PERSONNEL ISSUES


As we have seen, the closure of an institution and the simultaneous development of diversified community based services is a huge exercise in the management of change. The complexity and sensitivity of preparing the children for and supporting them through this significant change in their lives has been underlined in previous chapters. However, there is another group of people who need to be considered in a sensitive manner if a de-institutionalisation programme is to be successful and resistance to ir be minimised. These are the current and future staff.


## Resistance to de-institutionalisation

Coulshed & Orme[1] (1998) remind us that resistance to change is by no means a new phenomenon:

> As early as 1541, Machiavelli noted that anyone attempting innovation had a hard time of it. Those who had done well out of the old ways of working would oppose change on principle, while even those who could see they might do better would be cautious about trying anything new and untested. Consequently, there would be fierce opposition from some and only lukewarm support from others, the latter's support being further dampened by other people's anger or indifference (Coulshed and Orme, 1998).

The personnel of an institution, and particularly its management structure, inevitably represent a huge potential for resistance to the closure of an institution. The normal fear of change experienced by all humans is exacerbated for the personnel by the fear of unemployment and, therefore, the risk of social harm to themselves and their families. This is particularly true of institutions in rural settings, since the institution may represent one of the main employers in the village and surrounding area. In such cases, it is likely that not only the personnel will act as a force for resistance, but also the local community and local politicians who may have close personal and family relationships with staff members or who may be concerned regarding the creation of social need through the significant increase in unemployment.

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1 Social Work Practice (1998) Veronica Coulshed and, Joan Orme, Palgrave Macmillan; ISBN: 0333727304

For this reason, among others, it is important to attempt to redeploy as many of the personnel as possible in the new services. However, concerns for the personnel should not be the over-riding influence regarding the staffing structure and geographical location of the new services. It is important to remember that, when planning services, the needs of the children are paramount and that those of the personnel, although important, are secondary.

## Identifying staffing needs in the new services

The process of planning for de-institutionalisation as outlined in Chapter 5, includes the design of the new services required both to prevent further entries into the institution and to provide family or family-style placements for the children resident in the institution. Design of the new staffing structure should take account of the following.

- **The professionalisation of services.** The main aim of the de-institutionalisation and the development of diversified services is to improve the quality of services provided to children and their families. As such, it is likely that the new structure will require an increased number of professional personnel, such as social workers, psychologists, teachers or therapists.

- **The reduction of unnecessary administrative posts.** It is often the case that large institutions employ a significant number of administrative personnel such as security guards, laundry workers, cooks, secretaries, caretakers, administrators, drivers, firelighters etc. In the diversified community based services, such posts in such numbers are usually unnecessary. For example, if the largest residential unit available in the new services provides for a maximum of 12 children, then it makes sense that care workers, together with the children, should wash the clothes in a normal washing machine, cutting out the need for dedicated laundry workers.

- **The geographical location of the services.** Services should be located where the need is, for example children should be placed in the areas they originate from and day care centres should be developed in areas with the greatest need. Inevitably staff posts should be reallocated to these geographical areas. Existing staff should be given the option to commute to another town or village if this is feasible.

Once the new structure is designed, it will become apparent how many of these posts require a professional university level qualification, how many posts could be filled by unqualified, but experienced personnel (given retraining and support), how many administrative posts are required and in what geographical areas these posts are available.

Comparing this new structure with the current structure of the institution will give a clear picture of realistically how many personnel can potentially be redeployed from the existing institution, as illustrated by case 10.1.

*Case example 10.1    Staffing structure in old and new services*

The *leagăn* X, in Oldsville, has 137 children and 88 members of staff at the planning stage for de-institutionalisation. The County Directorate for the Protection of Children's Rights has undertaken a stock and flow analysis of the client group in the institution, which has assisted in the identification of needs for prevention services and alternative placements for the children currently resident.

**CURRENT STAFFING STRUCTURE**

Managerial staff:

    1 Director

Social workers:

    1 post

Psychologists

    1 post

Medical personnel

    4 Doctors

    24 nurses

Care personnel

    35 basic grade carers (infermieri)

**STAFFING STRUCTURE OF NEW SERVICES**

Mother and baby unit (location Oldsville)

    1 manager

    1 social worker

    1 psychologist

    1 nurse

    5 care personnel

    1 administrator (shared with day centre, counselling centre and SFH)

Emergency foster parents (Oldsville and Newville - 30 km distance)

    15 posts

    1 social worker

Foster parents (Oldsville, Newville and Smallville – 100 km distance from Oldsville)

    35 posts

    2 social workers

One small family home (SFH) (Oldsville)

    9 carers

    1 cook

    1 manager

Day care centre (Newville)

    5 carers

    4 educators

    1 nurse

    1 psychologist

    1 social worker

    1 manager (shared with counselling centre)

    1 accountant (shared with counselling centre, day centre and small family home)

    1 cook

| Administrative personnel | | Counselling centre (Smallville) | |
|---|---|---|---|
| 3 cleaning personnel | | 2 psychologists/counsellors | |
| 5 laundry personnel | | 1 social worker | |
| 5 cooks | | 1 carer | |
| 2 drivers | | | |
| 3 security guards | | | |
| 3 firelighters | | | |
| 2 administrators | | | |
| 1 accountant | | | |
| 1 stock taker | | | |
| 1 electrician | | | |
| 1 plumber | | | |
| | | | |
| **Total number of staff:** | **93** | **Total number of staff:** | **92** |
| **Total professional staff** | **3** | **Total professional staff** | **13** |
| **Total medical staff** | **28** | **Total medical staff** | **2** |
| **Total basic care staff** | **35** | **Total basic care staff** | **20** |
| **Total administrative staff** | **27** | **Total administrative staff** | **4** |
| | | **Total foster parents** | **50** |

*Case example 10.1 demonstrates the following.*

- There is very little difference in the overall number of posts, which assists in the financial planning, since the new services will not cost more than the old ones, particularly since a large proportion of the posts are foster carers, and foster care is always cheaper than appropriately financed residential care.

- However, only 45 posts are in Oldsville, which means that a significant number of personnel from *Leagăn* X cannot be redeployed in the new services.

- There is a dramatic reduction in the administrative personnel. These personnel should be given the right to apply for carer positions and foster carer posts, but it is likely that they will be disadvantaged in comparison with medical personnel and care personnel. As such, discussions should be held with the local council and with the unemployment office to ascertain opportunities for employment elsewhere.

- There is a dramatic reduction in medical personnel, therefore the County Directorate for the Protection of Children's Rights should hold discussions with the department of health regarding possible redeployment into their structures. NB: Medical personnel should be given the opportunity to apply for management positions (if they have the appropriate skills, experience and outlook), for carer posts and for foster parent posts, if they so wish. Also, personnel from Oldsville should be given the opportunity to apply for posts in Newville and Smallville, if they are willing to commute the 30 km distance.

Armed with this information, the project manager responsible for the closure of Leagan X and the development of the new services will be able to anticipate the level of dissatisfaction and consequently resistance on the part of the staff and to identify strategies for appropriately managing this resistance.

## Selection of personnel

Obviously, the selection of personnel must be timed such that the personnel for new services are selected and have undergone their necessary initial training just prior to the projected date for opening the new service.

### Selection process

The fairest way to select personnel for the new services and simultaneously the way to ensure that the best personnel are employed is by a fair and open competitive process, including, at the very least, an interview process. The process may include written tests and, according to Romanian law as it currently stands, the written test is a deciding factor, i.e. those who do not pass are automatically eliminated from the process, irrespective of how well they may perform at interview or how good their evaluation was. As such, it is important that the written tests are composed in such a way as to correspond to the level of the post. For example, it is expected that social workers and psychologists would have a firm knowledge of relevant legislation and would be able to write care plans and/or evaluation and therapeutic procedures. For a basic care worker however, the written test should be based more on practical examples of working with children, perhaps using concrete case studies and asking the carer to define how he or she would respond to such a case.

The agency may decide to hold an internal competition for the posts in the geographical area of the institution. It may however be preferable to hold an open competition, but to give priority to a member of staff from the institution over an outsider, where both are considered equally competent for the job.

Moreover, an evaluation of the work practice of the personnel whilst in the institution should be carried out and the results should be taken into account during the selection process.

### Factors to take into consideration in the selection process

- The effects of institutionalisation. Many personnel have spent more years in the institution than the children and are, as a result, at least as "institutionalised", if not more so. The institutional methods of caring for children are wholly inappropriate in modern diversified services and as such, the institutional behaviour of a staff member would have to be seen as a disadvantage.

- The potential to change. Nevertheless, even extremely "institutionalised" personnel can be transformed into excellent carers if they have the inner capacity to analyse their practice, accept that aspects of this practice may be outdated or worse, and modify their behaviour accordingly.

- Identifying abusers. Many institutions have in the past engaged in practices that are considered, in modern social work terms, to be abusive or to infringe the human rights of children. These include physical punishments, food deprivation as a punishment and humiliating and degrading punishments. It is possible, however, that many personnel used these punishments because they learned their practice in the institution and the culture of the institution was punitive. Although we may now define this behaviour as abusive, this does not mean that all personnel who at one time or another have engaged in these practices are child abusers in a pathological sense. Again, what is important here is whether or not these personnel are capable of analysing these practices, accepting that they are wrong and changing their behaviour accordingly. However, experience in many countries teaches us that child abusers gravitate towards professions working with children in order to gain access to vulnerable children and that as such it is likely that a tiny minority of personnel in the institutional system in Romania are long term child abusers and should not, under any circumstances, be redeployed in new services. The quality of the evaluation process for personnel and the skills and experience of the evaluators is vital here.

- Special relationships with children. Observing staff members in the institution over a period of time, a skilled evaluator will be able to identify the staff whose behaviour with children is consistent, warm, professional and safe. The children will in general have particular affection and respect for these members of the staff. This should be considered an advantage when redeploying personnel.

- Opportunities for retraining. The selection process will be greatly influenced by the opportunities for retraining made available to personnel. If the agency leading the de-institutionalisation process does not factor in the time and economic and human resources for retraining to the process, this will greatly disadvantage institution personnel. Therefore, the planning for de-institutionalisation should include a retraining plan. This is not to suggest that basic grade carers would be able to take up professional posts after a short period of training, but rather that they, along with administrative, medical and teaching personnel, might be perfectly capable of taking up a carer or foster carer post, if given adequate training opportunities.

## Evaluating personnel

This process, essential in order to gain a clear picture of the capacity of a member of staff to provide adequate, professional, high quality care in the new services, should be carried out by an independent team. The opinions of the director or team-leaders within the institution should be sought, but allowances should be made for possible bias. Part of the evaluation can be incorporated into the recuperation and preparation programme for children, since, where possible, staff members should work alongside the therapist or psychologist leading this.

*Some suggested evaluation techniques and tools*

Evaluating the staff member's general practice with children can be carried out within recuperation and preparation programmes. The following indicators presented in box 10.1 might be helpful. In Part A, for each question, score 0 – 4 as appropriate (0 = never, 1 = rarely, 2 =

sometimes, 3 = often, 4 = regularly). Part B looks at negative features and should be scored as set out in the grid.

*Box 10.1    Evaluating the staff's general practice*

| Part A |
| --- |

**Part A**

1. Attitude to the children (High score desirable: max of 28)

| Does the staff member: | Circle score |
| --- | --- |
| a. Engage the child in age-appropriate play | 0 1 2 3 4 |
| b. Use positive reinforcement | 0 1 2 3 4 |
| c. Diplay pride in the child's achievements | 0 1 2 3 4 |
| d. Engage in appropriate physical affection | 0 1 2 3 4 |
| e. Respond to the child's cues | 0 1 2 3 4 |
| f. Get down to the child's level (physically) | 0 1 2 3 4 |
| g. Use age appropriate language and explanations | 0 1 2 3 4 |

2. Capacity to identify and meet needs (High score desirable: max of 16) –
   (Method – observations of preparation programme coordinator & institution director) –

Does the staff member:

| a. Demonstrate an understanding of the reasons for the child's behaviour | 0 1 2 3 4 |
| --- | --- |
| b. Demonstrate an understanding of the child's needs | 0 1 2 3 4 |
| c. Show initiative in responding to the child's needs | 0 1 2 3 4 |
| d. Contribute positively to preparation programme (based on observations of programme coordinator) | 0 1 2 3 4 |

3. Ability to learn and take on new ideas (High score desirable: max of 16)
   (Method – observations of preparation programme coordinator & institution director) –

Does the staff member:

| a. Take up all opportunities to attend familiarisation & training events | 0 1 2 3 4 |
| --- | --- |
| b. Participate positively in discussions about developments | 0 1 2 3 4 |
| c. Support developments when talking with people outside of institution | 0 1 2 3 4 |
| d. Demonstrate in their work practice that training is being absorbed | 0 1 2 3 4 |

4. Consistency with colleagues/team work (High score desirable: max of 16)
   (Method – observations of preparation programme coordinator & institution director) –

Does the staff member:

| a. Work well as member of team | 0 1 2 3 4 |
| --- | --- |
| b. Support colleagues in working through changes | 0 1 2 3 4 |
| c. Respond well to managers | 0 1 2 3 4 |

| | |
|---|---|
| d. Support the general aims of the de-institutionalisation programme | 0 1 2 3 4 |

**Total of Part A (max of 76)**
**Part B**

5. Methods of behaviour management (Low score desirable: max of -20) –

<u>Does the staff member:</u>

| | |
|---|---|
| a. Use inappropriate disciplinary measures | 0 1 2 3 4 |
| b. Use physical punishment | 0 1 2 3 4 |
| c. Threaten the use of physical punishment | 0 1 2 3 4 |
| d. Use food deprivation or deprivation of liberty as a punishment | 0 1 2 3 4 |
| e. Use humiliating or degrading punishments | 0 1 2 3 4 |

6. Has the member of staff been sanctioned in the last five years (Low score desirable – Max of -30).
   <u>(Method – personnel records & discussions with director)</u>

| | |
|---|---|
| a. If no, score = 0 | 0 |
| b. If yes, but relating to direct work with children, score = -10 | -10 |
| c. If yes, and the sanction is for abusive behaviour involving children, score = -30 | -30 |

*Part C*

**Total of Part A (max of 76)**

**Total of Part B (max of -60)**

**OVERALL TOTAL (MAX OF 80)**

An overall total of 60 plus is good and a score of 45 points or more acceptable. Less than 50 points would be cause for concern and careful thought about suitability, especially if this includes a -15 0r -30 score on Part B.

If the score gained is acceptable, then consideration needs to be given to two additional elements of what the staff member brings to working with children. Namely, is he or she best suited to working with one or more age groups and has the staff members any aptitude for working with children with special needs.

*Box 10.2    Additional evaluating indicators*

| | |
|---|---|
| 9. | Age-group best suited to<br>Method - observations of preparation programme coordinator and director and expressed preference |
| 10. | Suited to work with special needs children? YES/NO?<br>Method - observations of preparation programme coordinator & director and expressed preference |

## Phased selection, training and movement of personnel

The development of diversified services and the movement of children to alternative placements must be carried out in a programmed and phased manner. Therefore, the selection, training and movement of personnel should correspond to the movement of the children. Thus, in terms of planning, the project manager or person responsible for personnel should calculate backwards from the projected opening date of the new service. For example, if the induction training takes two weeks, then it should begin two weeks before the opening date. If the staff are required to give 15 days notice in their current posts, the selection date should be at least 15 days before the training programme begins. If the law states that a post must be advertised at least 15 days before the interview date, this must be respected. If a staff member has expressed an interest in applying for a post in this service, his or her evaluation must be complete at the latest by the date of the interview. Perhaps box 10.3 helps in clarifying this process. The alternative services identified for the de-institutionalisation process of *Leagǎn X* are scheduled to open as outlined in the box 10.3. Other relevant dates in terms of personnel selection and training have been calculated backwards from that date.

*Box 10.3    Schedule of the de-institutionalisation process*

| SERVICE | POSTS ADVERTISED | INTERVIEW DATE | INDUCTION TRAINING PERIOD | SERVICE OPENING DATE |
|---|---|---|---|---|
| Mother and baby unit | 13 March | 2 April | 21 April – 2 May | 5 May 2003 |
| Emergency foster parents | 21 April | 12 May | 2 – 13 June | 16 June 2003 |
| Day centre | 20 May | 9 June | 30 June | 14 July 2003 |
| Counselling centre | 20 May | 9 June | 30 June | 14 July 2003 |
| Small family home | 25 June | 15 July | 4 – 15 August | 18 August 2003 |

Such a table can be produced for all the planned new services and can be of great assistance in allocating time, resources and space to the selection and training process.

## Difficulties with phased movement

Just as phased movement is difficult for the children who are left behind in the institution, so the personnel who are not selected or moved early on in the process, or who know that they are not going to be redeployed in the new services can experience great difficulties in observing their colleagues moving on to their new careers, while they wait behind in an institution that is slowly (or perhaps rapidly) emptying. This can, and almost definitely does, adversely affect their work practice with the children and can also result in increased resistance to closure, as the case study 10.2 and diagram 10.1 below demonstrate.

*Case example 10.2     Staff resistance to de-institutionalisation process*

The placement centre attached to the special school in Smallville is programmed for closure. The staff have been informed, but the vast majority of posts in the new services are in Oldsville, some 100 km away. Moreover, the closure of the placement centre in this case also means the closure of the school, since all the children will be integrated into schools in Oldsville and the other regions where they will be placed. Moreover, the regime in Smallville special school placement centre is punitive and, at times, abusive, and as such many of the staff will not be redeployed. The first group of 40 children have moved back home, to foster care or to a small family home, and a group of 10 is currently being prepared for movement to another small family home. When the first preparation group session begins, three of the children refuse to attend and two are in tears. Eventually the children tell the programme leader that staff members have told them that in the small family home they are going to there is no heating, they will have to sleep three to a bed and they will be beaten every day. It takes some weeks to convince these children that this is not the case and, as a result, the preparation programme takes considerably longer than usual, delaying the children's move. Once the children move, the County Directorate for the Protection of Children's Rights reduces posts in the institution, resulting in even greater fear and anger on the part of the personnel, who increase the amount of physical and humiliating or degrading punishments. This results in older children becoming more aggressive towards younger children and a general state of fear, anger and unrest in the institution as a whole. The only positive outcome is that the children are no longer reluctant to move out of the institution. In fact, they cannot wait.

As this case demonstrates, not informing personnel appropriately of the process, not giving them the opportunity for redeployment and the fear of becoming unemployed can have severely detrimental effects on the children, increase resistance and delay the de-institutionalisation process.

*Diagram 10.1  Illustrations of the effects of resistance*



MEMBER OF STAFF



↓

NOT INFORMED OF PROCESS & NOT INVOLVED IN  PREPARATION  OF CHILDREN

↓

INCREASED FEAR

↓

INCREASED  RESISTANCE

DISTURBANCE FOR CHILDREN DURING PROCESS

PROLONGS PROCESS OF CLOSURE

POOR INDIVIDUAL EVALUATION

LOWER STANDARD OF CARE FOR CHILD WHILE REMAINING IN INSTITUTION
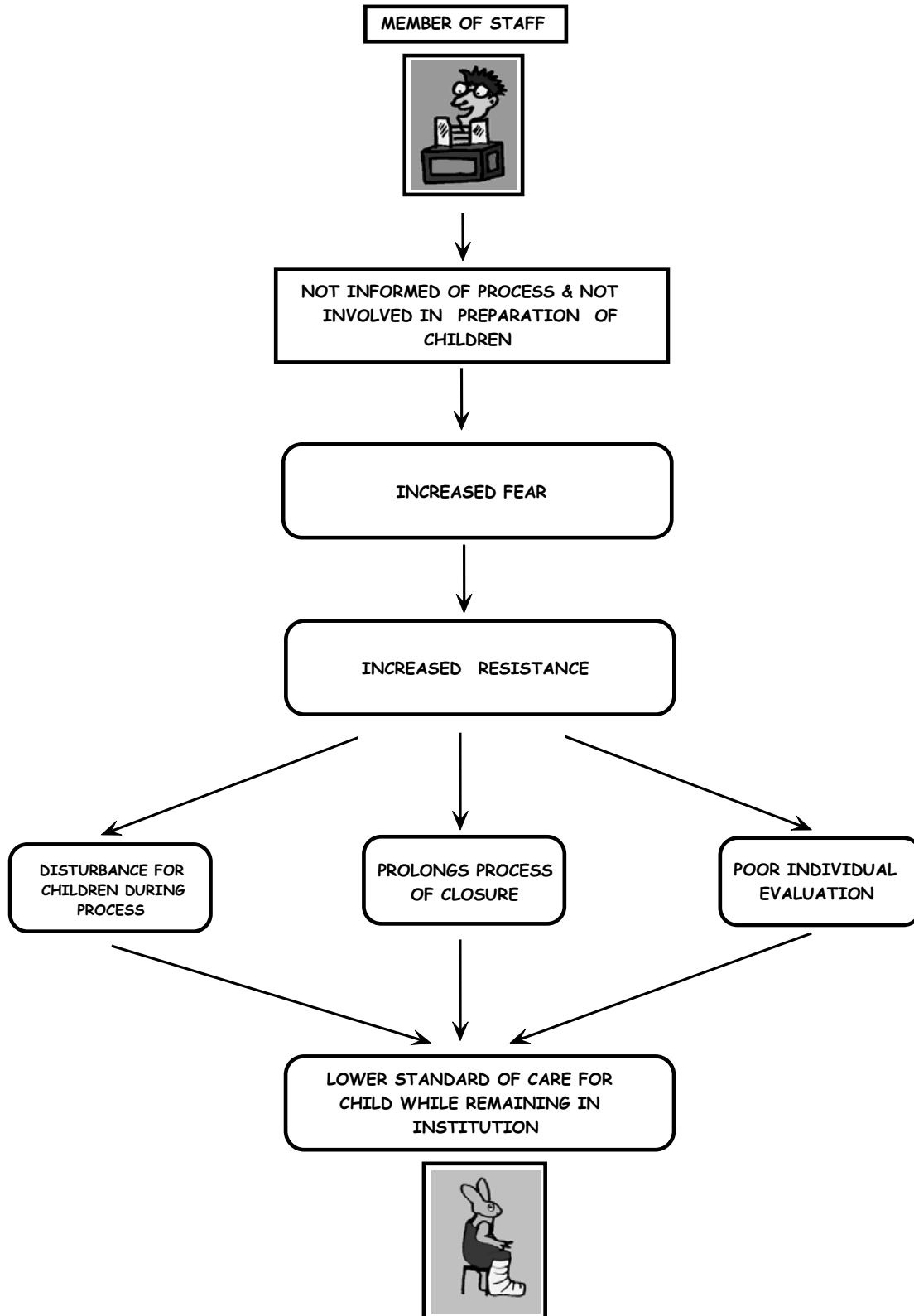
There are however methods of minimising these effects and these are presented below.

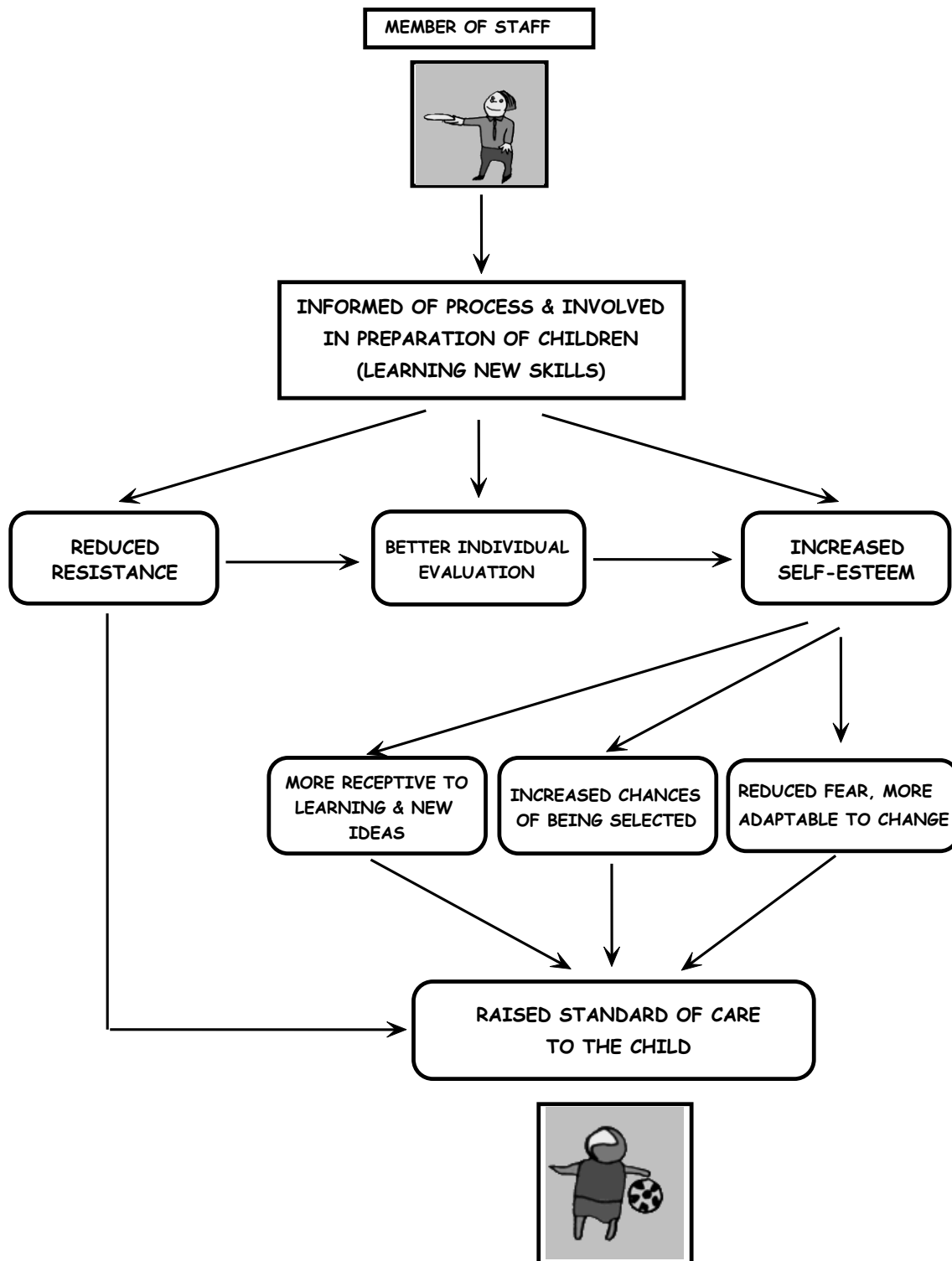*Turning factors of resistance into agents of positive change*

First, as long as the personnel have opportunities to apply for posts in the new services, they still have hope for the future. Moreover, if they are given priority over external candidates (as long as they are as good as an external candidate), this can increase their sense of loyalty to the agency. Moreover, if an element of positive competition is introduced, in the sense that the personnel are made aware that their performance and work practice leading up to and during the change period will be subject to an evaluation, which will have considerable influence on the outcome of the selection process, this could result in the standards of care being maintained, and even improved.

If we take this one stage further and use their participation in preparation and recuperation programmes as the framework for evaluation, this will:

- Encourage them to participate actively in the recuperation and preparation process

- Demonstrate that their skills and experience are valued

- Result in developing closer relationships with and better understanding of the children

- Demonstrate to them that they can learn new skills

- Increase self-esteem

- Reduce fear of the change

- Ultimately reduce resistance to de-institutionalisation.

These positive effects are illustrated in the diagram 10.2. Indeed, this positive reinforcement of personnel during this difficult and turbulent process is essential since if personnel feel totally disempowered, this will result in difficulty adapting to the new post and learning new skills, should they be redeployed, since fear and low self-esteem are barriers to learning and growth. For example, in one county, the de-institutionalisation programmes involved virtually no redeployment of institutional personnel, due to the fact that the project managers did not want the staff's institutionalised behaviour to influence the practice of the new services. Whilst this is understandable, it is preferable to attempt redeployment where a staff member has potential

*Diagram 10.2  How resistance can be overcome to change and improve practice*



MEMBER OF STAFF

INFORMED OF PROCESS & INVOLVED
IN PREPARATION OF CHILDREN
(LEARNING NEW SKILLS)

REDUCED
RESISTANCE

BETTER INDIVIDUAL
EVALUATION

INCREASED
SELF-ESTEEM

MORE RECEPTIVE TO
LEARNING & NEW
IDEAS

INCREASED CHANCES
OF BEING SELECTED

REDUCED FEAR, MORE
ADAPTABLE TO CHANGE

RAISED STANDARD OF CARE
TO THE CHILD

Although there is more work involved, the following should be taken into consideration:

- The institution staff often have families to feed. If possible, it is better to avoid creating one social need in the process of resolving another.

- The institution staff, like the children, take the effects of institutionalisation with them into other aspects of their lives and their future careers. If they are involved in watching the children recuperate, grow and blossom outside of the institutional system, they begin to understand what was wrong with the practice in the institution. In fact, they, like the children, become de-institutionalised, as one carer who transferred from a *Leagăn* to a small family home commented:

"I am so grateful to have had the opportunity to work differently with these children. I hated working in the Leagan. I hated my job and, because of this, I resented the children. Now I have the time to spend with each of them and I watch them grow and develop. I am so proud of them and I cannot imagine my life without them".

## Specific additional needs in staffing and training

**Transitional staffing needs.** During the transition from the institution to the new services, there will be a period of time when the institution is still open, while the new services are up and running. Thus, for this period there will be a need for a higher number of staff than those to be employed in the final structure of new services. This should be factored into the financial and logistical planning process.

**Project management personnel.** It is essential that a de-institutionalisation project be coordinated by a project management team. Their costs and training needs should also be factored into the planning process.

**Special cases.** It is often the case that the closure of institutions results in the unemployment of personnel. If the personnel have qualifications and experience in health, education or in working with people with special needs, it is advisable to discuss the redeployment strategy with the local department of health, the schools' inspectorate, the Department for Disabled People and other social services. It is possible that they are developing new services and have posts vacant for which these personnel could apply. Again, if a county-wide strategy is adopted, these personnel could be given priority over external candidates (when they are as good as an external candidate).

**Social work management training.** Due to social work being a relatively new discipline in Romania, there are very few social work managers who are also experienced social workers. This is an area in which experience is lacking and as such additional training in this area is highly desirable.

## Summary: Steps in personnel planning

- Identify personnel needs for the new service structure

- Make a comparative table with the current personnel structure of the institution

- Identify training resources

- Based on the available training, on the different types of posts available in the new structure and on the geographical spread of the new services, calculate what percentage of the institution personnel could be considered for redeployment

- Inform personnel of the de-institutionalisation process and, where possible, involve them in the planning

- Organise a fair and open selection process for the new posts

- Use evaluations of the staff as part of the selection process

- Involve the staff in recuperation and preparation programmes for children. Make them aware that their performance and participation in these programmes will influence significantly the result of the evaluation.

- Carry out evaluations

- Design a table of dates for advertising posts, holding interviews, induction training or other training programmes in relation to projected dates for opening each new service

- Involve the staff in regular discussions regarding the de-institutionalisation process

- Liaise with other departments e.g. health, education, in order to identify other possibilities for redeployment (such as community health nurses, specialist educators etc)

- Do not redeploy personnel with a history of abusing children or behaving aggressively with children

- Provide ongoing training, support and supervision for personnel in the new services.

If these steps are followed, there is a much greater chance that all staff will feel happy and that the new or modified services will enjoy staff support and enthusiasm. People who feel that their needs and situations have been recognised and taken into consideration, tend to be more willing to "give their very best". However, the contrary also applies!

# 11. PROPERTY ISSUES

## Why we need to make plans for the building

Prior to beginning a de-institutionalisation programme, plans should be made for the future use of the building for the following reasons.

Once an institution exists, it becomes an entity, which attempts to continue its existence at all costs. As we have seen, a great deal of resistance exists to the process of de-institutionalisation and the focal point of this resistance often becomes the building itself. To the employees and the local community, the institution, for all intents and purposes, is the building itself. It has a symbolic value. Therefore, those involved in what is, in fact, a restructuring and diversification of services, often view the process as simply being about closing the building itself. For personnel who have worked for long periods in institutions, the building is somehow representative of their life's work and, often, the closure of the building can feel like a personal affront. Consequently, the issue of closing the building can in itself trigger significant resistance.

## Reluctance to give up patrimony

Moreover, buildings have a certain economic value and therefore a patrimonial value to the specific authority responsible for them. As such, local authorities are often reluctant to give up this patrimony and not to put it to some use. This is of course logical and, where possible, buildings should not remain empty as they require economic and human resources in order to maintain the empty property. However, before deciding whether and how to re-use the building, a number of issues should be considered.

## Some factors to consider in the re-use of buildings

- Those managing the process should ask the following questions.

- What are the agency's needs in terms of buildings for services proposed for development?

- Does this building correspond to any of those needs?

- Is the geographical location suitable for the planned service?

- Is the size of the building appropriate for the planned service?

- Is the physical state of repair adequate to the needs of the planned service?

- What are the running costs of the building?

- What are the needs of the local area where the building is situated?

It is important for the agency to ensure that it does not plan to place services in inappropriate buildings and inappropriate geographical locations, simply to ensure that their patrimony is put to use. For example, the agency may need a space in which to develop a counselling and support service to children who have been abused and their families. An institution is closing and the agency decides to use the property to house this support service. However, the building is in an isolated rural area that is difficult to reach by public transport, and is therefore wholly inappropriate for such a service. It is tempting for agencies to want to re-use their buildings, but this should not compromise the effectiveness of the new services.

## Size matters

One of the difficulties in re-using buildings which have housed large institutions is their physical size. The de-institutionalisation and diversification process involves the development of much smaller services. In such a case, the development of a small service in part of the building may result in running costs higher than if the service were housed in a small building, since the rest of the building, eventhough unoccupied, must be maintained.

## Responding to local needs

The local area may have an overcrowded hospital or school and needs new premises that could be provided by the institution that is closing. The agency in whose patrimony the building is should not only consider its own needs in terms of space for services, but what the needs of the local community are, particularly in the rural areas. Working with the local community on identifying a new use for the building could also assist in reducing resistance to closure.

## Some ideas for re-using the building

### Appropriate uses

*Day centres:*
Many communities would benefit from the existence of a day care centre, which could provide support to poor families and families at risk. These centres could simply provide day care to children in order to ensure that their parents can go to work, or they could provide more complex services such as educational support day centres

- For children with special educational needs. Children who have been reintegrated from residential special schools or camin-spitals, or who have been placed in special needs classes within mainstream schools, a day centre organised in cooperation between the County Directorate for the Protection of Children's Rights and the Schools' Inspectorate could provide the additional educational or therapeutic support these children may require outside their formal schooling.

- For children at risk of dropping out from school. Since school drop-out heightens the risk of institutionalisation for children, and certainly reduces their life-chances,

day centres which focus on keeping children in formal education assist them in dealing with the issues which result in their marginalisation in school and their consequent poor academic performance, thus resulting in reduced risk of school drop-out.

*Community health and social service centres:*

Increasingly, modern social work best practice suggests that social services should be integrated with health services in order to prevent harm, abuse and neglect of children. The reintroduction of community health visitors in Romania's local communities is a vital component of preventing harm to children by providing primary health care and health education to families. When these services are coordinated with social service provision at local level, the efficacy of the intervention is obviously increased. As the health visitor programme is phased in by county departments of health, it is evident that personnel will require office facilities and, ideally, counselling and consulting space, within the rural area. Therefore, the County Directorate for the Protection of Children's Rights closing residential units and establishing prevention programmes should coordinate with departments of health in order to support the development of integrated primary health and social services at the local level.

It is significant to note that, according to the Law on Health and Social Care of 1930, such centres existed in local communities throughout Romania prior to World War II.

The existence of such day care social, health and education services should both assist children who have been reintegrated into their families from institutions and, simultaneously, prevent the institutionalisation of further children at risk. Such services can also provide support to foster families and to newly adoptive families.

*Offices for integrated community services:*

In addition to or instead of day centre services, parts of the building could be used to provide office space to integrated community services, which may include:

- Community based social workers

- Community health visitors

- Home tutors for children with special needs

- Mobile therapists or therapeutic teams

*Schools or Hospitals*

As mentioned above, if the local priorities require premises for schools or hospitals/clinics, the building could be transferred into the patrimony of the local authority, under the condition that it be used for the specific agreed purpose.

*State housing*

Some buildings may be appropriate to be converted into apartment blocks, to provide state housing for poor families.

**Inappropriate uses**

*Residential facility for large groups of children*

It would not be appropriate for the buildings to be re-used as residential facilities for large numbers of children. Whilst it may be acceptable to use part of the building to provide short-term residential care (emergency protection or respite care) to very small numbers of children (maximum 12), there should be a clear agreement made by all decision-making parties that the building will never again become a large institution for children.

*Case Example 11.1    Consequences of poor planning for the building*

> In one county, an institution for boys aged 7 – 18 (institution X) in a rural area was closed, mainly because serious cases of abuse had come to light. The building was in a poor state of repair, with an inadequate heating system. Some of the children were transferred to another large institution for boys (institution Y) in another village in the county. Unfortunately the institution Y had also an abusive regime, and the local County Directorate for the Protection of Children's Rights soon decided that this institution should also close. Meanwhile, institution X was leased to an NGO, who undertook some minor repairs and reopened the institution as a private children's home for a group of approximately 50 children. The regime in the institution continued to be abusive and restrictive. When the County Directorate for the Protection of Children's Rights closed institution Y, it did so by transferring children to other large institutions. A group of about 15 boys was transferred to the privatised institution X, including some boys who had lived there previously. They were extremely traumatised by this experience, could not understand why they had been moved out in the first place and resented the new regime even more than the old one.

The leasing of this institution to an NGO did not result in improved residential care for children. Rather it resulted in the traumatisation of the children.

*"Modular" residential facility for large groups of children*

Although dividing an institution into "family-style modules" may improve to a certain extent the quality of care provided to children, the building will still remain a large institution and this should be avoided.

*Residential facility for adults*

As far as possible, the buildings should not be re-used to provide residential care to adults, since it is also inappropriate to place adults in large institutions, particularly taking into consideration the current government strategy to de-institutionalise services for adults. Nevertheless, there may be occasions in which the facilities for adults are so overcrowded or have such poor physical conditions that as an interim measure the use of the building to house some of these clients may be appropriate.

> KEY POINT: A decision to re-use the property for the development of new services should never result in pressure on the institution to close rapidly, so that children may be traumatised by the process, as described in case example 11.2.

*Case example 11.2    Lack of appropriate inter-departmental cooperation*

> In one county, the responsibility for the running of a camin-spital, which housed mainly children, was about to be transferred from the Department for Disabled People to the County Directorate for the Protection of Children's Rights.  The Department for Disabled People was concerned about losing the building, particularly since, in the county, another two institutions for adults were extremely overcrowded. In order to maintain its patrimony, the Department for Disabled People arranged for the transfer of a large number of adults into the institution, forcing the County Directorate for the Protection of Children's Rights to find alternatives for the children quickly, resulting in unprepared movements of children. Moreover, the transfer of the adults placed the children in the institution at risk from abuse until they left the institution.

## Be prepared to demolish

In some cases, where the state of repair of the building is so poor that huge investments would be necessary to make it safe and usable, agencies should not be afraid to consider the alternative of demolition.

## Who should be involved in the process of planning for the building's future?

In order to ascertain local priorities for the use of space and to balance those with the priorities of the agency to whom the building belongs, planning for the building's future should involve representatives from the following.

- The County Directorate for the Protection of Children's Rights

- The local council (*primărie*) of the community in which the building is situated

- The county council

- The county/local social work department (as appropriate)

- The department of health

- The schools' inspectorate

- The institution itself – involving institution personnel may assist in the reduction of fear of closure and, consequently, of the resistance to closure. Whatever the decision for the future use of the building, if the institution personnel are kept informed throughout the process of planning, this in itself is likely to reduce resistance to closure

Moreover, it may, at times, be appropriate to invite representatives from the NGOs active in the local community, as they may have a different perspective on local need.

The following stages are useful to consider in terms of planning.

*Box 11.1        Stages of the process of planning the future of the building*

> The agency responsible for the de-institutionalisation process organises a meeting of all relevant parties, as outlined above, in order to inform them of the plan to close the institution and to develop diversified services for children and families.

The agency responsible for the building organises an evaluation of the suitability of the building for further use. This should consider state of repair, geographical location, running costs etc.

All parties involved should discuss and agree the principle that the building will not be used again to provide residential care to large groups of children. A written agreement in this regard should be produced.

All parties involved engage in a process of identifying and prioritising local need for premises and, as a result, the most suitable future use for the building is found.

All parties engage in a process of a cost analysis of converting the building to its new use and of seeking funds for this purpose.

All parties agree on the transfer of the building to the patrimony of the agency most appropriate to provide the lead in developing and delivering the proposed new services.

The legal contract for transfer of patrimony should include the written agreement that the premises will never again be used to provide residential care to large groups of children.

If the agreement is to lease or rent the building to a private organism or NGO, the leasing agreement should include a clause that the premises will never again be used to provide residential care to large groups of children.

The lead agency in the de-institutionalisation process ensures that decisions regarding the future use of the building are properly communicated to all those involved in the de-institutionalisation process, including the personnel of the institution

The agency responsible for the property ensures that decisions to re-use or to lease/rent the property should not result in pressure being placed on the institution to close more rapidly than is planned in the de-institutionalisation process.

For many years the Romanian childcare services have been associated with large buildings. De-institutionalisation is based upon, and offers all involved the opportunity to change this approach. The buildings remain an important element in any service – good and appropriate buildings are central to good services and users and staff feeling happy with what is being provided. They can also be a major resource to draw upon to fund new services. In the future, though, it must not be a case of services fitting in with buildings, but the other way round.

# 12. FINANCIAL ISSUES

Although the wellbeing of the children is the central objective of de-institutionalisation, the financial issues cannot be ignored. Indeed many believe that the lower costs of providing alternative care and the prevention of a need for care altogether in many instances will bring long-term benefits through supporting more and improved services.

Regarding the de-institutionalisation process itself, the financial issues need to be addressed at a number of key stages.

- Understanding the pre de-institutionalisation situation: the "starting point"

- Designing alternative services

- Funding replacement services

## "The starting point" – where we are now

Clearly the starting point for any development activity has to be a comprehensive assessment of the resources available to support the service(s) currently provided which it is intended to replace. In theory this should be easy – however, sometimes history and other factors conspire to make this more difficult. The following questions, among others, assist in clarifying the situation.

- Does the institution have an agreed overall budget which can be understood in terms of its component parts (staffing, capital, running costs etc.)?

- Does the institution share any of its costs with other services?

- Who is funding the current arrangement – is there a single funder or many? Are senior management cost included in the institution?

Indeed, getting a true picture of a large institutional budget can be quite complex and may need or benefit from the involvement of a specialist from outside of the institution able to provide both expertise and neutrality.

## Designing alternative services

Concurrently with ensuring that the costs of the current service are clear, there is the task of designing the alternative services to be used for existing and future children. This again is an exercise which has its complexities liked to:

- Some services may already exist, whilst others will need to be set up

- Some new services may reasonably have a wider remit than existing ones

- The area covered by the old and new services may be different

- If the new services involve a number of different providers, the method by which their contributions are costed will need to be determined.

## Financial projection of future running costs

However, based on the design of the new services, it will be possible to produce an accurate approximation of the future running costs of the new services. This projection should then be compared with the overall budget of the institution to ascertain whether or not the future budget exceeds the current one.

It is not always possible to fit the financing of new services into old budgets. Where prevention services are concerned, the financial projection should also take into account the number of children who would otherwise have entered the residential system and their unit costs. This should demonstrate the economic efficacy of the prevention services.

It should also be remembered that the unit cost per child of most alternative services will be less than in the current institution. However, for some children (for example those placed in specialist residential care) the unit cost per child may be slightly higher. This should not be of concern as long as the overall budget for all the new services does not exceed the outlined budget. However, for some children, including those who require specialist residential care, the unit cost per child may be slightly, or even considerably, higher. Good quality specialist residential care does cost money, but since this is required only for a minority of children in care, the running costs of the overall new system can usually be provided at a similar level to that of the institutional system, whilst providing a far superior level of care to the children.

Moreover, there are many administrative and maintenance costs for a large institution, which will be drastically reduced once children are placed in family and community-based services.

## Financial projection of the required capital investment

Again based on the design of services, an accurate projection of capital investment required can be produced. This should take into account new or restructured buildings required (for example for new, small family homes or for day centre services), refurbishment, furniture and other fixtures. Crucially it should also take into account retraining needs and a training budget should be included in the capital expenditure projection.

# The funding of replacement services

In most situations it should be viable to cover all, or at least the majority, of the costs of new services from within the budget of the old one. However, in some circumstances this may not be possible, such as

- Where the old service budget has been drained or is set unrealistically low

- Where the existing service is "ignoring" a significant demand at the present time

- Where a significant increase in demand is to be expected linked to a change in the wider environment (e.g. people moving into the area)

Where the replacement service costs cannot be met from the existing institutional budget then it will be necessary to identify additional funding. Some possible sources for this are:

- Local sources – money transfers within the County or other local budgets

- Investment by other agencies working locally: perhaps by national or international NGOs. Or from local philanthropic sources (local businesses)

- Grants from national sources (e.g. the Romanian government or the EU Commission)

## Agreements between partners

At this stage, there should be sufficient accurate information available and a cohesive action plan, which should form the basis of an agreement between the partners. The NGOs involved should endeavour to ensure that they can assist with the capital and transitional funding necessary and can provide technical assistance to ensure quality in the closure program. Local authorities should ensure that there is clear political will to close the institution and to develop the new services. They should give their clear agreement to supporting the running costs of the new services, once the institution has closed. The transitional expenditure on the part of NGO or other donor partners should be clearly time-limited and agreed in writing on both parts.

A written contract between the partners should be drawn up which, along with the action plan, will then require official approval from the local authorities prior to beginning the action.

## Transitional costs

An area of potential difficulty in many change situations is the period of potential overlap between the running down of the old service and the setting up of the new one. In a worst case scenario, this may involve running two services simultaneously. Essentially, there are two, overlapping ways of handling this situation.

1. The identification of transitional funding – i.e. extra money to cover the period of overlap, recognising the additional costs involved.

2. A careful managing of the run-down of the old service and the setting up of the new one to minimise extra costs. This can be done - for instance, running down the institution unit by unit and redeploying existing staff to the new service - but does need forceful and positive management. Also care must be taken to ensure that the interests of children are not compromised.

The perils of the transitional period are a theme considered by Tobias in his World Bank review of closing initiations across Central and Eastern Europe.[1]

> *KEY POINT:* **Increased Demand and Additional Resources.** *One key element that should be evaluated is the cost-effectiveness of community-based social services relative to residential care. Community services are likely to be less expensive on a per client basis than residential care. A simple cost-benefit analysis to compare the recurrent cost of residential care with the recurrent cost of community social services can demonstrate the relative cost of the two approaches.*

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1 Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the Former Soviet Union (2000). David Tobias, The World Bank

*Several factors, however, limit the actual savings that government will accrue by using community social services. First, creating alternative social services requires an initial investment in capital, staffing, training, and other resources. Second, government savings from the use of community-based social services are likely to accrue only after the number of individuals in a residential institution decreases. Savings may not be substantial until a residential facility is closed or an alternative use is found. Finally, and most important, new services generally increase the number of individuals who receive assistance. Residential institutions serve only a small portion of vulnerable individuals. Community social service would assist not only current recipients (the institutionalised) but also many others who previously received no assistance. Thus the target population for community-based services would be significantly larger than those individuals who receive residential care. The increase in the number of recipients provides much needed assistance to previously unserved people but will require additional resources beyond the money saved by closing residential institutions. Ultimately the focus of the assistance should be to prevent the underlying causes of institutionalisation— unemployment, poverty, and social exclusion of ethnic minorities, people with disabilities, the elderly, and other vulnerable groups.*

## Ring-fencing funding

It is essential that the de-institutionalisation process is not seen as a cost-cutting exercise. Although it is cheaper for children to be cared for in their birth families or in substitute families, finance should not be the reason for reintegration or for developing foster care services. Whilst a significant proportion of children in institution can be cared for in families, some do require residential care and the de-institutionalisation process must seek to improve quality of care to *all* children in the target group. Rather than viewing the closure of an institution as a means to save money, the process should be viewed as a means of freeing up money to be used better. Therefore, it is highly recommended that any agreement to close an institution includes an agreement on the part of the funders (usually the County Council or local councils) to ring-fence the funds currently available for institutional care and ensure that all these funds continue to be used in the new care system.

## Development of an action plan and timetable

Based on the design and financial projections, an action plan with a clearly detailed timetable should be produced. This action plan will form the basis of the closure programme. Based on lessons learned from the research, the plan should begin with the establishment of prevention services (where necessary) and should focus on the services required for the "difficult to place" children. The plan should incorporate the phased movement of children (and of personnel where appropriate) to their new services and training programmes prior to and following movement. This plan should also include details of the ways in which children will be prepared for their move and how they will be supported to accommodate to their new situation. It should also detail which actors are to be responsible for which action points. The timetable should represent a series of realistic deadlines for action points.

# 13. EVALUATION ARRANGEMENTS

A final facet of the de-institutionalisation concerns checking periodically what is happening, and whether programme objectives have been achieved and are being sustained. This also includes the period after the programme has ended.

There are a number of possible elements to this, including the following.

- Checking that the outcome for the children has been satisfactory

- Clarifying whether the newly established services are running smoothly

- Learning the lessons of the current programme in order to improve future de-institutionalisation work or other larger projects

## Outcomes for children

In many ways this aspect of evaluation should, by now, be part of the normal case management system, using the tools and techniques outlined in chapter7 on an ongoing basis. The children's needs change over time, and case management is all about understanding and responding to each child and their individual needs. Within the context of possible moves and service changes, it is particularly important to monitor and respond to the key indicators contained in box 11.1

*Box 13.1        Key evaluation indicators*

| |
|---|
| • Levels of disturbance. Severe and persistent problems may be an indicator that a child is struggling with the new situation;<br><br>• Recuperation in children's development;<br><br>• The opinion of the involved professionals, particularly concerning children's progress and happiness. |

It is expected that most children who have left institutional care will, to varying degrees and at different speeds, respond positively to their new services and settings – often quite quickly. Hence it is very important that they are thoroughly followed up at regular intervals to ensure that their care arrangements are keeping up with their development. If a practitioner is working with a child who is now in foster care, this may involve reconsidering whether they could now be placed with their birth family. Alternatively, for a child moving into teenage years it will be important to evaluate whether their current situation meets all their emerging needs for independence and the opportunity to express themselves.

However, it is also important to look at what has happened to all children going through the de-institutionalisation programme. Hence systems and staff in place are needed to be able to collect together the results of individual care programme outcomes in order to spot trends

and challenges. Again, this involves largely the same types of skills and techniques used to plan for de-institutionalisation in the first place – for example "stock and flow", as described in chapter 5. The key goal here is to see if anything is happening which requires further work or attention. For example, if there are higher than expected levels of foster placement breakdown it is essential to know this, so that corrective action can be taken - for instance by providing additional support to foster parents.

If unforeseen, unexpected or unwanted developments are happening then corrective action is needed. This may involve changes in operating practice, but often will require further training and support for staff.

## The performance of new services

Key to de-institutionalisation is replacing old establishments with a range of new services, some residential for children needing ongoing care, some community-based and designed to support families in order to prevent a need for care. Clearly it is important to know whether these new services are working well and delivering what is required of them, and this involves having in place ongoing monitoring arrangements. As with individual children's care, there comes a point when the monitoring should actually become part of the organisation's mainstream management control systems – for example, producing a monthly pack for managers providing information on service use and performance. But initially, it is important that post de-institutionalisation arrangements be monitored in detail by the planning group responsible for the overall programme.

Particularly important here, as already emphasised, is the information about the children still entering the care system. A primary goal of de-institutionalisation is to keep out of care as many children as possible by the provision of community and family-based alternatives and positive gate keeping linked to children's real needs. Therefore, it is vital to know whether the new services are achieving this goal. If they are not then immediate corrective action must be taken, to prevent throwing the de-institutionalisation programme off course. This possibility highlights that it is also very important to continue to work with the staff on the positive outcomes of de-institutionalisation long after old buildings have been closed. Indeed, the staff should be helped to continue to think about the negative effects of de-institutionalisation as a prompt to critical examination of current services and performance.

> *KEY POINT: Regular evaluation reports should be compiled as a basis for refining service needs and meeting training requirements. These reports should be considered formally by the planning group and by the organizations and agencies involved.*

## Learning lessons

For many authorities and areas, de-institutionalisation will be one of the biggest social care initiatives of recent years. It offers the opportunity for new thinking, the use of novel methods of working, the development of improved inter-agency relationships, experimentation in management arrangements and the development of capable staff. As such it is important to

monitor what works and what doesn't and to critically review how to best implement change schemes in the social field. This requires all those involved to undertake the following.

- Recording and collection of information about developments

- Being prepared to share their reflections and understandings: and being facilitated by their organisations to do so

- Periodic meetings to analyse individual and corporate practice

- Sharing of ideas and conclusions with wider audiences.

Times of change are both worrying and exciting for those concerned. Ensuring that there is a mechanism for sharing and debate in place goes a long way to meeting staff needs, which in turn facilitates positive performance.

Likewise the closure of large institutions may have a major impact on local communities. It is therefore important to ensue that, as part of the dialogue with these communities, there is opportunity to feed back information and understanding about what has been achieved.

## The mechanics of evaluation

*Reporting on progress*

It is recommended that during the life of the de-institutionalisation programme monthly evaluation reports be prepared, based on key indicators. Key subjects for inclusion include the following.

*Details of children affected*

> - current status (assessment, planning, moves, services being used, outcomes etc)

> - any issues

*Details of staff affected*

> - current status (assessment, training, moves etc)

> - any issues

*Development of new services*

> - current status (availability, usage etc)

*Financial position*

> - balance sheet showing old and new costs, shortfalls and funding projections

It is also helpful for all concerned if, at certain points in the de-institutionalisation process more extensive reports are prepared, providing as well as aggregations of the monthly reports, softer information about implementation – for instance details of consultation exercises, surveys etc (see below for more details). A good interval for these reports is every six months.

Finally, it is important to complete a report to mark the conclusion of the de-institutionalisation programme. As well as the subjects already dealt with, this report should examine wider issues, including:

- Analysis of programme impact on children, families, staff, local agencies communities etc.

- Linkages between the programme and mainstream services

- Suggestions for future developments

- Lessons for others undertaking similar work

*Keeping in touch with the impact of de-institutionalisation*

While much of the information needed to assess the impact and outcomes of de-institutionalisation can be the harder, statistical material already noted, there is also a great deal to be gained from collecting softer information from those affected and involved. De-institutionalisation is an emotional subject for all concerned and it is vital to tap into the feelings of children, staff and others. Some methods for doing this are shown in box 11.2. Each method has its pros and cons depending on the particular audience and situation. All however offer a way of collecting feedback and opinion, whether from users, staff or the public. More details about these methods are available on the Internet at

http://www.regionalization.org/PPTableeng.pdf

*Box 13.2        Methods of Consultation*

| Citizens Juries | Group of 12- 20 randomly selected citizens, gathered in such a way as to represent a microcosm of their community, who meet over several days to deliberate on a policy question They are informed about the issue, hear evidence from witnesses and cross- examine them. They then discuss the matter amongst themselves and reach a decision |
|---|---|
| Citizens Panels | Randomly selected group of 12 citizens meet routinely (e.g. four times a year) to consider and discuss issues and make decisions. Used to guide resource allocation decisions. Panels act as "sounding boards" for governing authority |
| Citizens Panels | Consist of statistically representative samples of residents in a given area. Most comprise several thousand citizens who represent the general population of an area. Panel views are regularly sought using a survey instrument (e. g. postal, telephone surveys) |
| Focus Groups | One time discussion of a particular topic. Involves 6 - 12 individuals selected to meet specific criteria in order to broadly represent a particular segment of society. One-time, face-to-face meeting structured to be informal to encourage open discussion among participants |
| Surveys | Solicit information from representative sample of citizens. Same questions are asked of every individual surveyed. There are a variety of survey types: postal, interview, telephone |
| Public Hearings | Form of public meeting limited in size. Tends to involve only interested citizens, mostly experts. Presentations are made |

| | |
|---|---|
| **Open Houses** | The public is invited to drop by at any time at a set location on a set day and times when they can speak with staff, view the displays set up in the room and form small discussion groups |
| **Citizen Advisory Committee** | Can be made up of a variety of different organizations (e. g. from governmental to public). Intended to represent the broader public |
| **Community Planning** | Participation on a broader level to set policy agenda and to discuss citizens' vision for community and services provided in it. More about the outcome of participation (i.e. consensus about the vision or plan) than the process of engagement (who participated and how). Draws upon a range of participation techniques (e.g. previosly studied consultation documents, written responses, structured public meetings) |
| **Notification, Distribution & Solicitation of Comments** | Simplest form of consultation. Can involve the sending out of reports. May also involve other methods |

The evaluation is a key activity for all projects, and especially major ones. Although often ignored or downgraded, it is a vital component on the road to success. Evaluation needs to be built into your project right from the start, and has to be taken seriously as the project develops. The clearer your objectives the easier it will be to develop evaluation methods and materials to help you judge progress.

# 14.   CONCLUSIONS

An institutional system, by its very nature, reduces individuals to the status of numbers. The children in large institutions often repeatedly ask visitors if they remember their name. This is important to them since, quite often, that staff members do not know all the individual names of each child, let alone how old they are, when their birthdays are, what talents they have. This is understandable in institutions that house hundreds of children, but it is not acceptable, as it denies children their basic rights to identity and individual care.

Thus the process of de-institutionalisation is not simply about closing buildings or even developing new services. Most importantly, it is a medium through which children in care begin to be seen as individuals and have the opportunity to reclaim their identities and to express their individuality.

Thus, those responsible for the process of de-institutionalisation must first see the target group as a collection of very different and complex individuals, rather than as a number. Success in de-institutionalisation cannot be measured simply in terms of a reduction of the number of children in institutions. This is but one indicator. More important indicators are those which measure the quality of life of the children who have been moved from institutions and the effects of the de-institutionalisation process upon them.

The methodologies outlined in this manual are based on practical experience as well as theoretical knowledge and evidence-based research. If applied, these methodologies should ensure that the process of de-institutionalisation is a positive one for every child involved and results in real transformation as opposed to a cosmetic exercise.

The primary motivation for de-institutionalisation must be a genuine commitment to ensuring that all children's rights are respected, as provided for by the UNCRC. With this as a starting point and a constant reminder, it is easy to ensure that the process is a positive and successful one.

In this context, it is important to remember the following points.

**Motivation for de-institutionalisation.** Closing an institution should never be a cost-cutting exercise. It should always be about improving the quality of care for all the children concerned. There is currently significant external pressure to de-institutionalise, but if those managing the process are not genuinely committed to it, it is likely to fail.

**Changing hearts and minds.** The institutional system, and the legislation that underpinned it, have deformed professional thinking about childcare and the best interests of children. They have also influenced the mentality of an entire nation. It is the responsibility of those managing the process to help change that mentality and to remind the community about the ways of caring for vulnerable children that existed prior to the second world war.

**Designing alternative services.** This must be based upon strategic planning and evaluation of need at the local level. Services must be sustainable and should not duplicate or overlap already existing services. Those managing the process must be confident that the authorities have the financial capacity and human resources necessary to sustain the new services once the de-institutionalisation project has finished. The service should be designed on the principle "needs lead, not funding".

**Diversification of services.** Institutions offered a 'one-size fits all' solution. Children do not fit into prescribed categories, since they are complex, unique individuals. Therefore, the de-institutionalisation involves a dramatic diversification of the services designed to meet the different needs of individual children. Children may need a 'package of care' drawing upon elements of a number of different services.

**Moves are traumatic for children.** This trauma can be reduced by ensuring that the move is a positive one and by ensuring that children are fully and properly prepared. This is one of the most important facets of the programme. Under no circumstances should children be moved from one large institution to another, despite external pressures. Children should not be moved until they are ready, irrespective of whether this fits in with the timetables of others or not.

**Timetables must be realistic.** They must also be flexible, since all sorts of complications can occur and children should not be moved until all those concerned are certain that the time is right.

**Families have rights.** Children are not isolated individuals. They are a part of a family and community system and even children who have not seen their families for many years may benefit from contact being re-established. Moreover, under both the UNCRC and the ECHR, the families have rights to contact their children and to state support in order to enable them to care adequately for their children. Therefore, the practitioners must see the families as partners in the process of de-institutionalisation.

**Personnel may be redeployed.** The personnel in institutions are often more institutionalised than the children. Most deserve the opportunity to care differently for children and to change their work practices. This is part of healing the community in general.

**Children need choice.** Institutions rarely allow children to choose anything, from what clothes they wish to wear, to what they would like to eat, to what they would like to do in their spare time. Children need the opportunity to choose, to assert themselves and to develop their creativity. The preparation programmes as well as children's new placements should be designed to encourage children, as one practitioner put it 'to learn to be free'.

Each institution that is closed in a careful and planned way, transforms not only the lives of the children currently residing there, but also of those who would have entered the institutional system because of a lack of alternatives. Therefore, the de-institutionalisation is an investment in an entire future generation. Romania has made great strides over the last few years in terms of reforming its childcare system. It is hoped that this manual is of some assistance in ensuring that the quality of this reform process increases and that each individual child involved benefits as a result.

> **This manual concerned with de-institutionalisation cannot be all things for all people, but it is hoped that it will serve to act as a helpful tool for those considering or undertaking a de-institutionalisation project.**
>
> **Every project is different in terms of – where it starts, what it involves, the resources available, the local political situation and the like. However, all share many common features and in particular a need to consider the kinds of basic factors set out here. Hence we hope that the ideas, examples and guidance provided in the manual will be of use. Of course, all will need to be adjusted or re-interpreted to suit local circumstances and we hope that the people will able to easily do this.**

# 15. APPENDIX

## APPENDIX 1    References and useful sources of further information

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## APPENDIX 2     A model for the closure of institutions in Romania

The research has shown that a systematic approach to planning is necessary to ensure that the closure of an institution is carried out in the best possible way. Based on the best practice outlined in the research document and learning from the difficulties experienced by some participants to the research process, the following represents a series of stages which might be followed in order to ensure good and efficient practice in the closure of an institution. This framework or model for closure is detailed and specific, whilst simultaneously attempting to be broad enough to be applied to any closure programme. It should therefore be used flexibly in order to suit the individual situation. It is recommended, however, that the principles outlined at stage 3 below should not be treated flexibly, since they are fundamental to good childcare practice. The stages are as follows:

### Stage 1: Identification of target

The first stage is inevitably the identification of the target group of children or the target institution. It is recommended that a decision be taken to close one institution and to close it entirely. Without such a clear target, it is often difficult to maintain focus and to resist pressure against closure. Moreover, focussing on one institution ensures that the project is discrete and containable.

The choice of institution or target group is often an expedient one. It may be that numbers in a given institution have dropped significantly and that the institution is no longer financially viable. Alternatively, the building may be in poor condition and this may affect the decision to close. However, when the closure of an institution forms part of a conscious process of reform, it makes sense to begin where the system begins. That is, to start with institutions for 0 - 3 year olds, and to ensure that children no longer enter the system of large institutions as babies.

## Stage 2: Planning and Action Groups

Once the target group or institution has been identified, a planning and action group should be established. This group, whose role it is to oversee the entire closure process, should meet regularly and is the appropriate space for decision making and evaluation regarding the project.

Ideally this group should include:

- A senior representative from the County Directorate for the Protection of Children's Rights (Director or Deputy)

- The director of the institution which is to close

- Representatives from relevant NGO partners involved in the closure process

- Representatives of the local authorities involved. For example, the institution might be situated in a certain village, but many of the children may originally be from a different town. It would therefore be sensible to include representatives of both these local councils in order to ensure as smooth a process as possible

- A person with specialist expertise in social work or in working with the particular target group

- An economist or financial director from the County Directorate for the Protection of Children's Rights/local authority

- In some cases, it may also be appropriate for the group to include a representative of another agency. For example, if the institution to close is a camin-spital, the ISTH should be included, if it is a special school, a representative from the Schools' Inspectorate should be invited to attend.

- At times, it may also be appropriate to include a representative from the personnel department responsible for the institution.

The involvement of all relevant actors from the earliest planning stages not only ensures effective co-ordination of action. It also ensures that the process benefits from a breadth of knowledge and differing vantage points on the issue. Moreover, this can serve to minimise resistance to closure, by allaying fears, as much as possible, through the proper and regular communication of information.

## Stage 3: Principles

Before undertaking any closure programme and even prior to detailed planning, it is essential that a set of principles be agreed by the planning and action group. These principles should act as a guiding framework for all activities undertaken during the closure process.

This set of principles should include the following:

**Principle 1: UN Convention on the Rights of the Child: a framework**

The UN Convention on the Rights of the Child should form the framework for the closure programme. As such, all the children within the institution will benefit equally from the alternative services, each according to their needs. No child will be discriminated against, regardless of race, sex, ethnicity, physical or other ability, nationality or background.

**Principle 2: Children should live with their families**

Children should, where possible, be raised in their birth or extended family. Therefore all efforts will be made to provide services which ensure that children can return home, where this is in their best interests.

**Principle 3: Children should be protected from harm or abuse**

Children will not be placed in a situation of risk or abuse. Therefore, if part of the reason for a child's placement was abuse or neglect in the family, the child will not return home unless thorough investigation proves that the situation has changed and that the child will no longer be at risk.

**Principle 4: Children should maintain contact with their families**

Children who cannot return home to their birth or extended family should be able to maintain some form of contact with them. Therefore, alternative placements should be sought which ensure a child is not moved too far geographically and that visits should be facilitated when this is in the best interests of the child. If it is decided that a child should be able to have contact with his or her family, but it is felt that such contact could result in harm to the child, supervised access visits will be arranged between the child and family in a safe place and these visits will be monitored by experienced social work personnel.

**Principle 5: Children's opinions should be listened to**

Children who are old enough will be allowed to express their opinion regarding where they wish to live and this opinion with be taken into account when making decisions regarding the child's future placement. It must be remembered however, that some children will wish to return home to a situation which is deemed by social work professionals to be dangerous and, therefore, the child's wishes may be overriden in a situation of risk.

**Principle 6: Children will be treated as individuals**

The alternative services should be tailored to meet the individual needs of the children. Decisions will be made in the best interest of each child and, as far as possible, services will be designed accordingly. Some children are traumatised by their previous experiences of separation from their families and of institutionalisation. Where there is an evident need for therapy for the child and for support for families, the closure programme should be designed to incorporate this.

**Principle 7: Substitute families should be found**

Where a child cannot live with his or her birth or extended family, the local authorities will attempt to find a suitable substitute family, be that a foster family or a Romanian adoptive family.

**Principle 8: Specialist residential care will be required for some children**

It is accepted that some children are at times unable to cope with living in families and that some children need such specialist care that an appropriate family cannot always be found. For these children, specialist residential services in very small residential units will be developed in order to ensure that "difficult to place" children are provided for.

**Principle 9: This move should be the last one for children and it should be positive**

Moves are traumatic for children and often, children in institutions have already been moved several times. Therefore, for all the children in the institution, this move will, as far as possible, be the last and it will be positive. That is, all children will be moved in a planned and prepared manner to long-term family-based or family-style alternative services. No children will be transferred to other large institutions as part of the closure programme.

**Principle 10: Sibling groups will be kept together or will be reunited**

Children will be reunited with their siblings as much as possible. This means that the initial evaluation process of children will also undertake individual evaluations of their siblings in other institutions and at home. Planning for alternative services for the children from the institution to close requires simultaneous planning for their siblings. Whilst it is not always possible to reunite all siblings, the planning and action group will endeavour to do so and, where it is not possible, to ensure that contact can be maintained between siblings. No sibling groups will be separated as a result of the closure programme.

**Principle 11: Additional support for children with special needs**

Some children with special needs will require much longer term planning. For children whose disabilities are such that they will never be able to be completely independent, the planning process should include long-term solutions, including their adulthood.

## Stage 4: Planning

The planning process can be divided into two major stages: analysis and logistics. The division is somewhat artificial, but may be useful in terms of ensuring clarity.

**4.1 Analysis and consultation.**

In this stage, the planning and action group works with all relevant actors and partners to collate detailed and accurate information regarding the children, their families, the personnel and the buildings of the institution. This information then forms the basis of the closure programme.

**4.1.1 Begin where the children are.**

In the first instance, a complete re-evaluation of all the children should be carried out, involving specialist expertise. This evaluation should not be based solely on the files of the children, but rather should it include:

- ***Individual one-to-one sessions with the children*** to assess their overall abilities. The content of the session will differ dependent upon age/stage of development of the child.

This session should furnish details of the child's development, individual needs and wishes. This is also a space in which a child's opinion on their future can be sought

- **Discussions with parents and/or carers** regarding the child's development and their social situation

- **Visits to the birth and/or extended family** at home, to ascertain the home situation and the potential for reintegration or family placement

- **An evaluation of the file**, in order to trace the child's history, reasons for institutionalisation, any history of medical problems or abuse etc. This should also evaluate the child's legal status, whether the child is visited by family, whether visits are hindered by geographical location.

It should be remembered that evaluations will also be required for the children's siblings in other institutions.

The purpose of this evaluation is two-fold. Firstly it presents an **overall picture of each child**, their development and their needs which will then form the basis of service design. Secondly, it provides a **basis for evaluation** and monitoring of efficacy of the alternative services, once a child moves.

Indicators of development etc should include:

- **Health indicators**. Weight, height, number of admissions to hospital and medical treatments in a year.

- **Psycho-motor development**. An evaluation such as the Portage scale may be used

- **School or kindergarden results**. These will almost definitely improve after a child has moved to a stable family environment, since cognitive development and understanding is highly dependent upon levels of self-esteem.

- Dependent on the age of the child, a **sense of self-identity** is indicated by pride in appearance, how they view themselves through drawing and art-work, awareness and understanding their entire history

- **Attachment to care givers**. Fahlberg's attachment checklists may be a helpful tool in this regard and may also assist in assessing any potential attachment disorder.

- Any physical **disability**, learning difficulty or other disability, including potential for recuperation.

It should be noted that for the children with special needs the evaluation team must ensure that the tests are appropriate. With some children it is not appropriate to expect the same milestones to be met according to age.

### 4.1.2 Stock and flow analysis

In addition to individual pictures of each child, an overall picture of the flow of children through the institution is required. This is because alternative services are required not only for the children currently present in the institution, but also for those who would otherwise enter the institution in the future. Based on Cliffe and Berridge's work, an analysis of the stock of children in the institution and the flow of children through the institution can be

produced. This should be based on a year's data, broken down into months, which can easily be obtained from the institution in question. This data should include:

- Numbers of admissions and discharges per month

- Age of children on admission and on discharge each month

- Where the children came from, broken down into categories: birth family, extended family, other institution, alternative service, street.

- Where the children went to on discharge, broken down into categories: birth family, extended family, adoption (national or international), foster care, other institution, other alternative service

- Geographical spread of the children admitted to the institution. It is often the case that there are more children from certain geographical areas in institutions than from others. This information assists in the planning of appropriate geographical location for alternative services

Based on this information a series of graphs can be produced which demonstrate frequency and type of admission and discharge, length of stay in the institution, as well as types of services that children move on to. This can then be used to plan alternative services.

### 4.1.3 Financial analysis

An overall analysis of the running costs of the institution is required. This should provide both a *unit cost per child* and a *total cost* to run the institution for one year. With this as a basis, the alternative services may be estimated to ensure that the overall running costs of the new services will not exceed this total budget. This way local authorities can ensure that alternative services are sustainable at the local level. At the logistical stage it will become clear how this financial analysis can be used to form the basis of the projection of capital investment and transitional financial support required to ensure the project's success.

### 4.1.4 Evaluation of personnel

Whilst the children are the primary concern of the closure programme, local authorities simultaneously have obligations to their personnel. Therefore, when designing alternative services, it is appropriate to give personnel an opportunity to apply to work in the new services. It should be remembered that it will not always be appropriate to redeploy all personnel, however, it is appropriate to undertake a professional evaluation of all personnel. This evaluation should consider not only each staff member's current competence, but also their potential for retraining and for modifying work practice. This should also assist in the process of identifying retraining needs for personnel once decisions are taken regarding redeployment to alternative services.

During this evaluation procedure it is also essential that evaluators keep in mind the possibility of some members of personnel being abusive towards children. Therefore, an evaluation of the personnel should focus not only on knowledge but also on ascertaining values and mind-sets. Moreover, it may also take into account the testimony of the children during the one-to-one sessions and of other outside agents who may have had an opportunity to observe the personnel in practice.

This evaluation should also present an overall picture of how many administrative and how many care personnel are currently employed in the institution. Alternative services are likely to employ many fewer administrative personnel and, therefore, many of these posts may be converted into carer or social worker posts in the new services.

### 4.1.5 The buildings

The building or buildings which house the institution form part of the patrimony of the County Directorate for the Protection of Children's Rights and as such it is of great concern that this patrimony be used wisely in the future. Therefore planning for closure should also include some plans for the buildings. When deciding how to use the buildings in the future a number of issues should first of all be considered.

- The geographical location of the buildings. If an institution is situated in a small village, it may not be appropriate for significant alternative services to be located in that area, since it is unlikely that many of the children in the institution are from that village. It is more appropriate that alternative services be geographically located so that children and families can easily access them.

- The physical state of the buildings. A survey of the buildings should be carried out in order to ascertain the physical state. If the building is in very poor condition it may not be appropriate to house alternative services since this may require significant capital investment which might be better spent elsewhere.

- The alternative services required. It is possible that the necessary alternative services do not require large buildings. As such, it is more important to focus on providing the alternative services than on ensuring the building is used by the County Directorate for the Protection of Children's Rights. It is essential that the County Directorate for the Protection of Children's Rights ensure that the buildings are no longer used as residential facilities for large numbers of children. This includes modular divisions of the buildings. It may be appropriate under certain circumstances, to give or rent the building to another authority, such as town council, department of education or department of health.

Therefore the following steps should be taken:

- A structural survey of the buildings to ascertain their physical state and potential for future use

- A decision not to use the buildings as residential facilities for large groups of children

- Based on the plans for alternative services, a decision regarding the future destination of the building.

### 4.2 Logistics

### 4.2.1 Designing alternative services

Based on the evaluation of the situation and the needs of each child and the stock and flow analysis, as outlined above, and taking into account the best practice as outlined in the UN Convention on the Rights of the Child, a series of alternative services should be designed to meet the children's needs. These services may include: reintegration and family placement programmes, foster care, national adoption, specialist residential services, community based

services such as day centres and counselling centres. The evaluation of all the children will show the levels of each service required and placed in which geographical area.

This design process should project, approximately, how many children will move to each new service. It will also, based on the stock and flow analysis demonstrate which prevention services need to be in place in order to stop entries into the system which would normally have been catered for by this institution. Based on this information, it will be possible to make decisions regarding redeployment of personnel and conversion of posts. That is, although some personnel will not be redeployed, their posts may be converted. For example, an electrician's post might be converted into a foster carer post.

When planning these alternative services and particularly when looking at the conversion of posts, it is essential to take into account the need for extra social work posts to support community based programmes.

### 4.2.2 Financial projection of future running costs

Based on the design of the new services, it will be possible to produce an accurate approximation of the future running costs of the new services. This projection should then be compared with the overall budget of the institution to ensure that it does not exceed this budget. It is crucial to note here however, that the establishment of some prevention services will result not only in reductions of entries into this institution, but also into others. It is not always possible therefore to fit the financing of new services into old budgets. Rather, where prevention services are concerned, the financial projection should also take into account the number of children who would otherwise have entered the residential system and their unit costs. This should demonstrate the economic efficiency of prevention services.

It should also be remembered that the unit cost per child of most alternative services will be less, than in the current institution. However for some children (for example those placed in specialist residential care) the unit cost per child may be slightly higher. This should not be of concern as long as the overall budget for all the new services does not exceed the outlined budget.

Moreover, there are many administrative and maintenance costs for a large institution, which will be drastically reduced once children are placed in family and community-based services.

### 4.2.3 Financial projection of the required capital investments

Again based on the design of services, an accurate projection of capital investment required can be produced. This should take into account new or restructured buildings required (for example for new, small family homes or for day centre services), refurbishment, furniture and other fixtures. Crucially it should also take into account retraining needs and a training budget should be included in the capital expenditure projection. It must be remembered that personnel will be expected to work in a very different manner with the children and that an investment in training the personnel is an investment in the quality of the future care the children will receive.

### 4.2.4 Develop action plan and timetables

Based on the design and financial projections, an action plan with a clearly detailed timetable should be produced. This action plan will form the basis of the closure programme. Based on the lessons learned from the research, the plan should begin with the establishment of prevention services (where necessary) and should focus on the services required for the "difficult to place" children.

The plan should incorporate the phased movement of children (and of personnel where appropriate) to their new services and training programmes prior to and following movement.

This plan should also include details of the ways in which the children will be prepared for their move and how they will be supported to accommodate to their new situation. The plan should also detail which actors are to be responsible for which actions.

The timetable should represent a series of realistic deadlines for certain actions.

### 4.2.5 Financial projection of the extra costs involved by the transition period

By taking together the budget for the previous year for the institution, the projection of future running costs of the alternative services and the timetable of the action plan, it should be possible to make an accurate projection of the additional financial needs. That is, during the phased closure programme, it is inevitable that for a period of time there will be two systems running in parallel, until such time as the institution has completely closed. An accurate projection of these additional financial needs will assist partners in establishing the overall budget and in ensuring that all eventualities are covered.

### 4.2.6 Agreements between partners

By this stage, there should be sufficient accurate information available and a cohesive action plan which should form the basis of an agreement between the partners. The NGOs involved should endeavour to ensure that they can assist with the capital and transitional funding necessary and can provide technical assistance to ensure quality in the closure programme. The local authorities should ensure that there is clear political will to close the institution and to develop the new services. They should give their clear agreement to supporting the running costs of the new services, once the institution has closed. The transitional expenditure on the part of NGO or other donor partners should be clearly time-limited and agreed in writing on both parts.

A written contract between the partners should be drawn up which, along with the action plan, will then require official approval from the local authorities prior to action beginning.


## Stage 5: Closure

The closure programme should follow four main stages:


### 5.1 Stop entries into the institution

The County Directorate for the Protection of Children's Rights should take the active decision to stop admissions into the institution. In order to do so, however, actors must be sure that other services exist to make this possible - be they prevention services, alternative residential services or a combination of both.


### 5.2 Implement action plan

The action plan should be adhered to as far as is possible. The planning and action group should steer and monitor the implementation and timetable and should meet regularly to this end. It is at this stage that all people concerned, children, families and personnel should be informed of plans in a sensitive manner. For children, this must take into account their age, stage of development and level of understanding.

**5.3 Phased movement of children**

Based on the action plan, the children should be moved in a phased manner to ensure that enough time is given to the individual preparation of children, families and carers and that enough attention can be given to post-placement care and monitoring. This stage of preparation for movement and of the movement itself is of crucial importance. It is of paramount concern that the quality of individual care for children be maintained and this should not be sacrificed to financial concerns or time pressures. Whilst deadlines should be met as much as possible, this must be balanced with the individual needs of children and unforeseen issues which may arise during the implementation period. The preparation of the children and the post-placement support may be based around life-story work, since this is proven to help children make sense of moves and come to terms with changes in their lives. It also assists them in developing a sense of self-identity and, if carried out together with the main care-giver, can assist in the process of forming attachments.

**5.4 Phased movement of personnel**

Since the children will be moved in a phased manner it makes sense that personnel will also move gradually. Following a selection process, personnel who are to move to the alternative services will also need preparation in the form of initial induction training. Again, training must be ongoing once the personnel move.

## Stage 6: Evaluation and future planning

During the closure programme, a continual evaluation of progress, based on the action plan, should take place and this should be the responsability of the planning and action group. However, once the alternative services are up and running, the following would be recommended.

**6.1 Initial overall evaluation**

This will evaluate each stage of the planning and action process in order to ascertain actors opinions on efficiency and quality of process. Moreover, the quality of the process for the children will be measured through monitoring their progress and development and through asking their opinion (where age and ability allow).

Indicators for the analysis of quality for children will include:

**Level of disturbance in behaviour** as a result of the move. It is to be expected that some children will experience some difficulty even if a move is positive and is prepared. Severe and persistent behaviour problems may, however, be an indicator that a child is struggling with their new situation.

**Recuperation in children's development**. When a move is positive, it has been seen that recuperation can begin rapidly and show marked results early on.

**Personnel** who have moved will also be asked their opinions, either through questionnaires, focus groups or a combination of both. The **improvement in the quality of the working practice** will be used as an indicator to measure the quality of both the process and the training programme. This will also form a basis for the identification of **on-going training needs**.

**A financial evaluation** will be necessary to ensure that targets were met as much as possible. Evidence of any grave miscalculations should assist in identifying flaws in the financial planning which can assist in refining the process next time. Moreover, this financial evaluation should provide evidence of the sustainability of the new services.

## 6.2 Evaluation at six months

It should be noted that evaluation of the development of the children in the new services should be ongoing and that this information will form the basis for an evaluation of the quality of the various new services after six months of operation. This evaluation will form a basis of planning for refining the new services and ensuring ongoing training needs of personnel are met. Again the personnel will also be asked their opinions on the new services, the needs of the children and their own professional needs at this stage. A sample of families of children will also be asked their opinions on the services and their effects on the children.

The evaluation at this stage should also consider the co-ordination, support and management of the new services, to ensure that support structures are adequate and efficient.

Again, a financial evaluation should ensure that the new services are well within budget and should highlight any savings made in comparison with the previous system.

## 6.3 Annual evaluations

Twelve months after closure and every year following this, evaluations of the new services should take place. Again, since on-going evaluation of the children's progress should be part of good child care practice, this information will be available as an indicator of efficiency. Each year, different samples of children can also be taken as case studies in order that their opinions be heard.

Moreover, the opinions of families and of personnel are also crucial, as is a financial evaluation and an evaluation of co-ordination of services. These evaluations should demonstrate not only quality of services for the children who cam from the institution, but also for those who were prevented from entering the institutional system. This in turn should demonstrate the long-term financial savings made.

## 6.4 Evaluation reports

Each of the official evaluations should result in a short report which is both qualitative and quantitative. These reports represent an ongoing record for monitoring purposes. Simultaneously, they will be extremely useful to future planning and action groups working to reform other parts of the system of child protection.

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