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EVALUATION OF THE  
SOCIAL WORK COMPONENT OF THE WORLD VISION/ARAS  
COMMUNITY OUTREACH TEAM

By

Leila Whiting, ACSW, LISW  
Social Work Consultant  
401 Hinsdale Court  
Silver Spring, MD 20901

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## EXECUTIVE SUMMARY

The Romanian office of the United States Agency for International Development recommended an independent evaluation of the World Vision-Asociata Romana Anti-SIDA (WV-ARAS) Community Outreach Team in Constanta, in particular the social assistant components of this team

ARAS is a Romanian non-governmental organization (NGO) established to provide education about and preventive measures for AIDS and, in the Constanta project, case management services for families identified as having a member with AIDS or HIV. The project in Constanta includes a Community Outreach Team, which consists of two social assistants, a health educator and a community/psychiatric nurse and has two major functions.

- ◆ provide support to families with an adult or child who has AIDS or HIV, particularly to maintain the children at home and prevent abandonment

and

- ◆ community education

During the brief life of this project, there have been ongoing concerns and questions over issues related to supervision

the Team's supervision has changed four times since its establishment in June, 1994. What is the current state of supervision for the Team?

. . . what is the supervisory role of Dr. Rodica Matusa, the pediatrician who is responsible for all pediatric AIDS cases in Constanta?

In August 1994 an organizational assessment of ARAS was conducted by Alex Drehsler. Because of some of the confusion and disorganization as the World Vision-ARAS project got started, he included in his report the recommendation "That ARAS and World Vision explore the possibility of moving the (ARAS) Constanta Project's community team to Holt International."

### **Summary of Recommendations**

1. It is recommended that a professional consultant be provided for the social assistants of the ARAS Community Outreach Team to help them develop

- additional skills in interviewing, including the essential component of listening skills;
- knowledge about how to help parents of terminally ill children deal with the illness, impending death and subsequent mourning;
- skill in working directly with children and understanding how to help the children deal with their illness,
- knowledge of how to help the total family cope with the stress of having a terminally ill child,
- the ability to deal with the workers' stress, frustration and helplessness in the face of terminal illnesses and abject poverty

This consultant should meet with the social assistants on a monthly basis, at least, for the life of the project.

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2 It is recommended that a statistical data collection sheet be developed for the monthly recording of ARAS social assistant activities (See Appendix A for a draft prototype.)

3 (a) It is recommended that an interagency team be established with one representative from each agency involved, to meet on a regularly scheduled basis with Dr Matusa and any other pediatricians with whom she works. All referrals from the physician in charge should be made to this interagency team which will, in turn, allocate cases to the appropriate NGO for services.

(b) It is further recommended that a case flow chart be developed for each case and a copy of this placed in the child's medical record (See Appendix B for a suggested draft of such a case flow chart.)

(c) It is further recommended that consideration be given to funding to provide a social worker to be attached directly to Dr Matusa and her clinic in the Infectious Diseases Hospital in order to help with referrals, follow up, interagency collaboration.

(d) It is further recommended that each NGO working on cases referred by Dr Matusa provide a brief written quarterly report on each referred case for inclusion in the child's record.

4 (a) It is recommended that one staff member of the ARAS Community Outreach Team and one member of the Holt International Children's Services jointly lead the mothers' support group in Mangalia and that this group be enlarged to include mothers being served by Holt International.

(b) It is further recommended that the other staff members of these two NGOs work jointly to establish at least one other parent group in another community.

(c) It is further recommended that consultant supervision be provided these community organizers/group leaders in order to develop

- skills in community organization
- knowledge of group dynamics
- the ability to provide dynamic group leadership for group empowerment and
- the ability to help the group take democratic action on its own behalf

### **A final note**

At this time it seems appropriate to comment on the recommendation in Alex Drelsler's report "That ARAS and World Vision explore the possibility of moving the (ARAS) Constanta Project's community team to Holt International."

.Since WV-ARAS is the only indigenous NGO working in Constanta and will probably continue operations after the other non-indigenous projects have terminated, and

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Since it is important to help Romanian groups develop competence and skills in administering programs successfully, and

Since WV-ARAS in Constanta is clearly learning these skills of successful program administration, and

Since WV-ARAS is the only program working with both HIV/AIDS children and adults,

It is therefore recommended that no consideration be given to moving the WV-ARAS social service unit to any other non-governmental organization



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**Background and Introduction**

The Problem

According to the U S Agency on International Development, Romania has 50% of all pediatric AIDS cases in Europe and 20% of all European pediatric AIDS cases are found in Constanta.

It is not certain why this is, but it is probable that the multiple causes include the fact that in Romania it has been a practice to give weak-appearing neonates blood transfusions and, until recently, the blood was not tested for HIV. It is also customary to give children frequent (sometimes daily) injections of such things as vitamins and antibiotics although disposable syringes are a rarity. As a result, contaminated blood via contaminated needles results in the transmission of AIDS.

Thus, AIDS is extraordinarily high in Romania due not only to transmission of the disease and antibodies to a fetus by an infected mother, but also because of what is termed "horizontal" transmission: that is, by transfusion of infected blood and injections with non-sterile needles. When these facts are coupled with the large number of abandoned children living in institutions, who receive frequent injections, using the same needles for numbers of children, the high rate of pediatric AIDS and children with HIV is understandable.

Another problem is that many children are abandoned by their mothers at birth. These infants are what might be termed "undocumented" - they have no birth certificates and therefore they have no legal status and cannot receive benefits such as a handicapped person or even a death certificate.

Constanta is the second largest city in Romania and as a seaport with a large transient sailor population and prostitution, it is at high risk for sexually transmitted diseases.

Given all these factors, Constanta was a prime area for the development of social services for AIDS victims and for an educational-preventive public relations campaign. ARAS is one of the three NGOs providing services to this client population group, which also includes Holt International and Romanian Angel Appeal Foundation (RAA), and is the only one with an aggressive educational component.

Response to the Problem

Due to the pioneering work of pediatrician Dr. Rodica Matusa, the incidence of pediatric AIDS in Constanta began to be identified and documented, and as a result the transmission through contaminated blood has largely ceased in that city. She also recognized the need for many of these children to have material and social services because of the families' poverty.

As a result of her untiring advocacy, two non-governmental organizations (NGOs) developed proposals and received funding from the U S Agency for International Development to address some of the problems being faced by the children and families involved.

**World Vision Asociata Romana Anti-Sida (WV-ARAS)** is a Romanian non-governmental organization (NGO) established to provide education about and preventive measures for AIDS and, in the Constanta project, case management services for families identified as having a member with AIDS or HIV. The project in Constanta includes a Community Outreach Team, which consists of two social assistants, a health educator and a community/psychiatric nurse and has two major functions

- ◆ provide support to families with an adult or child who has AIDS or HIV, particularly to maintain the children at home and prevent abandonment

and

- ◆ community education

**Holt International Children's Services** has a project in Constanta with a large staff of social assistants, of which two are assigned to work with the AIDS and HIV children. Holt policy is to provide service to children under the age of 6 years.

In addition, another NGO, **Romanian Angel Appeal Foundation**, sponsors a mobile clinic which travels to outlying areas once a week, the "Sunflower Clinic". RAA pays the salaries of a pediatrician, two assistants (nurses), as well as the travel expenses for this clinic, and provides a half-time social assistant who works with the mobile clinic as well as at the hospital to do research to prepare a social profile and legal documentation for abandoned children. They hope to hire two more social assistants this coming summer when some more graduate from the social work programs. RAA does not work with children, only with the families of children under the age of 9 years and the bureaucracy.

#### Reason for Current Evaluation

The Romanian office of the United States Agency for International Development recommended an independent evaluation of the World Vision-Asociata Romana Anti-SIDA (WV-ARAS) Community Outreach Team in Constanta, in particular the social assistant components of this team.

During the brief life of this project, there have been ongoing concerns and questions over issues related to supervision:

- the Team's supervision has changed four times since its establishment in June, 1994. What is the current state of supervision for the Team?

- what is the supervisory role of Dr. Rodica Matusa, the pediatrician who is responsible for all pediatric AIDS cases in Constanta?

In August 1994 an organizational assessment of ARAS was conducted by Alex Drehsler. Because of some of the confusion and disorganization as the World Vision-ARAS project got started, he included in his report the recommendation "That ARAS and World Vision explore the possibility of moving the (ARAS) Constanta Project's community team to Holt International."\*

\*"Organizational Diagnosis of Asociata Romana Anti-SIDA (ARAS)" by Alex W Drehsler, Support Center International, Bucharest, Romania, August 31, 1994

## Scope of Work

The scope of work for this evaluation was defined as follows.

"The purpose of the evaluation is to assure that the needs of the clients, in relation to case management, as being met. This will be done by evaluating the supervision of the WV-ARAS Community Team in relation to the role of Dr. Matusa in coordinating and supervising social work activities. The evaluation should consider and provide recommendations regarding the following:

"1. WV-ARAS social work and case management practice and cooperation with other NGOs also involved with HIV/AIDS. Do they meet Dr. Matusa's expectations, and if not, why not?"

"2. How does ARAS supervise social workers? Provide recommendations to assure adequate supervision, especially given the dual role of the Community Outreach Team.

"3. What is the current role of Dr. Matusa in relation to social work activities? What should it be? How can she be more effective in her role?"

"4. What basic systems need to be in place to assure quality services in a public-private case management model such as exists in Constanta?"

"5. What recommendations can be provided to increase the effectiveness of the collaboration among multiple organizations providing social work activities to a common client base?"

The evaluation was carried out in April, 1995.

## Method

The method for the evaluation was to interview relevant persons in Constanta as well as in Bucharest and also to accompany the social assistants on field trips and home visits. The following were interviewed and provided both background information and data about current functioning:

U.S.A.I.D. Romania.	Dr. Mary Ann Micka Cynthia Walker
A R A S. Bucharest	Dr. Maria Georgescu, ARAS Director
A R A.S. Constanta	Dr. Mihai Goldner, Project Director, Constanta Marigold Vercoe, Community Outreach Team, nurse Maria Mirciu, Community Outreach Team, social assistant Roxanna Girip, Community Outreach Team, social assistant [Marietta Dinu, Community Outreach Team health educator was not interviewed as she

was ill ]

Romanian Angel Appeal      Aurora Parvu, Constanta Director

Holt International Constanta Unit      Kelly McCreery, supervisor of social assistants

Holt International Constanta      Sandra McLaughlin, Project Director, Romanian Bucharest office

Constanta      Dr. Rodica Matusa, Supervising Pediatrician, Infectious Diseases Hospital

### Findings

#### Supervision

The Scope of Work identified supervision as an issue - supervision by Dr. Matusa, supervision of the Community Outreach Team, supervision of the social assistants. It is useful, therefore, to examine and clarify the varying meanings and usages of "supervision "

(a) **Medical supervision** Dr. Matusa is the supervising physician who is medically responsible for all the pediatric AIDS cases. She is responsible for deciding which cases appear to need social services and for making the referral to the three NGOs which offer these services. She does not supervise the delivery of social services nor does she supervise the social assistants in any of the three NGOs which work collaboratively with her. In order to avoid confusion about the semantics, it might be more appropriate to term her the "physician-in-charge," rather than a "supervisor." She describes herself in this role.

(b) **Administrative supervision.** This is the supervision provided within an agency which deals with hiring and firing of staff, whether the staff adhere to agency policies, sign time sheets, leave requests, etc. Dr. Mihai Goldner, as the WV-ARAS Constanta project director is the administrator responsible for all ARAS staff in Constanta.

(c) **Professional/Educational supervision** This is professional supervision which helps the staff member enhance professional knowledge, broaden professional skills, correct and avoid professionally incorrect actions, support the professional through stressful client situations such as the death of a child, etc. Currently, this is the supervision that is lacking at the ARAS Constanta project.

At this time the social work, or social assistant staff, is stable, and consists of two persons, one with experience and some social work educational background from some years ago, and one who has just graduated from the University of Bucharest.

social work program

Cases of children are referred to the social assistants by Dr Matusa, and they also receive referrals of adults from the Hot Line operated by another unit of the ARAS Constanta project. The social assistants interview the parent(s) either at home or in the office, complete a problem inventory and social assessment and plan intervention. The intervention usually includes the need to determine a child's legal status and eligibility under the law providing help for the handicapped. These latter are labor-intensive, time-consuming and fraught with bureaucratic difficulties with which most families cannot cope without skilful help. At the time of the evaluation, the ARAS social assistants were carrying 170 cases, including 30 adults of which 22 were women and 8 men; 70 of the children were in their own homes, the rest in institutions.

The social assistants provide help through the legal maze, needed food and clothing as well as what they term "moral support". If a family member appears to need ongoing counseling, he or she is referred to the counseling division of the ARAS project. It would appear that the social assistants do not see themselves as being trained in counseling, nor in working directly with the children involved, nor in dealing with the issues of death and dying.

Thus the major activities of the social assistants is to provide for the material and legal needs of the children and their families.

The two social assistants confer together on a regular, usually weekly basis, to discuss cases in an informal "peer consultation" fashion, and to plan the week's work.

**RECOMMENDATION** It is recommended that a professional consultant be provided for the social assistants of the ARAS Community Outreach Team to help them develop

- additional skills in interviewing, including the essential component of listening skills,
- knowledge about how to help parents of terminally ill children deal with the illness, impending death and subsequent mourning,
- skill in working directly with children and understanding how to help the children deal with their illness,
- knowledge of how to help the total family cope with the stress of having a terminally ill child,
- the ability to deal with the workers' stress, frustration and helplessness in the face of terminal illnesses and abject poverty.

This consultant should meet with the social assistants on a monthly basis, at least, for the life of the project.

#### Dual role of Community Outreach Team

The Community Outreach Team has a dual role of community education and social services. However, the social assistants do not have a dual role, since there are other members of the Team to fulfill the educational components. There appears to be appropriate coordination and collaboration among members of the Team. For example, in one community, a child was excluded from school because of AIDS. The social assistants went to the school, talked with the staff who agreed to have a

meeting of the teachers with them and the Team health educator. This resulted in a follow up meeting with parents and subsequent agreement by the school to admit the child. There did not appear to be any conflict in appropriate roles here, but rather a mesh of using resources appropriately.

There are different professionals in the Community Outreach Team, and it is important that there be one staff member, either a Team member or Dr. Goldner himself, who coordinates the total Team's functioning. However, the social assistants have specific social work supervisory needs apart from Team coordination and the "dual role of the Team" does not mean that Team members have dual roles.

#### Case records and data collection

The social assistants maintain written case records, data and information about their work. The monthly statistics of what and how much they have done is, however, provided in a narrative form. It would be more useful to them and to the agency if this were prepared in the form of a chart so that monthly patterns could be easily seen and data more easily extracted.

**RECOMMENDATION** It is recommended that a statistical data collection sheet be developed for the monthly recording of ARAS social assistant activities (See Appendix A for a draft prototype.)

#### NGO cooperation and collaboration

Dr. Matusa, who is the key mover and activist in Constanta to heighten awareness of pediatric AIDS, as well as to diagnose and treat the infected children, reports that she is currently satisfied with the ARAS social assistants, with their functioning and quantity and quality of work and she has seen substantial improvement over the past months. Her expectation is that the social workers will get background information and provide legal identities for the children who have been abandoned at birth as well as material help for those who live in poverty. Although she gets verbal feedback on some cases from the social assistants at meetings she has with them, she would find it helpful to have a brief, written report on a quarterly basis to go in the child's record.

**Case coordination** takes place on an informal level. Some time ago, Dr. Matusa met with representatives from the NGOs providing social services to refer cases. Currently, she appears to meet with a representative from an agency once a week to refer cases to that NGO. Occasionally she has inadvertently referred the same case to two agencies, and sometimes a child case that is referred to Holt, for example, might have an infected parent being seen by ARAS.

In an attempt to assure better case coordination, a "collaboration convention" or "contract" was developed in February, 1995 and HOLT and RAA were invited to sign. WV-ARAS was not included in this, and its name does not appear on the document with Holt International Children's Services and Romanian Angel Appeal although the Holt International staff indicated that ARAS was invited to attend the planning meeting. An English translation of this "convention" was provided, but without a knowledge of Romanian, it is difficult to understand the meaning of this document, and what problems it is designed to correct. It would appear that it is an attempt to design better coordination and referral of cases, and to make it clear that Dr. Matusa is the key person to make referrals and to maintain medical responsibility for all cases. Since WV-ARAS provides almost half of the social services available

in Constanta to the identified families, it was puzzling why it had not been invited to participate in developing this "collaboration convention " The exclusion of WV-ARAS has certainly resulted in a feeling of resentment and could complicate interagency collaboration Both Holt staff and the RAA director said they wished ARAS would sign on to the "convention "

It would seem useful for WV-ARAS to "sign on" to the convention in order to be in a position to work more closely with the other NGOs involved and with Dr, Matusa

In order to ensure a smooth referral of cases for social services, an interagency team could be established to meet regularly with Dr Matusa. This interagency team would consist of a representative from each relevant NGO (at the moment there are three), to receive her referrals. The team, in turn, would allocate each case to the appropriate NGO A case flow chart could be devised to clearly indicate where the case was in process and to whom, when and for what services a referral had been made The chart would go into the medical case record and be updated periodically, thus providing clarity about referrals. This could be a solution to one of the problems which the "convention" appears to address

Dr Matusa has no social worker assigned to her in the hospital, and it would also appear that this would be of enormous help to her in tracking cases, making referrals and following them up

The social assistants from the NGOs have recently started to meet together in order to discuss cases and prevent overlap This is an important and useful development, and should be continued In addition, it would be helpful to have a regular seminar/workshop/panel discussion which could provide information, education, and mutual support for all professionals working with AIDS/HIV The circumstances under which these professionals are working is extraordinarily stressful - they are dealing not only with extremes of poverty and deprivation, often with families whose children have been condemned to a painful death by virtue of medical negligence, the slow deterioration and death of adults because of a disease for which there is no cure and the regular death of their patients Seminars could provide mutual support, information sharing, resource sharing and could be done with no additional cost other than a person to arrange a meeting place, agenda and send out invitations If Dr Matusa had a social worker assigned to her, this could be one function of the position Otherwise, perhaps the NGOs could, in turn, take responsibility for organizing such seminars

Such regular consultations and educational meetings would enhance effectiveness and collaboration among both the governmental and non-governmental branches working with this client population.

**RECOMMENDATION (a) It is recommended that an interagency team be established with one representative from each agency involved, to meet on a regularly scheduled basis with Dr Matusa and any other pediatricians with whom she works All referrals from the physician in charge should be made to this interagency team which will, in turn, allocate cases to the appropriate NGO for services**

**(b) It is further recommended that a case flow chart be developed for each case and a copy of this placed in the child's medical record. (See**

Appendix B for a suggested draft of such a case flow chart )

(c) It is further recommended that consideration be given to funding for a social worker to be attached directly to Dr. Matusa and her clinic in the Infectious Diseases Hospital in order to help with referrals, follow up, interagency collaboration

(d) It is further recommended that each NGO working on cases referred by Dr. Matusa provide a brief written quarterly report on each referred case for inclusion in the child's record

#### Community Organization/Advocacy Groups

The ARAS social assistants have been successful in helping to establish a "mothers' support group" in Mangalia, a city of about 52,000 south of Constanta. Fifteen mothers of children with AIDS or HIV have "come out of the closet" to meet together monthly with the ARAS social assistants. Their fourth meeting took place in April, and because the pension money for handicapped children had not been sent for 3 months there was, for many of the mothers, no money for food. Their focus during this meeting, therefore, was on the pragmatic issue of money and/or food for their children. They meet in the Mangalia office of Save the Children and ten mothers attended this session.

The potential of this group for mutual support, as well as community advocacy on behalf of their children, is enormous. The mothers attending were those participating in the ARAS program. There are also families in Mangalia who are receiving services from the Holt program. It would expand the potential to be able to invite all parents to participate in such a group. The Holt International Constanta supervisor was interested in her staff collaborating with the ARAS staff to facilitate this. It would be useful to develop and establish groups in other communities, including Constanta.

Community organization of this nature and group leadership to facilitate both mutual support and to develop a sense of empowerment and advocacy are skills which can be taught. There is a need, therefore, for consultation and supervision for those involved in developing community groups and providing the leadership for them.

**RECOMMENDATION** (a) It is recommended that one staff member of the ARAS Community Outreach Team and one member of the Holt International Children's Services jointly lead the mothers' support group in Mangalia and that this group be enlarged to include mothers being served by Holt International

(b) It is further recommended that the other staff members of these two NGOs work jointly to establish at least one other parent group in another community.

(c) It is further recommended that consultant supervision be provided these community organizers/group leaders in order to develop:

- skills in community organization
- knowledge of group dynamics

• the ability to provide dynamic group leadership for group empowerment and

• the ability to help the group take democratic action on its own behalf

**A final note**

At this time it seems appropriate to comment on the recommendation in Alex Drehsler's report "That ARAS and World Vision explore the possibility of moving the (ARAS) Constanta Project's community team to Holt International "

Since WV-ARAS is the only indigenous NGO working in Constanta and will probably continue operations after the other non-indigenous projects have terminated, and

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It is therefore recommended that no consideration be given to moving the WV-ARAS social service unit to any other non-governmental organization

APPENDIX A

Suggested data collection form for social assistants

WORLD VISION-ARAS CONSTANTA

Statistics for the month of \_\_\_\_\_

Name of social assistant \_\_\_\_\_

\_\_\_\_\_ This month Year to date

Number of cases referred by Dr \_\_\_\_\_

Number of cases referred by Hot Line \_\_\_\_\_

Number of cases closed by referral \_\_\_\_\_

Number of cases closed because of death \_\_\_\_\_

Number of active cases being followed \_\_\_\_\_

Number of home visits made \_\_\_\_\_

Number of families receiving food \_\_\_\_\_

Number of families receiving clothing \_\_\_\_\_

Number of children accepted as handicapped \_\_\_\_\_

Number of birth certificates obtained \_\_\_\_\_

Number of visits to government officials \_\_\_\_\_

[Other relevant data]

Please provide explanatory comments on any aspects of the above that were unusual for the month being reported

APPENDIX B

Suggested Case Flow Chart for HIV/AIDS Children

Name of Case \_\_\_\_\_

Record number (if relevant) \_\_\_\_\_

Name and address of parent(s) \_\_\_\_\_

Attending physician \_\_\_\_\_

Reason for referral/services needed \_\_\_\_\_

Date case referred to interagency team \_\_\_\_\_

Case assigned to Holt[ ] ARAS[ ] RAA[ ] Date \_\_\_\_\_

Any other agency (NGO) also involved? Name \_\_\_\_\_

Services provided \_\_\_\_\_

Date case closed \_\_\_\_\_

Reason. Death of child [ ]

Family moved out of area [ ]

Family refused service [ ]

Other \_\_\_\_\_