

DIALOG – CONFERENCE KLAIPEDA

11. – 13. OCTOBER 2017



The Diakonischen Werke Schleswig-Holstein, Mecklenburg-Vorpommern and Hamburg

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1. Introduction

On the 11th of October 2017 the first DIALOG Conference started. Mindaugas Kayris welcomed all guests and partners in Klaipeda for a hopefully productive meeting and pointed out the big chance this offers for all participants. Mindaugas Kayris is pastor himself and has initiated and worked on many projects including project for and with addicted people. One of these will be visited on the 12th of October.

The aim of the DIALOG-Project is to support a professional exchange regarding specific topics. At the same time, the networking is going to be eased and the mutual learning is going to be inspired. The DIALOG-Project wants to offer the opportunity to connect people of different eastern European countries and help them to exchange valuable experiences and ideas.

The main topic of the first DIALOG-Conference is "Addiction". Throughout the conference different experts and people involved with this matter presented issues and facts of this topic and their work. The participants had the opportunity to discuss different aspects and exchange themselves.

After the warm welcome from Mindaugas Kayris, the participants introduced themselves. Each organization prepared a poster that presented the organization and the work they do. Following these entertaining and informative presentations, Wolfgang Henze presented the main website that is going to represent the DIALOG-Project and show its main outcomes.



2. Workshop on Website

The original aim of the website was a personal blog for the partner in Germany. It showed what the process of the projects was, where the money went and what great people were involved. It was used for new fundraising as well. For the DIALOG Project, this blog was changed into a website with the working title "Gemeinsam für Menschen". For now only information on the Baltic countries and projects can be found. This is just a simple base and in the future all other DIALOG countries and their projects will follow and the website will grow.

The main aim is to inform old and new sponsors about the project and the work. The website could also be used to connect with one another and to exchange ideas. On top of that we must think of suitable and usable adds for the page that help us with our work. One idea could be to have an option for donating for DIALOG Projects directly on the page. Its purpose should be to inform people and to use it as advertisement. Secondly via the stories we can transport emotions and therefore we can also raise awareness for the work and the people behind it.

First of all, Mr. Henze will need addresses and information on the organisations. Then he would like to start visiting the countries and the projects in order to document them. Those first information can be gathered within a skype call. This way questions can be answered directly. Flavius Ilioni has created a first basic questionnaire that will be sent around. It will help the DIALOG partners to document information on the organisation.

The question rises, what happens with the page after the Project ends. But Mr. Henze and Mr. Hannemann think, that we can find a way to support the continuation of the website. If the project shows results its likely to find a financing support for a continuation.

3. Introduction on the work of Diaconia in Lithuania by Mindaugas Kayris

In 2007 Diakonie Lithuania was established. It combines the social activities and the educational tasks within the diaconal centres in Klaipeda, Jurbarkas Pagėgiai, Silutė, Sakai and Vilnius. The work addresses different target groups:

- Vilnius – assisted living
- Jurbarkas – Mother-Child-Daycare
- Sakai – Centre for orphans
- Silutes and Pagėgiai - Daycentres for children of troubled families
- Klaipeda – homeless and weak people (soupkitchen)
- Kretinga – support of disabled of all ages

Examples of the social projects:

Financed by the Aktion Mensch Foundation there is a center in Klaipeda for anonyms support of people with addiction problems and their families. Together with this person they are searching for the first steps to be taken including the entire family. The possibility to get this help anonyms is a faster and more effective way to get help as the people and families are very afraid of social stigmatising and exclusion.

There is another Aktion Mensch project in Tauragė. Target group are children and youth whose parents work in other countries of the EU. They call them the EU Orphans. Main goal is to support the kids and to prevent them from getting into trouble. With action programs, prevention work, seminars and even an exchange program to Germany they stay in close contact and try to show them alternatives and options for their lives.

Together with the German Diakonie and 16 other partner organisations in the Baltic sea region, they are part of the project SEMPRES (Social Empowerment in Rural Areas). As target group for this project a project with single parents in the region of Jurbarkas was chosen as well as addicted people in the region of Pagėgiai. Main goal of this project is to improve the supply of welfare services in rural areas.

In 2008, the first rehabilitation centre in the western part of Lithuania opened: “Gabrielius”. It supports people of all ages and social sectors who have drug problems. →see Study visit “Gabrielius”

For those people who ended the rehabilitation successfully there is a third step – the resocialisation centre in Kaunas. Together with social worker and psychologists, people work on developing a basis for a safe and independent live. They learn about housekeeping and get support while finding a job.

Mindaugas is thankful for the interest in his work by this group and wishes us all a productive meeting. For questions, you may turn to him at any time.

4. Introduction of the work of Malinauskas – Pastoral counselling of female prisoners

[...] The therapy provided by pastoral counsellors integrates clinical methods and theories of secular psychology with theology and Biblical or other spiritual teachings and principles. Pastoral counsellors

respect the spiritual beliefs and needs of those in need of counselling. Since religious beliefs and spirituality are frequently minimized or excluded in secular psychotherapy, pastoral counselling addresses an important aspect of the human experience. Yes, there're the people who think, this aspect isn't important, or it doesn't exist at all. [...]???

In the secular setting, many therapists are uncomfortable with religious questions. On the other side, some religious counsellors are unable to honour the beliefs of anyone whose faith or views differ from their own. [...]

In many ways, pastoral counselling is very similar to traditional counselling and secular approaches to psychotherapy. However, several things set it apart and make it truly distinct. These include:

- The pastoral counsellors believe in God
- Spiritual questions, faith, and personal beliefs play a prominent role in the counselling process; pastoral counsellors help you use your beliefs to resolve or cope with the challenges in your life
- Pastoral counsellors have a strong background in theology or a related field, and are well-trained to handle problems related to faith and spirituality

[...] It should be noted that the role of a pastoral counsellor does not include preaching, judging, shaming, blaming (e.g. "you're suffering because of sin in your life" or "God's punishing you"), or disrespecting beliefs of those with whom they encounter. Like other mental health therapists and counsellors, they are expected to create a safe and caring environment for the individuals.

[...] When people think of helping those with addictions, the usual goal is to get the person to achieve and maintain sobriety. For most people with addictions, this means receiving professional treatment. It is natural to try to help people with addictions by motivating them to enter a recovery program. Often, however, this approach is unsuccessful. The person is unwilling or unable to enter treatment and will sometimes lash out in anger at those who suggest they have a problem. In order to formulate a Christian response to addiction, it is necessary to understand how people change. James O. Prochaska (James O. Prochaska is Director of Cancer Prevention Research Center and Professor of Clinical and Health Psychology at the University of Rhode Island) and his colleagues developed one of the primary tools for understanding change. Their approach, known as the transtheoretical model, is the result of studying people who have successfully changed different aspects of their own behaviour. They discovered that people inevitably move through six stages on their way to changing: precontemplation, contemplation, preparation, action, maintenance, and termination. (James O. Prochaska, John Norcross, and Carlo DiClemente, *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward* (New York, NY: William Morrow, 1994).

[...] Most mental health and medical professionals refer to addiction as a disease. As a disease, the treatment of addiction is to be approached through psychological and medical means. It is a problem over which the addict has no control, and therefore assertions that drinking or drug use is a sin are considered counterproductive. Some Christian counsellors have resisted the idea of categorizing addiction as a disease. They point to the elements of choice that can lead someone toward addiction as evidence that the disease model is insufficient for explaining addiction. They offer the competing metaphors of idolatry and adultery as other ways to understand the problem, and see sin as the root cause of addiction. Although the Bible certainly speaks of sin in this way, it also views sin in a much broader context of the human condition. Sin in this view is the brokenness that affects all of us and all of creation. This is often expressed through the metaphor of the fall. According to this view, we are not sinners because we sin; we sin because we are sinners. We commit sins because we are living

as broken people. We were created to be one way, but we find the reality of our existence to be different than what we were intended to be. Paul expresses this in Romans when he says: I have the desire to do what is right, but not the ability to carry it out. For I do not do the good I want, but the evil I do not want is what I keep on doing. Now if I do what I do not want, it is no longer I who do it, but sin that dwells within me. (Rom 7:18b–20)

[...] So what kind of theological emphases are most helpful for people in recovery? A long list is possible, but the most important, according to Dale Ryan (a director of Christian Recovery International and Associate Professor of Recovery Ministry at Fuller Theological Seminary) are three: grace, process and self-worth. The first and perhaps the most obvious emphasis is that people in recovery need a huge dose of grace-focused theology, perseverance in the ongoing process of recovery and the understanding of the self-worth (Paul in a Letter to Corinthians: „don't you know that you're the temple of the Holy Spirit, which lives in you?“)

[...] As you understand, I try to get into contact with the people (the women incarcerated) who are at the 1-3 stages (precontemplation, contemplation, preparation), and to induce their wish to get well. I hold a Sunday service for these women who want to pray, to worship, to hear about God (20-30), but there are many women (more than 200) who don't attend the Sunday service, who don't want to hear about God or religion at all, or about recovering, and it's even more important to reach these women, to establish „the bridges“ with them. [My „specialization“ are the women imprisoned in the Disciplinary section – it's a section for the most rough.] ...

And the next stages are: action, maintenance, and termination. These stages take place in the institutions of rehabilitation, like the center for the rehabilitation and resocialization of the addicted persons „Gabrielius“.

5. Speech of Marian Ursan on addiction in Romania - CARUSEL

Marian begins his speech by thanking Malinauskas for the insight he has given in his work on pastoral counselling . For him this was interesting, since the experiences he had with religious guiding were mixed and he has some reservations.



Having said this Marian proceeds to describe the three main sectors involved with working with addiction in the form of a circle or cake. The part these three sectors play in addiction is quite diverging with regard to success, financing and support for the affected. He visualized this, describing the role each part plays in the field of addiction.

The three sectors approaching addiction:

1. The police (to stop the drug use)
2. Care (network, family, friends, institutions)
3. Prevention (Investment)

Looking at number 1: For years already there is a world wide war on drugs. And what has happened? It has become worse. There are more drugs, different kind of drugs, more violence and more people are in prison, because of drugs.

Number 3: The prevention work has also not shown any significant changes. If at all it has done the opposite and does more harm than use.

Number 2: The care system is lacking money for the support they give. The government supports the police more than the care system.

For the social worker this means – gain respect and trust – do not be the police!

Carusel works in the care sector. But the ironic part is, that only if one takes drugs this is seen as illegal and as disease – only then they are able to receive help. It's forbidden to use, possess and traffic drugs as well. But in Portugal for example, it's legal to possess drugs! And the use of drugs has gone down significantly since then.

The concept in Romanian Care are different kind of steps:

- Harm reduction
be an example and gain trust
provide clean syringes
no judgement, no pressure
need of time until person decides to take next step – until then support!
- Medical care
Methadon – it's pure and helps the addicted to use safely
Detox is done in hospitals but only physical. The psychological very difficult.
- Therapeutically community's
f.e. in the mountains. People stay about 6-12 month or more.
They learn to develop a feeling for time. How to fill it. How to handle money.
As well as to trust and love again.
Not enough of those in Romania.

Carusel works in Harm reduction. The people that come to Carusel do not have a home. They come to receive medical care (wounds). Many of them lacking hygiene and their bodies are shutting down. They also receive fresh syringes if needed. Carusel does the pre-care for the medical services: paperwork and psychological aspects. They also take care of funerals. And for all their work they get no money from the state.

The problem is, that the governmental institution for drugs is under the ministry of interior (normally under ministry of health). Carusel has to make sure that the clients cannot be identified (remember it's illegal to use drugs!). Therefore the clients stay anonymous and receive numbers. This brings up a new problem. Methadon cannot be provided instantly. But if the client has no address or contact he cannot be contacted. A normal ID you get only with a statement of your landlord or if you own property. There is a document that states the Identity for one year. But it's a stigmatising document showing everyone – this person is homeless, but it's the only way. Another way is to use facebook. But the police uses facebook too.

Lessons learned by Marian:

- You should have realistic expectations: Hope for more, expect less
- Stay away from the police
- Give out trust – help to empower
- Ask for participation
- Do sth. for community with community
- Take care of yourself!

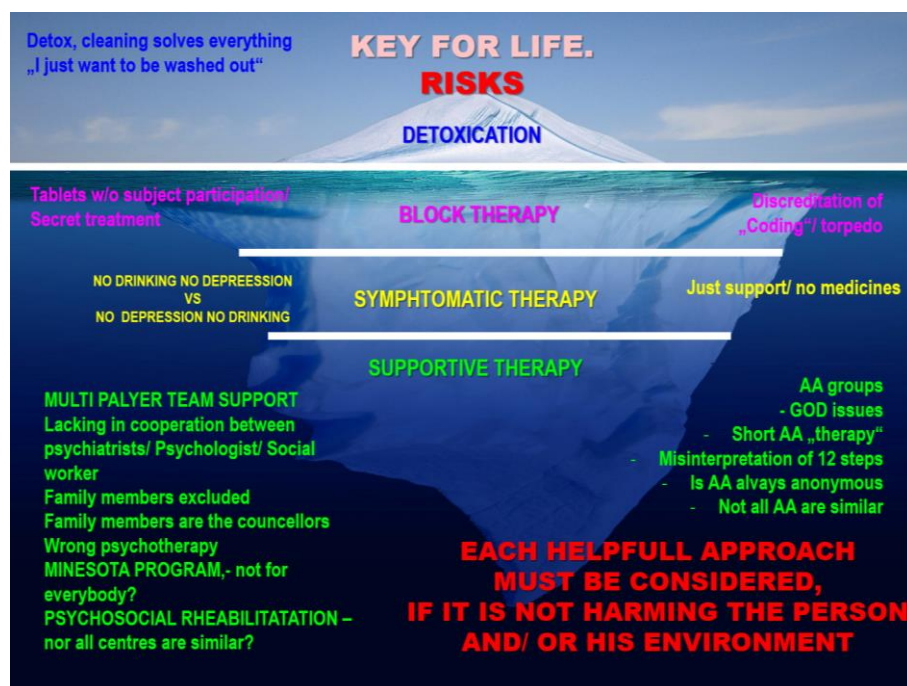
6. Speech by Jaunius Urbutis – psychologist

Mr. Urbutis showed that he is trying in his work to give the client the help he wants. Only if he wants to be treated he can be treated. Every step is only done by him if the client is willing to do it.

He described the work with addicted clients like an iceberg. Detoxication is what you see (over the water). But the much bigger part of the work and of dealing with addiction lies underneath. He takes of three steps:

- Block therapy (f.e. implants or coding)
- Symptomatic therapy (client has sleeping problems or similar, usually within 2-4 weeks of abstinence)
- Supportive therapy (Multilayer team support, psychiatrist and psychological consulting, psychotherapy (group/individual), social work, Minesota program, AA)

Each part has its risks too. Therefore it must be considered wisely. But everything that does not harm the client and/or his family, must be considered.



When talking about family, friends and other supporters we find two poles: the families that are excluded from therapy and the ones that see themselves as counsellors. Urbutis talks about the Hamlet related dilemma: Punish, not to feel sorry ... or Punish, not to feel sorry ...

7. Study visit – Gabrielius

The old parish, where the rehabilitation centre can be found today, is from 1856. After the World War the village that belonged to it was gone. It took several years to reactivate the old church and parish. In 2008 the rehabilitation centre was established. Only with the help of donations and 2 staff members they started the program. Today they are partly financed by the government and have space for max. 23 men. They work with psychologists, social worker, assistants in day and nightshifts.



At Gabrieliuss they only work with men – all ages, all social backgrounds. The only condition is that they have made a decision to change and have already gone through the physical detoxification. Most of them stay around 1,5 years and are going through a 5 phases program:

- 1) 3-4 month – no contact to outside world, special rules and tasks
- 2) 3-4 month – more freedom, still very strict rules and tasks
- 3) Client is allowed to make phone calls and leave unattended
- 4) More freedom
- 5) Client lives on his own but stays in contact with the rehabilitation centre

Between the phases, the entire group decides on the status of the client in accord with the client. Only if the whole group and the staff agree, the client can move on to the next phase.

Each client has to take over some tasks for the community like: taking care of the cats, watering the plants. Other tasks rotate each week, like cooking. The daily routine starts with getting up and breakfast. Then there are work therapy, responsibilities in the house, group work, lecture and private work. In the evening they do a “circle” and look back at the day. Here everyone can state what he has on his mind and ones to discuss in the community. After this they have freetime till 23:00/24:00 (in summer).

The three main rules, everyone has to follow are: No using, No stealing and No aggression. If a person does not obey these rules, the community comes together and decides if the person has to leave or not.

In 2016 the average age in Gabrieliuss has been 36 years. In total they have had 47 clients. Out of those, 12 are not using and in contact with the staff. To 4 there is no contact at all. 2 died and the others have started using again.



The future vision from Mindaugas Kairys and Valdas Miliauskas is to open a rehabilitation centre for women and also youth. They would like to extend their work to people with depression and drug dependency. The church building right in front of the parish, they would like to use as a room for gatherings, open meetings and events. But it has to be renovated first.

8. Discussion in the evening

Guests:

Mindaugas Palionis, Rehabilitation Centre in the north of Lithuania

Arvydas Malinauskas, pastor and social work with female inmates

Marian Ursan, CARUSEL Romania, social work with addicted

Rainer Adomat, Schäferhof Germany, rehabilitation centre

Valdas Miliauskas, "Gabrielius", rehabilitation centre

Elvyra Aciene, moderator and professor for social work



Bernd Hannemann welcomed the guests and gave an overview on the discussions of the two days. He also introduced the Project “Dialog in Partnership” – how it came about and its main goals.

Mindaugas Sibutes (Bishop) in his word of greeting described how the work of Gabrielus came about. In his opinion, addiction is not only a social but also a spiritual problem. In this matter the realm of life and the realm of death meet. And so if you help an addicted person you not only help one but you help 20 or 30 people – the family and close friends around. Working in this field is very difficult but also very valuable.

It is not always easy to get funding for this work, but the example of Gabrielus shows that it is possible. The Bishop shared an experience he had when trying to raise funds for Gabrielus: he called people he knew and who were part of his congregation. One was a businessman. But he refused, saying that these people are “hopeless” and he would not spend money on them. The Bishop asked back: but what if one of these persons was your son? Would he also be hopeless and not worthy to be saved. Would you want to hear this said about your child? – This made the man think and finally he decided to support Gabrielus.

So for the bishop it is a very important work and one has to show people good examples to make them understand. HE wished the participants a good continuation of the work and the blessing of God.

Lilija Petraitiene from the Municipality of Klaipeda and member of the city council was also very happy to welcome guests from different European countries coming together in Klaipeda to work on this important and challenging issue.

She emphasised the importance of the work of NGOs in this field and stressed how important the cooperation between them and the city was. Working together with the Lutheran church especially on prevention was very valuable for the city.

Elvyra Aciene, moderator of the panel, is professor for social work at the University of Klaipeda with has 25 years of experiences on social work studies

From this experience she can say that addiction is a very hard and difficult topic. It does not only affect one person but at least 10 more around him or her as well as the entire society. The most challenging part is rehabilitation. Since 2016 addiction is acknowledged as a disease in three ways:

1. Medical
2. Rehabilitation
3. Rights and entitlement to financial support when handicapped (by the effects of the addiction)

Number two is the hardest phase:

- The person is rejected by society and often by him/herself
- People sometimes have several relapses – and this is very hard

Therefore she deeply admires people who work in this field and with these people. It is one of the most challenging fields of social work.

Having said this, she now wants to introduce the panellists.

At the beginning of the discussion, Valdas Miliauskas wants to thank everyone for coming and showing interest in this topic. Addicts feel often left alone – we set a good sign with this conference for them.

Mindaugas Palionis is pastor and working with addicts in the north of Lithuania, the region with the most addicts in the country. He is working for 15 years already in a shelter doing rehabilitation work. At first there were only men, but now they offer help for women, women with children including a day care facility and a youth centre. Lately they offer help for homeless addicts as well, but in so called “villages” in crisis homes. Palionis points out, that the work has to be seen as a complex system. We have to look in all directions – otherwise we will not succeed. The most difficult is the work with mothers and their children. By law the state has to take the children away from their mothers if they are using. At the rehabilitation centre they try to rehabilitate the mothers together with their children and offer a lot of psychological support to them. But the work has its limits. People with illnesses for example cannot be taken care of. “We can only pave the way for them, but they must walk it themselves.”

Mr. Malinauskas is asked what his motivation for his work is. For him it’s the way to be human “You must be a human. At the beginning, I wanted to change the world. Now I know I just have to be with them.” The help of the community is not as present as it used to and other social topics are much more favored. But we have to look after another. Still the engagement to volunteer is going down. People have more than one job and the parents cannot be there to be good examples for their children.

Mr. Adomat is asked to present his work. He is working in Germany on a big farm outside of Hamburg. The offer shelter and help for homeless and homelessness comes with alcoholism. At his shelter, there is room for 52 people separated into a “dry” house (not consumption) and “wet” house (controlled consumption). He points out the importance of taking care of oneself. In Germany they offer supervision for their staff members.

Marian Ursan is telling the group how he became a street worker. While he was doing this work, he finished school, studied and even finished his PhD. Now he is teaching at the local University. He is encouraging the troubled to come to school as those people should be involved much more. They need to have tasks and things to do. But the school systems are way too inflexible: “School should be much more fun!”

He also called for getting people who have experienced addiction more involved: for example as street workers and when developing prevention strategies. This would also mean that the university has a better outreach to these persons and to give access to people from marginalised groups to become students at university. They are needed as social workers, doctors etc. because they have to experience needed to improve the system.

After a long and intensive discussion professor Elvyra Aciene thanked the participants and wished all a good and intensive continuation of the exchange program.

9. Group work on Fundraising and Addiction

The group was split into two smaller groups. One group talked about the topic on fundraising the other shared knowledge and ideas on addiction.

Fundraising:



Fundraising is the key to our work. Many of us have already experiences with it. We have to clarify what our common understanding of it is and we should take the fundraising as a topic that we look at parallel to the other DIALOG topics.

Next to receiving money from funding organisations and government, one should always consider to ask private persons. It's crucial to have good and outstanding projects, presented in a professional way to address organisations and private persons. The key is, to address people regularly. Inform them about the projects, be present and more offensive but use personal contacts in the same manner. Making clear, that we are doing good and necessary work and have a right to ask for support. Also use "Thank you" postings to inform about the work and as a reminder that one is still there, doing a great job.

Fundraising is not easy. It's important to stand together as organisation – in good and in bad times. It helps to go public, doing campaigns, presentations and events. A first step could be to send a letter to 200-250 people 1-2x/ year.

Mr. Hannemann makes the proposal to the group to organise a workshop on fundraising with an expert. The organising group of DIALOG will check the finances and resources but promised to find a way to organise such workshop for all.

Addiction:

The topic on addiction is not very popular. Only a small part of people in the social care system takes care of this group. But we must strengthen those:

- They must keep going
- They must use personal addressing of addicts
- They must go much more into the public with videos and other.
- Most important – don't loose the self motivation.

Prevention work is an important part. But the problem is, that is has to be done right. It has to make clear, that everyone can choose themselves about their lives. Its contra productive to tell the people they do something wrong if they use drugs.



Next to that cooperative work is an issue too. We should try to work bring the relevant groups together (like state, justice). Most important is that we can trust them. Only if we are trustworthy, the addicts will open up.

What can be done:

- Involve our clients in the activities
- Feed back to them on the work we have done
- Ask clients to write a campaign
- Come up with messages for the family and the service providers
- Getting the clients more involed will gain respect for our work and raise the self-esteem of the clients.

So we talked about:

- Show (be present, don't stop!)
- Share (work together with others)
- Shine (be successful)

Linking this meeting to the next: For the next meeting time should be allocated for:

- Feedback to show what has happened after the meeting in Klaipeda and to show results
- Having a meeting on issues of poverty should also include linking the topic of addiction to poverty

10. Organisational things

As we are gathering the outcome of this meeting it becomes clear, that all of us enjoyed the possibility to share. Share experiences, share ideas and just learn from each other.

Upcoming tasks are:

- Filling the website with life. Therefore, send information to Mr. Henze, pictures and stories on the projects you have.
- Schedule a skype interview with Mr. Henze.
- We will create a Cloud or password locked area, were we can share documents and contacts.

The next conferences will take place in:

2018 – Bukarest on the topic of Poverty/Migration

2019 – Wroclaw on the topic of Care/eldery people

11. Annex

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