

Study on the causes of child abandonment (age 0-3) in Karaganda oblast

Public Union «Centre «Family»

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Authors: Golomorzina Tatiana Vladimirovna
Volkova Svetlana Valer'yevna

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This electronic workbook has been prepared in conjunction with the project «Study on the causes of child abandonment (age 0-3) in Karaganda oblast», which was implemented by Public Union «Centre «Family», with the support of UN Children's Fund UNICEF.
The publication is intended for specialists of education, health, social protection establishments, non-governmental organizations and other persons who work in the sphere of child rights and interests protection.
The study focused on the identification of the causes of the abandonment of children from 0-3 in Karaganda oblast and developing recommendations, action plan on the prevention of child abandonment. The research has been conducted in Karaganda, Temirtau, Zhezkazgan, Satpayev cities and Osakarov rayon.

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Dictionary

Alternative placement of children – child care performed by relatives, placement of the child into foster family, adoption, or in case of an emergency, placing the child in an institution if parents show no concern for the child or such care is inappropriate[4].

Alternative care for orphans and children without parental care – this is a placement (location) of children to the relative families or in case of absence of such family, placement into accepting families (fostering/adoption) taking into account child's needs in order to lower the risk of institutionalization of the child.[4]

Unaccompanied children – children who have home but for different reasons lacking the appropriate care and support from parents.[3]

Neglected children – neglected children who are homeless.[3]

Statutory minimal social standards – key indicators of ensuring quality of children's lives, including set by the government minimal level of social service provision, norms and specifications.[1]

Deinstitutionalization – system of measures aimed at preventing the placement of children deprived of parental care in the institutions (institutionalization) and reducing the number of children in such institutions. De-institutionalization requires actions to prevent child abandonment, the presence /development of support services for disadvantaged / vulnerable families, development of alternative arrangements for children, ensuring conditions in residential care as close to family-type as possible and conversion /transformation of residential institutions into family support services, day care centres for children, resource centres, etc.

Children deprived of families – according to the Article 20 of the Convention, these are children, who are temporarily or constantly deprived of their family environment due to parents' death, abandonment of their parents, or migration, or because in their own interests they cannot remain in their own families. Such children have a right to «special protection and help». State must ensure social protection of such child taking into account his/her culture and religion.

Children living in low-income families – children, living in the families, which income is lower than subsistence minimum.[4]

Children, placed in difficult life situation – Children who are in a situation recognized by law as objective violation of human activities which person can not overcome on their own. This category refers to orphans and children left without parental care, street children, including those with behavioural problems, children from birth to 3 years old who have limited opportunities in early mental and physical development, children with persistent abnormalities in the body due to physical and (or) mental disabilities, children with limitations in life functioning because of social diseases and diseases that pose a danger to others, children who are unable to self-care due to infection and (or) disability, children at risk / victims of abuse, which led to social exclusion and social deprivation, and children homeless, children released from detention facilities.[2]

Children, who are left without parental care – children, who are left without care of single or both parents due to limitation and deprivation of their parental rights, recognition of parents as missing, declaring them dead, recognition of their legal incapacity (limited capability), parents serving the punishment in prisons, evasion of parental child-rearing or protecting its rights and

interests, including the refusal of parents to take their child from an educational or medical institution, as well as in other cases if there is no parental care.[4]

Children-orphans – children who have both or only child dead.[1]

Children, who vulnerable because of HIV/AIDS - this notion includes children and teenagers till 18 years old who are carriers of HIV and have AIDS; children who became orphans as a result of the parents' death because of HIV/AIDS, vulnerable children whose survival and development at risk because of HIV/AIDS.

Legal representatives of the child - parents, adoptive parents, guardian, custodian, foster parents, or other replacing parents persons engaged in accordance with the laws of the Republic of Kazakhstan in the care, education, upbringing and protection of the rights and interests of the child.[1]

Institutional establishment - an organization that provides care for orphans and children deprived of parental care, children with disabilities, in exceptional cases - for children from poor families and families with many children, children with antisocial behaviour, children from villages where there are no appropriate schools. The educational system in residential care envisages group child care.[4]

Institutionalization includes all situations that arise in the process of raising a child in the institution where the group care is performed, rather than family-based care. The term "institutionalization" is used to refer to the residential unit of a large number of children.

Dysfunctional family is a family where parents or legal representatives of minors do not fulfill their duties to care, to bring up, to teach and/or negatively affect their behavior.[3]

Minor (small of age) – Childhood ends and adulthood starts at 18th year of birth, "except when in compliance with national laws it is envisaged start of adulthood at an earlier age" (Convention on the Rights of the Child, Article 1).

Organizations implementing a function to protect the rights of the child - organizations which are engaged in social support, provision of social-domestic, medical-social, social-pedagogical, psychological-educational, legal services and financial assistance, social rehabilitation of children in difficult circumstances, employment of these children when they reach working age. These organizations include educational bodies (guardianship authorities), health care, social security, internal affairs, as well as their authorized services.[1]

Guardianship (custody) is a legal form of protection of the rights and interests of minors and persons recognized by court as having incapacity (or limited capacity).[4]

Fostering is a form of care, which considers transfer of the child left without parental care to the care of a family of citizens on the contract concluded by the authorized government body and the person (foster parent) who has expressed a desire to take the child care.[1]

Placement a child for care involves raising a child with another family, which is temporary in nature, but may continue, if necessary, until the child reaches adulthood, but it should not rule out the opportunity for the return of the child's own parents or adoption until age of maturity.[4]

Policy for deinstitutionalization implies a significant reduction in the number of children in residential care, the creation of a comprehensive family support system, the development

of family-type placements, conversion of children's homes, in particular, to the accompanying services, to create conditions as close to family-type for living, upbringing and education of children who cannot be transferred to the families.

Right to live in the family is implemented by the guardianship, custody, upbringing in replacing families (fostering). This right includes the right of orphans and children who are left without parental care to live in a family in the home (biological) family, and in the absence of such one, - a replacing family, appropriate to the individual child's needs.[4]

Fostered children are children who are protected by state or private agency in charge of adoption and placement of children in foster care, but are brought up in family foster care for short, medium or long-term contractual basis. These children are in foster care till reunification with biological parents or prior to their adoption. Adoption of the child may be a voluntary agreement or by biological parents, or after a court decision on deprivation of parental rights.

Child is a person who has not reach 18 years old, (age of maturity).[1]

Child left without parental care are the children, who are left without care of single or both parents due to limitation and deprivation of their parental rights, recognition of parents as missing, declaring them dead, recognition of their legal incapacity (limited capability), parents serving the punishment in prisons, evasion of parental child-rearing or protecting its rights and interests, including the refusal of parents to take their child from an educational or medical institution, as well as in other cases if there is no parental care.[1]

Orphan is a child who has both or single parent dead.

Disabled child is a person till the age of 18 who has health impairment with persistent disorder of body functions due to disease, injury, their consequences, defects, leading to disability and the need for social protection.[1]

Family – «fundamental group of society and natural environment for growth and wellbeing for all its members and particularly children». (Preamble of Convention on the rights of the child).

Social adaptation of a child is a process of active adjustment of a child in difficult situations, to the conditions of social environment through learning and perception of values, rules and norms of behaviour accepted in the society, as well as the process of overcoming the psychological impact and (or) a moral trauma.[2]

Special social services is a range of services that is provided to a person (family), who are in difficult situations, to overcome social problems and to create them equal opportunities with other citizens for full participation in the society.[2]

Adoption is undertaken to ensure a permanent family for a child whose parents cannot care for him/her. In considering possible adoption, persons who are responsible for the adoption of a child should choose the most suitable conditions for the child.[4]

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1 Law of the Republic of Kazakhstan from 8th of August 2002 № 345 On child's rights in the Republic of Kazakhstan
2 Law of the Republic of Kazakhstan from 29th of December 2008 № 114-IV On special social services
3 Law of the Republic of Kazakhstan from 9th of July 2004 №591 On the prevention of crime among minors
4 Law of the Republic of Kazakhstan from 17th of December 1998 № 321 On marriage and family

Foreword

The report «Study on the causes of child abandonment child abandonment aged 0-3 in Karaganda oblast» is the result of collaboration between Public Union «Centre «Family» and UN Children's Fund (UNICEF) in conjunction with the program of Government of the Republic of Kazakhstan and UNICEF «Protection of childhood oriented on family».

The report contains results of standardized and individual interviews, focus-groups and research conducted in Karaganda, Temirtau, Zhezkazgan, Satpayev, Osakarovsky rayon, the description of the model of early detection of family vulnerability and organization of assistance for families at social risk.

The implementation of this project would have been impossible without the contribution of government officials, who took the time to share their thoughts and experiences.

Moreover, we sincerely thank our colleagues-interviewers for qualified provision of work: in Karaganda, Temirtau, Zhezkazgan, Satpayev, Osakarovsky rayon.

We express our gratitude to the UN Children's Fund for funding and provision of support in the conducting of the study.

Special gratitude is expressed to the Department on Child's Rights Protection and personally to the Director of this Department Kiselyeva I.B., specialist Levitskaya L.V. for constructive assistance to the main group of executors for making-up and discussion of plan implementation of the project.

We hope that the results of this study will affect the construction of a more effective system of early identification of families and children in difficult situations, to provide them with timely assistance and as a consequence would serve as the prevention of child abandonment.

Introduction

Child abandonment, child isolation from family and family upbringing is a serious issue existing today in Kazakhstan and, in particular, in Karaganda oblast.

The child's right to live and grow up in a family, to have a family which ensures its normal development, is recognized as an integral part of the Republic of Kazakhstan at all levels - from domestic to regulatory-legislative ones. However, this recognition into practice remains a declaration that does not have real implementation. Unfavorable conditions for the child's antisocial behavior of parents, including child abuse, low prestige of a family environment are the main causes for abandonment or separation from their biological parents. During a number of years there was a fixed growth in the number of children deprived of their right to live and grow up in a family which serves as one indicator of a system crisis, expressed in the contradiction between the need to ensure the full development of every child and unequal opportunities for many families.

At the present time more than 75 000 children are in the statutory establishments and are deprived of the right to grow in loving family environment – the biggest number per capita in the whole region of CEE/CIS. Each year, more than 2,000 children are left without parental care and placed in statutory institutions.[5] Majority of them are abandoned because of disability, and such children are placed in a mentally ill or psychiatric hospitals. Moreover, the common understanding of the problem consists in that families abandon their children because of poverty, inappropriate social behaviour, single parenting or the lack of social services to assist families.

According to foreign experts who visit Kazakhstan in order to analyze the system of social protection of children and mothers, the child welfare system in Kazakhstan, mainly reflects the model of the system that existed in the USSR until 1991, which uses the placement of children left without parental care into institution-type establishments and also has underdeveloped area of social services provision to families[6]. International research and practice show that the condition of children living in statutory care institutions causes concern since institutionalization - no matter how well-intentioned, - hinders spiritual, physical, emotional and social development of children. Many children placed in institutions in Kazakhstan spend all their infancy, childhood and youth in institutions, losing contact with their families. Children who have graduated from institutions at the age of 18 years as a rule can not find jobs, live in poverty, are in conflict with the law, and referred to the group of risk of exposure to exploitation, child trafficking and sexual violence.

At the same time, it must be admitted that in the recent decades there have been significant changes in the social and economic life of our state, which, of course, also touched upon the sphere of motherhood and childhood. Disadvantages of the system of social protection and child protection mechanisms are considered in a number of reports [6,7]. The Kazakh government has committed itself to reform the system, and this process has already been set in motion. The law "On Special Social Services," from December 29, 2008, № 114-IV had been implemented and became a common legal framework for the development of social protection of children in difficult life situations, moreover, a draft bill of the Code of Republic of Kazakhstan "On Marriage (Matrimony) and the family" is currently considered. The state has developed ways of providing incentives for the guardians, including foster parents. Since 2010 carers of children with disabilities began receiving benefits; since 2011 carers of children without parental care will also start receiving allowance. Taking into account some indicators of the children's welfare, Kazakhstan has achieved good results. There is a high birth rate in the country and a low level of exploitation of child labour and underage marriages. However, statistics regarding children left without parental care, and the number of parental rights deprivation is disappointing. Till now, the large number of children are placed in

the institutional care. Therefore, a study which will determine the causes of child abandonment in Karaganda region, is one of the most urgent and significant matters facing our society today. Only by analysing the problem of child abandonment, we can talk about finding solutions to reduce its growth and improve prevention mechanisms and explore the possibility of providing timely assistance to families in difficult situations, alternative forms of education and support for children already placed in the orphanages.

Part 1. Contemporary analysis of the conditions of children who are left without parental care

1.1 Review of the existing information regarding the problem stated in the research in relation to children's condition in Kazakhstan

According to the Committee on child rights protection of the Republic of Kazakhstan situations referred to children for last period shows the following:

Table 1.1 **General data on children from 0 till 18 years old**

		2009-2010 study year	2010-2011 study year	Dynamics
1	**Overall in the Republic**	**4755902**	**4940494**	**184592**
	Among them:			
	Pre-school age	**1 958 536**	**2097996**	**139460**
	School age	**2 491 202**	**2523857**	**32655**
	Young people in education	**306 164**	**318641**	**12477**
	Including:			
2	**Children with limited ability in their development**	**149 246**	**147679**	-1567
3	**Children-orphans and children, left without parental care**	**42 494**	**38386**	-4108
	Placed in families under guardianship or custody	**25 315**	**22067**	-3248
	In foster care	**2063**	**2267**	204
	Are placed in organizations of:	**15 116**	**14052**	-1064
	Education	***12 519***	**11612**	-907
	Health	***1 692***	**1586**	-106
	Labour and social protection	***905***	**854**	-51
	Children with deviant behavior, who are registered in the inspection of Minors (IoM)	**18431**	**13766**	-4665
5	**Placed in the centers of adolescence adaptation**	**7 598**	**5742**	-1856
6	**Dysfunctional families**	**13 521**	**11543**	-1978
	Number of children in them	**17756**	**17481**	-275
7	**Parents abolished with parental rights**	**923**	**825**	-98
	Number of their children	**1313**	**1072**	-241
8	**Low-income families**	**130654**	**149314**	18660
	Number of children in them	**318033**	**321268**	3235

Table 1.2 Data about the status of children left without parental care and who are brought in statutory and private educational establishments

	Overall			Left without parental care Overall			Including children who are left without parental care (social orphans)										
							Including children										
	Overall	boys	Girls	Overall	boys	girls	Abandoned	Foundling	Whose parents were abolished with parental rights	Whose parents are detained in prisons	Whose parents are being searched for	Whose parents are on a long-term treatment	Whose parents are limited in their rights	Whose parents are recognized by court as missing	Removed from parents	Whose parents died and recognized by court as dead	Recognized by court as having no capacity
2009-2010 study year	11612	6609	5003	9506	5469	4037	884	731	5054	556	959	235	429	121	343	139	55
2010-2011 study year	12519	7136	5383	10317	5889	4428	1129	757	5135	585	1144	344	420	155	413	165	70
Dynamics	-907	-527	-380	-811	-420	-391	-245	-26	-81	-29	-185	-109	9	-34	-70	-26	-15

Analysing the dynamics of identification and admission of children into statutory institutions, we can see trend that a large number of children are placed into the children's homes and orphanages (according to the Committee on Child rights protection for the period of 2009 overall in the Republic 8087 children and adolescents were identified; 27% from them were placed in children's homes and orphanages: that means that a quarter of children identified went to the system of statutory institutions for further care and upbringing). It is worth noting to emphasize that the majority of the identified children have the status of social orphans, ie, from the above table it is clear that a large number of children remains whose parents are deprived of parental rights, wanted by police or have limitation in rights.

There is also large number of child abandonment from mother (fathers, relatives) side.

Table 1.3 Data on children who are in difficult life situation for the period of 2009-2010 and 2010-2011 study years

Period	Number of children with deviant behaviour who are registered with IoM	Placed in CTIARM					
		Overall	Neglected children and teenagers	Left without parental care	In conflict with the law according to the Art. 490	For referral to the special vocational schools, special vocational technical colleges according to the court decision	Committed serious crimes till the age of criminal liability
2010-2011 st year	13766	5742	4676	671	65	229	101
2009-2010 st year	18431	7598	6123	1102	117	250	6

Dynamics	-4665	-1856	-1447	-431	-52	-21	95

From the above table it could be seen that the large number of children is in difficult life situation. This is another factor of risk that this number of children can go into statutory care and be deprived of upbringing and living in their own families.

As to Karaganda oblast, similar problems arise as in the Republic overall.

1.2. Review of the existing information about condition of the children who are left without parental care in Karaganda oblast

On 1st of September 2010 overall number of child population of Karaganda oblast was **318255** children from 0 till 18 years old.

According to guardianship authorities and the department of education in Karaganda oblast for the period of 2010 there were 4772 orphans and children who were left without parental care. Overall, in 2009 году there were 5291 children identified who were left without parental care, 6282 – in 2008, 6416 – in 2007, most of them are social orphans, ie children who did not have parental care because of unnatural reasons, social and economical issues and when parents did not provide adequate care for their children.

***Table 1.4 Data on orphans and children who were left without parental care* (2007-2010), Karaganda oblast**

Year	Overall to children-orphans and children left without parental care	Under guardianship and custody	In foster care	In health organizations	In social protection organizations	In education organizations
2007	6416	3858	60	314	182	1880
2008	6282	3011	68	323	175	1856
2009	5291	2983	70	278	236	1724
2010	4772	2623	83	285	97 (overall 351)	1678

Based on the data presented on the website of the Committee on Child Rights Protection, it can also be seen that in the Karaganda region a large number of children is going to statutory agencies for the same reasons as in the Republic generally. From the table below it shows that the from the total number of identified children in 2009, full orphans are only 23%, the rest of the children get in the statutory care because their parents are deprived of parental rights, wanted, etc.

Table 1.5 Status of identified children who are left without parental care, 2009.

	Over all identified	Among them:									
		Orphans	Among them girls:	Parents abolished with parental rights	Among them girls:	Abandoned	Among them girls:	Parents with incapacity	Among them girls:	Limited in parental rights, wanted, recognized by court as missing, in prisons and so on	Among them girls:
Karaganda oblast	965	215	106	129	69	267	123	117	53	237	132

This number of children fills places in children's homes and baby homes. Therefore the number of children in these establishments remains mostly without significant changes or with slight reduction. This is proved by the table below.

Table 1.6 Number of orphans and children left without parental care in baby homes (2007-2010)

Name of the establishment	Number of children according to the year			
	2007	2008	2009	2010
State establishment "Child's home of Zhezkazgan city"	94	92	87	94
SE Child's home "Botagoz"	103	109	96	81
SE Child's home "Shapagat"	126	122	115	110
Overall:	323	323	298	285

Table 1.7 Network of educational establishments for orphans and children left without parental care

Год	Children's homes	children	Boarding schools	children	Correctional schools	children	Family-type children's homes	children	Children's villages	children	Private children's homes	children	Youth houses	children	OLPC	children	Private shelters	children
2007	10	848	1	311	2	452	2	9	1	74	1	58	5	117	2	108	1	20
2008	10	767	1	276	2	428	1	2	1	71	1	63	5	128	2	103	1	18
2009	10	714	1	267	2	371	1	2	1	69	1	73	5	114	2	102	1	14
2010	10	896	1	97, overall 351	2	376	1	2	1	68	1	66	5	111	2	108	1	25

Based on the situation, we can conclude that the main activity to determine the child's placement comes during the stage when the child had already been placed into the state institutions and not during the stage of prevention. It is confirmed with a large number of deprivation of parental rights in the region and a large number of children living in dysfunctional families.

Antisocial behaviour of parents, including child abuse, low prestige of the family environment are the main causes of abandonment or separation from biological parents. During the number of years there was only a slight decrease in the number of children deprived of their rights to live and grow up in a family, and it can serve as an indicator of a systemic crisis, which consists of the contradiction between the need to ensure the full development of each child and unequal opportunities for many families.

Evaluation of the situation in regard with the family vulnerability/dysfunction

From the beginning of 2010 specialists of the inspection on minors had registered in the internal affairs database **2286 dysfunctional families**, which either do not provide the adequate care to the children or have substance misuse issues. In conclusion when comparing results of annual reports there is a very slight reduction in the number of such families, for example if in 2008 number of children is 2304, then in 2010 this figure is 2286. In these families there are about 3000 underage children. Therefore, these children are constantly in the social and psychologically vulnerable environment.

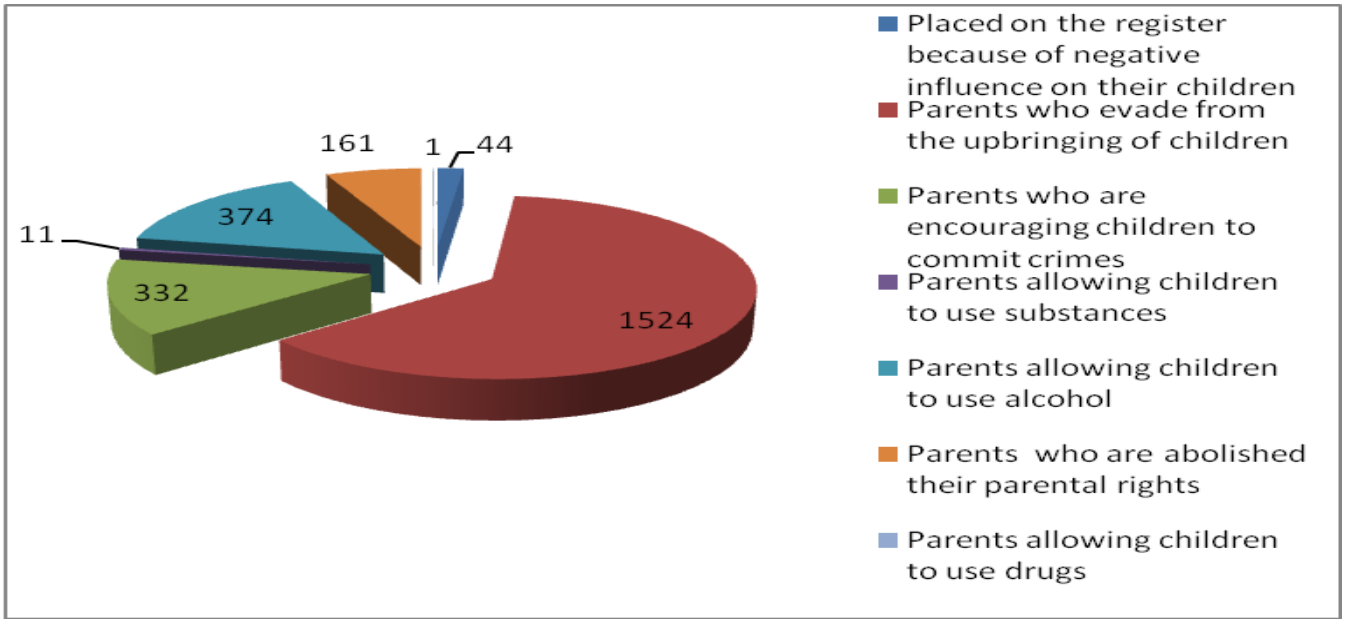
Table 1.8 **Data on the number of dysfunctional families who are registered in IOM (for 2010) in Karaganda oblast and also the social portrait of such families in the towns and rural areas**

	Overall on register	Parents involving children in alcohol misuse	Parents who are encouraging children to commit crimes	Parents who allow substance misuse	Parents who misuse alcohol	Parents who negatively influence on their children	Parents who do not provide adequate care for their children	Parents affected by substance misuse	Parents who are abolished with their parental rights
Abaisky	80		2		16	6	56		22
Aktogaisky	8		1				7		1
Buharzhyrausky	98		54		3	1	40		5
Zhanaarkinsky	26		8		7		11		
Karkaralinsky	20				7	2	11		
Nurinsky	58		1		17	3	37		3
Osakarovsky	63				41		22		13
Shetsky	20		1				19		3
Ulytausky	12		10			1	1		
Karaganda	981		229	3	25	6	717	1	33
Zhezkazgan	161		24	5	84	8	40		5
Balhash	71			1	60		10		11
Karazhal	14		2		9	3			2
Saran	57				11		46		4
Satpayev	145				14		131		11

Temirtau	303				68	14	221		31
Shahtinsk	169			2	12		155		17
OVERALL	**2286**		**332**	**11**	**374**	**44**	**1524**	**1**	**161**

Social portrait of dysfunctional families, children's parents looks the following:

- Placed on the register because of negative influence on their children – 1,9%;
- Parents who evade from the upbringing of children – 66,6 %,
- Parents who are encouraging children to commit crimes – 14,5 %,
- Parents allowing children to use drugs – 0,4 %,
- Parents allowing children to use substances - 0,04 %,
- Parents allowing children to use alcohol – 16,3%.



Data about dysfunctional families and number of abolishment of parental rights in Karaganda oblast

Right of the child to live and be brought up in the family, to have family which ensures his normal development is recognized in Republic of Kazakhstan as a essential on all levels – from domestic to norms and legislation level. However, there are still some problems in the country in relation to implementation of these rights by children.

Regional courts satisfied 161 out of 340 applications on the abolishment of parental rights made by the specialists of the inspection on minors in 2010, 169 (out of 343) in 2009, limited in their parental rights 19 parents in 2010, 17 parents in 2009.

Table 1.9 **Information on the dysfunctional families and parents who were abolished with parental rights**

Year	Dysfunctional families which are registered in the internal affairs departments	Parents abolished with parental rights
2007	2278	135
2008	2304	133
2009	2243	169

2010	2286	161

Information on children who are in difficult life situation in Karaganda oblast

For systematic runaways from the family and child care institutions, presence in public places without adult supervision, or left without parental or replacing adult care, there were 1705 children placed in CTIARM centers of Karaganda and Zhezkazgan and shelters in Karaganda and Temirtau in 2009. During the period of 2010 only in CTIARM centers (Karaganda and Zhezkazgan) there were 621 children's placements, **among them for neglect and homelessness - 479 children.**

Characteristics of delivered children (overall in CTIAMs) looks following:

- ***According to the age***: from 3 – 7 years old – 19 children; from 7-14 – 160; 14 – 17 – 442 teenagers;
- ***According to their schooling status:*** study at school – 411; in secondary special, professional establishments – 172; do not study – 38 детей;
- ***Delivered repeatedly – 58 children.***

Table 1.10 **Information about children**

Number of children with deviant behavior who are placed on register in IoM in Karaganda oblast	Placed in CTIARMs					
	Overall	Neglected children and teenagers	Left without parental care	In conflict with law according to the Art 490	For referral to the special vocational schools, special vocational technical colleges according to the court decision	Committed serious crimes till the age of criminal liability
18431	7598	6123	1102	117	250	6

By analyzing existing data, we can summarize the characteristics of **delivered children for neglect and homelessness to shelters** of Karaganda and Temirtau:

- 86% minors study in secondary schools,
- 9,5% delivered to shelters are preschoolers,
- students of professional lyceums and colleges are almost never placed in shelters, meanwhile, there were 27% of students of professional schools, boarding schools;
- more than 30% children are delivered to shelters repeatedly, in CTIARMs about 10% of children were delivered repeatedly.

The **main reasons** for placement children in shelters, or CTIARM centers and CAAs are troubles within the family, parental alcohol abuse, leading immoral lifestyle, parents do not provide adequate care, they do not have a permanent place of residence, parents' whereabouts are unknown, and also because of the reason "left without parental care"

All this confirms the suggested hypothesis that the main activities in the placement of children are undertaken with the children who are already in the statutory institutions, and,

unfortunately, despite ongoing prevention efforts, little attention is paid to early identification of families at risk.

Table 1.11 Data on number of low income families and children living there

	Number of low income families	Children in them	Among them		Number of families receiving individual financial help	Children in them
			Preschool age	School age		
Karaganda oblast, 2010	9905	21682	2823	18859	5938	5720

The above table shows that another risk factor which impacts on the tendency of institutionalisation of children is that a large number of children living in low income families do not receive individual assistance benefits, and thus remain in a situation of vulnerability.

It should also be considered that it is important to provide services to these families at a time when one can save and support a family and thus to improve the situation of children.

By analysing the above identified trends and factors, it can be concluded that it is necessary to conduct a comprehensive study of the indicated problem that will help to find real solutions to improve the situation of children and families in the Karaganda region.

Part 2. Methodology of the study

2.1 Key study indicators

In accordance with the technical requirements of the UNICEF, the study was conducted in two key areas, which differed in the target audience, methods of data collection and methods of situation assessment.

Table 2.1 **Study areas**

Key areas of the study	Target audience	Objectives	Methods
Data collection and data analysis of the existing information on children left without parental care	Specialists (health and education establishments)	Data collection Study and analysis of specialists opinion on the causes for abandonment Study and analysis of the specialists opinions on the existing mechanisms of the abandonment prevention	Document analysis Interview Questionnaires *Focus groups*
Study of the history of abandonment in families	Family (mothers and relatives)	Learning about family history in which child abandonment happened Learning about the motives of parents to abandon their child Identification of the stages of decision-making about the abandonment	Interviews Questionnaires Observation

The historic approach was also used as the most suitable in the study and evaluation because it allowed to learn more about the origin, growth, characteristics, crucial moments in the abandonment of children in Karaganda and Karaganda region. Moreover, since this approach involves a necessary element of flexibility in data collection, it allowed the researcher to include a wide range of factors - political, economic, sociological, institutional and personal. With this approach, the research team focused its attention on a deep study of the history of every family that allowed a much deeper analysis of the problem. Application of this approach in data collection allowed to get the quantitative and the qualitative characteristics of the studied situation.

2.2 Aims and objectives of the study

Aim: To study main causes for abandonment of children from 0-3 years old in Karaganda region and development of recommendations for its prevention.

To achieve this aim the following **objectives** had been put forward:
- to research social and psychological causes of the motherhood abandonment;
- to study the role of family factor in the child abandonment;
- to consider the prevention as a method of social work with a family in difficult life situation;
- to develop recommendations for prevention of child abandonment.

2.3 Stages of the conducting of the research

For achieving the aim and objectives, research involved several stages and included:

I stage Preliminary work. Adaptation and adjustment of questionnaires to the conditions of Karaganda region.
II stage Selection of statutory establishments for conducting the study
III stage Working group meeting
IV stage Carrying out the study
V stage Data analysis and recommendation development after the study conclusion
VI stage Conducting the Round table, discussion of the results and plan of actions
VII stage Issuing the electronic workbook

I stage Preliminary work

In order to conduct the study the aims and objectives were formulated . A research group was formed, which included family psychologists and social workers with higher education and practical experience of working with families in difficult life situations, and also experts in the monitoring studies.

For the assessment of situation there were 4 questionnaires developed:
Questionnaires for specialists
Questionnaires for the heads of establishments
Questionnaires for mothers
Questionnaires for mother's relatives

Questionnaires had closed (respondent chooses an answer from the offered answers) and open questions (respondent puts his own answer).

Child abandonment study took into account 2 directions:
1) personal and family factors
2) social and institutional factors

Abandonment causes

Personal and family factors	Social and institutional factors

***Personal and family factors**:*
- Alcoholism, drug misuse of the mother / family environment;
- Lack of support from the child's father's side; from the «wider family»;
- Psychological and social «immaturity» of the mother;
- Family with many children;
- Mother is a graduate of children's home;
- Very young age of the mother (15 - 18 years old);
- Socially-affected diseases of the mother (HIV, hepatitis, tuberculosis and so on);
- Children's diseases, in-birth pathology;
- Serious family conflict;
- Death of close relatives;
-Sudden loss of mother or close relative's health.

***Social and institutional factors**:*
- Mother has no subsistent living income, absence of work;
- Crowded living conditions;
- Unavailability of social infrastructure (nurseries, kindergardens, rehabilitation centers etc.)
- The state system of social protection is not available to mothers at the absence of documents or registration;
- Existing public support is short-term and does not cover the entire period of crisis in every individual family (so the abandonment occurs at different stages).
- Low awareness of their rights (right to benefits, facilities, etc.) and their low significance.
- Simplified transfer of a child to the statutory care;
-Lack of social workers and psychologists in state hospitals /maternity homes;
- Failure to recognize postnatal depression as an illness.

II stage Selection of statutory organizations for conducting the study

The study included 2 selection processes:

1. Selection of different types of the region organizations for research (institutional organizations, children's homes, maternity wards).
2. Selection of respondents for interviewing and forming the focus-groups: organizations' heads and specialists, parents, relatives.

For the study 4 cities/towns and 1 rural area were selected:

1. Karaganda city
2. Temirtau city
3. Zhezkazgan city
4. Satpayev city
5. Osakarovski rayon (rural)

Justification of the selected districts and municipalities was based on the location of institutions for children in difficult life situations and children left without parental care. It is also important to note that because in some institutions there are few pre-school children, and in others there are many such children, the priority of working with parents and relatives of children was given to those institutions where you can get most information about children, their parents and relatives . While working with specialists in all of the represented institutions the sample was provided uniformly, according to the staff timetable. The heads of organisations, assistants, social pedagogs, psychologists, teachers, educators, lawyers and medical personnel were interviewed.

Table 2.2 **Selection of statutory organizations for conducting the study**

Selected region	Types of children's organizations	Number of organizations	Number of organization' specialists	Number of interviewed parents and relatives

Karaganda	Children' home Children's home for children with disabilities Family-type children's home Child's home House "Hope" CAA Care home for children with learning disabilities Guardianship and health authorities	1 1 2 2 1 1 1 4 specialists	79 people	60 people
Temirtau	Family-type children's home Shelter Boarding school for children left without parental care «SOS children's village» Guardianship authorities	1 1 1 1 2 specialists	30 people	3 persons
Zhezkazgan	Children's home Family type children's home CAA Guardianship authorities	1 1 1 3 specialists	17 people	5 people
Satpayev	Children's home Guardianship authorities	2 2	25 people	10 people
Osakarovsky rayon	Children's home Guardianship authorities	1 1 specialist	5 people	3 persons

Data collection was conducted in every chosen region in all types of institutions.
Overall, there were 18 institutions and agencies participating in the study, including:

- 2 Child's homes (0-4 years old)
- 1 Hope house
- 4 children's homes
- 4 family-type children's homes
- 1 SOS children's village
- 2 centers of adolescence adaptation
- 1 shelter
- 1 care home for children with learning disabilities
- 2 boarding schools
- Guardianship authorities from 5 areas
- Karaganda health authorities

III stage Working group meeting

At the meeting of the Working Group the experts of regional and city akimats, health, education, labour and social protection, education departments of Karaganda, Temirtau, the heads of institutions were invited.

At the meeting of working group there was presentation of the project "Study of the abandonment of children aged 0-3 in Karaganda oblast", questionnaires were discussed, selection process for the study and timelines of the project were confirmed.

By the end of the meeting:

- questionnaires were added and modified by the members of working group and the final version was confirmed;
- timelines for interviews in institutions were approved;
- the results of working group has been sent electronically to the institutions of Zhezkazgan, Satpayev, Osakarovsky rayon (according to the selection).

Conducted event was publicized in the media (local TV channels, newspapers).

IV stage Conducting the study

During the study and evaluation both quantitative and qualitative research methods have been used : surveys, interviews, questionnaires, focus groups, observation.

Study on the causes for child abandonment was considered from 2 perspectives:

1) ***from family perspective***, where the child abandonment happened. Respondents were:
- mothers;
- child's relatives.

In the study:

- Causes and stages of child abandonment were studied.
- Traits and characteristics of parents/families who abandon their children or at risk of abandoning their children were identified.
- The characteristics of relationships in the parent's family, close relatives were researched.
- Information about service provision for parents in crisis situation was analyzed
- Potential chances of the return of the child into his/her biological family were explored

2) from ***specialists of different institutions and agencies perspective*** who directly work with such families
Respondents were:

1. guardianship and health authorities
2. children's institutions heads
3. children's institutions staff

As a result of the study:

- work experience, positions of specialists were differentiated;
- causes for social orphanage and institutionalization were identified from perspective of specialists;
- causes for placement of children in the institutions: abandonment and abolishment of parental rights were clearly identified;
- history of stages of child abandonment and causes for placement of children into the institutions were studied from the specialists perspectives;
- activity of baby homes, children's homes and orphanages in ensuring child's right to live in the family was studied including:

1) placement of children in the family-types organizations (national and foreign adoption, guardianship, fostering and other alternative forms of child care, family strengthening centers)

2) collaboration with local communities and NGOs (children visiting guest families, joint events, involvement of the child into life of local communities etc).

V stage Data analysis and recommendation preparation on the conclusions of the study

Overall were interviewed:
Specialists – 156 people;
Mothers – 42 people;
Relatives – 39 people.

The documents of more than 300 children in institutions were analyzed (from them 81 mothers and relatives were chosen for interview)

The systematization of existing materials was conducted and the appropriate information for the causes of child abandonment.

Data collection and analysis of questionnaires

An important stage of the study was to analyse the processed data and to develop recommendations for resolving the issue. The analysis achievements were:

- the history of the family in which child abandonment happened was studied,
- the causes for the abandonment of parents from the child were explored;
- the stages of a decision for abandonment were identified and the process of child abandonment was explored;
- the existing possibilities of prevention child abandonment in the Karaganda region were clarified;
- sources and causes of child abandonment institutionalization were identified;
- the causes for children's placement in the residential care: abolishment of parental rights and parental rejection of the child, as well as the causes of deprivation of parental rights by the state to use parental status were clearly defined;
- the reasons for admission of children into the institutions permanently, and who decides to place a child to the institution were examined;
- the activities of children's homes, orphanages and boarding schools for children in ensuring the rights of children to live in the family were investigated, including:

1) placement of children in the family-based care (national adoption, guardianship / custody, foster care and other alternative forms of placement of children in education, support for children's biological parents and relatives)
2) interaction with local communities and NGOs (children visiting guest families, joint activities, the involvement of children in community life, etc.)

• An important step in the analysis was to identify alternatives and solutions to the problem of children left without parental care.

As a result of the study:

• recommendations to improve public policies that prevent child abandonment and institutionalization were developed;

•an action plan to implement the recommendations of the study in the Karaganda region is proposed;

• Government agencies and the public will be informed of the outcome and recommendations of the study in the Karaganda region of RK.

Conclusions of the study and analysis became the basis for the development of this workbook and robust recommendations, steps and perspectives in the prevention of child abandonment.

Chapter 3. Study on the causes of 0-3 Year Old Children Abandonment in Karaganda Region

3.1 Analysis of Specialists' Questionnaire Survey

Specialists from health care, educational and labor and social protection institutions, Guardianship and Custody Authorities (Karaganda, Temirtau, Zhezkazgan, Satpaev, and Oskarovskiy District) and specialists of the Motherhood and Childhood Department under the Karaganda Region Heath Care Directorate participated in the study.

The specialists were offered a questionnaire consisting of 4 sections: Section 1 (General Information); Section 2 (Discoveries of Children's Health Issues); Section 3 (Relations with Parents) and Section 4 (Services) (see Schedule No. 1).

Section 1. General Information

This Section contains information about specialists participating in the study.

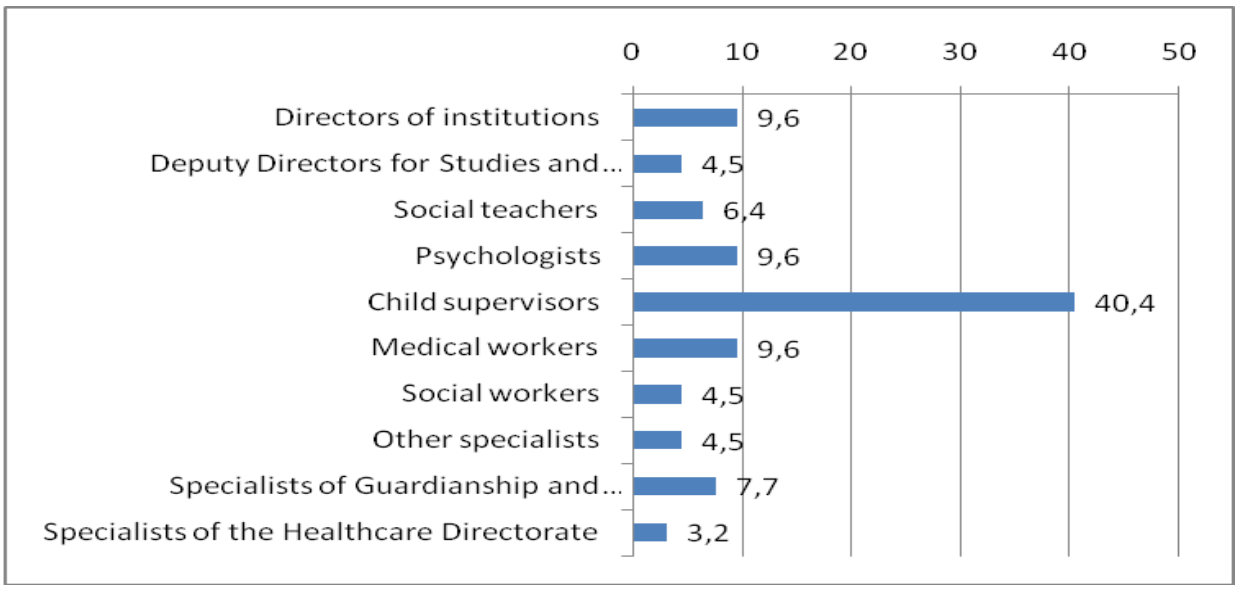
Table 3.1.1. **Specialists' Information**

	Quantity = 156	
	Quantity	%
Karaganda Region		
Karaganda	79	50.6
Temirtau	30	19.2
Zhezkazgan	17	10.9
Satpaev	25	16.1
Oskarovskiy District	5	3.2
Institution type		
Educational institutions	100	64.1
Health care institutions	27	17.3
Labor and Social Protection Institutions	12	7.7
Guardianship and Custody Authorities (according to the selection)	12	7.7
Motherhood and Childhood Department (Karaganda Region Heath Care Directorate)	5	3.2
Experience		
less than 1-2 years	53	34
3-5 years	30	19.2
over 5 years	73	46.8

46.8% of the questioned specialists have over 5-year experience in the said institution. The second largest group is represented by specialists (34%) with less than 1-2 year experience. The percentage of persons with 3-5 year experience is insignificant. Thus, one third of specialists do not have experience in such institutions and need special training.

When conducting the studies, we covered various specialists in order to examine the issue on a comprehensive basis.

Image 3.1.1. Specialists' Information



The main research task of Section 1 was to find out the opinion of specialists from health care, educational and labor and social protection institutions on causes of children abandonment and examination of characteristics of mothers leaving their children under the state custody.

The specialists' opinion on the causes of children abandonment set forth in Table 3.1.2 has been analyzed in 2 directions:

1) personal and family factors;
2) social and institutional factors.

Table 3.1.2. **Specialists' Opinion on Causes of Children Abandonment**

	Health Care Institutions		Educational Institutions		Labor and Social Protection Institutions	
	Quantity = 32		Quantity = 112		Quantity = 12	
	Quantity	%	Quantity	%	Quantity	%
Personal and family factors						
Antisocial life style (alcoholism, mother's / family drug addiction, uncontrolled sexual behavior)	6	18.8	85	75.9	5	41.7
Lack of support from the child's father / extended family	6	18.8	15	13.4	1	11.8
Mother's psychological and social immaturity	2	6.3	24	21.4	0	0
Extremely young age of the mother (15 – 18 years)	2	6.3	11	9.8	0	0
Acute family conflict	1	3.1	2	1.8	0	0
Sudden loss of mother's or close relatives' health	0	0	1	0.9	0	0
Children's sickness, congenital pathology	4	12.5	11	9.8	9	75
Social and institutional factors						

Lack of the mother's financial resources for living	13	40.6	55	49.1	1	8.3
Unemployment	3	9.4	17	15.2	0	0
Uncomfortable housing	5	15.6	31	27.7	0	0
No reply	13	40.6	9	8.1	0	0

Among the ***personal and family factors***, the specialists from health care institutions believe that the most common causes are the mother's antisocial life style (18.8%), lack of support from the child's father and extended family (18.8%); specialists from education institutions name such causes as antisocial life style (75.9%) and mother's psychological and social immaturity (21.4%), and labor and social protection specialists specify children's sickness and congenital pathology (75%) and mother's asocial life style (41.7%).

Specialists believe that such personal and family factors as a large family, mother being a former foster child, mother's social illness (HIV, hepatitis, tuberculosis etc.) and death of close relatives are common causes of abandonment.

Among ***social and institutional factors***, specialists believe that the most common causes are the following: in health care institutions – lack of the mother's required financial resources (40.6%), uncomfortable housing (15.6%) and unemployment 9.4%; in educational institutions – lack of the mothers required financial resources (49.1%), uncomfortable housing (27.7%) and unemployment (15.2%) were the most frequent answers.

Labor and social protection specialists do not name causes of abandonment from groups of social and institutional factors.

It shall be noted that from the group of ***social and institutional factors*** specialists do not name as common such causes as unavailability of social infrastructure (day nursery, kindergartens, rehabilitation centers etc.), unavailability of social protection when a mother has no documents or registration, low awareness of rights (right to benefits etc.), facilitated procedure for leaving a child under the state custody, lack of highly professional social workers and physiologists in hospitals / maternity hospitals, non-acknowledgement of postnatal depression as a disease, however in Section 4 (Services), these are the aspects that respondents indicate in their proposals as necessary for improvement of child abandonment prevention.

It shall be noted that 40.6% of health care institution specialists did not answer this question.

Generally, to specialists' opinion, the most common causes (an average % of the total selection) are:

- mother's antisocial life style (45.4%);
- insufficiency of required financial resources of the mother (32.7%);
- children's diseases, congenital pathology (32.4%);
- lack of support from the child's father / extended family (14.7%);
- uncomfortable housing (14.4%);
- psychological and social immaturity of the mother (9.2%);
- unemployment (8.2%).

Table 3.1.3 Mothers' Information According to Specialists

	Health Care Institutions		Educational Institutions		Labor and Social Protection Institutions	
	Quantity = 32		Quantity = 112		Quantity = 12	
	Quantity	%	Quantity	%	Quantity	%

Mothers' general information:						
1. Marital status						
Generally married	1	3.1	12	10.7	4	33.3
Generally single	31	96.9	109	97.3	7	58.3
2. Bad habits						
Smoking	22	68.8	54	48.2	5	41.7
Alcohol	32	100	107	95.5	9	75
Drugs	13	40.6	34	30.4	1	8.3
No bad habits	2	6.25	3	2.7	2	16.7
3. Visiting specialists on pregnancy matters						
Yes	2	6.3	7	6.3	0	0
No	23	71.9	101	90.2	7	58.3
No answer	7	21.8	4	3.6	5	41.7
4. A child is abandoned by						
primipara women	22	68.8	73	65.2	2	16.7
multi para women	17	53.1	41	36.6	3	25
on the father's initiative	4	12.5	8	7.1	0	0
child's father (if mother passed away)	4	12.5	17	15.2	5	41.7
Other	2	6.3	24	21.4	2	16.7
No answer	1	3.1	7	6.3	0	0
5. Time of abandonment						
Immediately after giving birth	23	71.8	58	51.8	6	50
A year after giving birth	6	18.8	13	11.6	1	8.3
Other	12	37.5	63	56.3	4	33.3
No answer	0	0	1	0.9	2	16.7
6. Place of child abandonment						
Maternity departments	19	59.4	50	44.6	5	41.7
Childcare Centers	9	28.1	25	22.3	3	25
New-born pathology departments	8	25	23	20.5	4	33.3
Other	5	15.6	41	36.6	1	8.3
No answer	2	6.3	2	1.8	2	16.7

When analyzing information about mothers abandoning these children, most of specialists (in health care institutions – 69.9%, in educational institutions – 97.3%, in labor and social protection institutions – 58.3%) note that such mothers are single.

Specialists believe that such mothers more commonly have such bad habits as alcohol abuse (in health care institutions – 100%; in educational institutions – 95.5%; in labor and social protection institutions – 75%), smoking (in health care institutions – 68.8%; in educational institutions – 48.2%; in labor and social protection institutions – 41.7%) and use of drugs (in healthcare institutions – 40.6%; in educational institutions – 30.4%; in labor and social protection institutions – 8.3%).

Most of the respondents (100% in healthcare institutions; 90.2% in educational institutions; 58.3% in labor and social protection institutions) note that, as a rule, women do not consult specialists on pregnancy matters.

Specialists from health care institutions said that in the past, primipara women abandoned children more often, however, the situation has currently changed and it is difficult to point to one category of women. It can be seen from the Table that specialists from health care institutions (68.8%) and educational institutions (65.2%) point to primipara and multi para women (53.1% in

health care institutions; 36.6% in educational institutions). 41.7% of the respondents from labor and social protection institutions note that a child is abandoned by the father's initiative when his/her mother passed away.

Specialists from health care institutions (71.8%) believe that a child is abandoned more often immediately after he/she is born. This is proved by opinions given by specialists from health care institutions (51.8%) and social protection institutions (50%). However, specialists of educational institutions (56.3%) marked down other as an answer in their questionnaires explaining that based on their experience a child can be abandoned at any age.

The majority of specialists from health care institutions (59.4%) state that a child is more often abandoned in a maternity department, however abandonment can also occur in a Childcare Center (28.1% of the respondents) and in new-born pathology departments (25%). Specialists from educational institutions point to a maternity department (44.6%) and choose "Other" as an answer in their questionnaires (36.6%): notarially through guardianship authorities or from a problematic family).

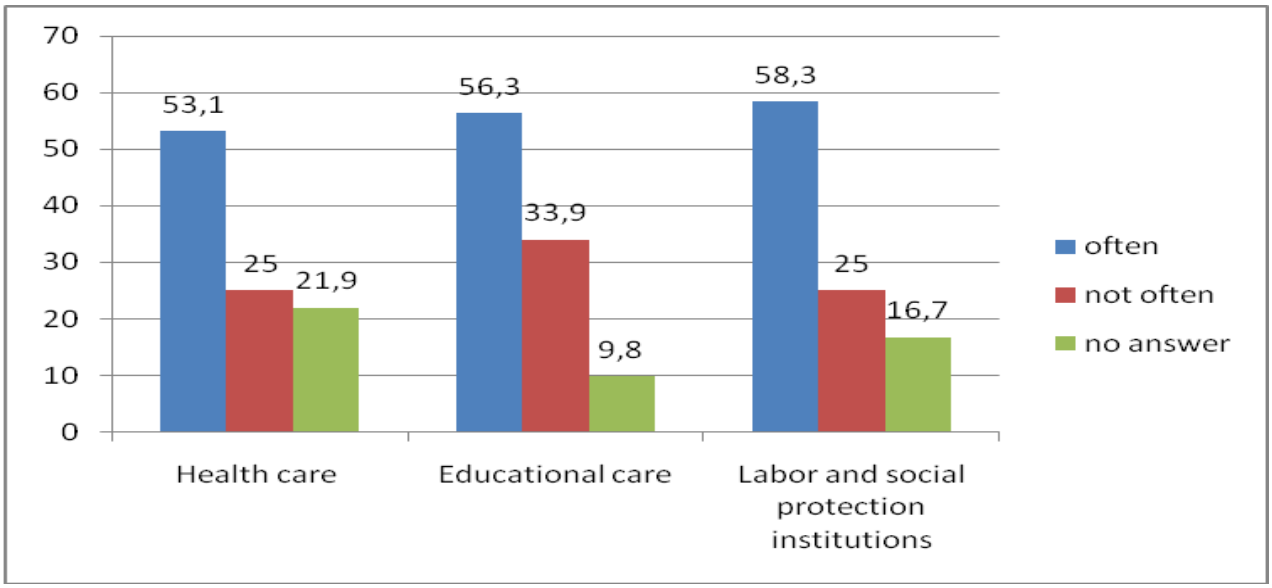
Most of the respondents (68.8% in health care institutions; 69.6% in educational institutions and 60% in labor and social protection institutions) specified in their questionnaires that there were cases of repeated child abandonment by mothers. During the work of a focus group, when discussing repeated child abandonment cases, the participants noted that there were cases when a mother took a child back into her family from an institution, but some difficulties (social and economic) took place and she returned the child back or a mother gave birth to a child and left him/her under the state custody as she could not provide for this child and sometime later, she gave birth to another child and left him/her again under the state custody, then she might give birth to a third one etc; thus, institutions may accommodate several children from one family.

In the same time, specialists (56.3% in health care institutions; 74.1% in educational institutions; 75% in labor and social protection institutions) state that there are cases when a child is returned to the family. There are only a few children who are returned to the family, 1 – 7 children for the last 18 months.

Section 2. Discoveries of Children's Health Issues

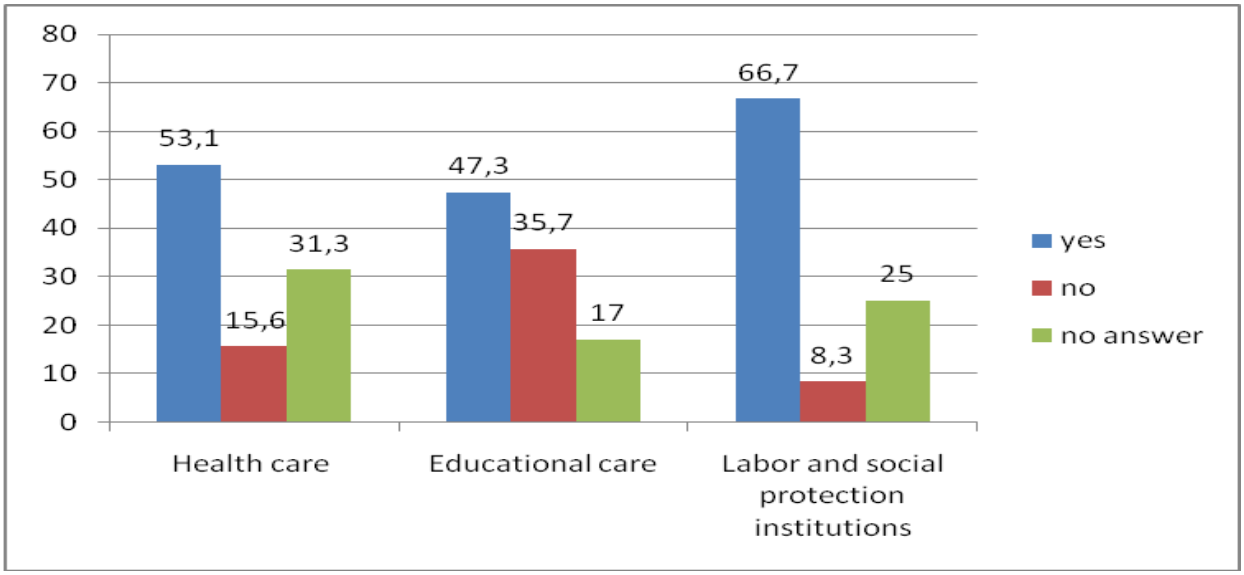
The research task was to determine frequency of child abandonment due to their health issues and examination of measures undertaken by specialists in such cases.

Image 3.1.2. **How often child's genetic or health problems are discovered?**



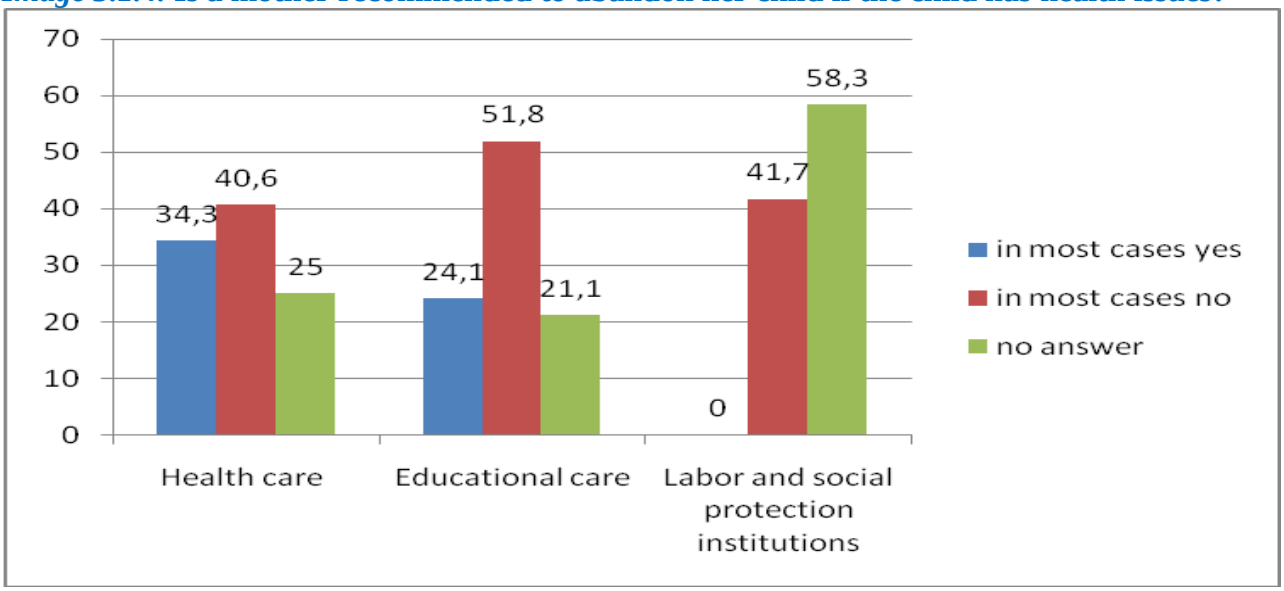
Specialists' opinions on this matter are ambiguous: slightly over half of all questioned respondents believe that child's health issues are often discovered while 25% - 33% of specialists believe that such issues are not discovered frequently. There are specialists (9.8% - 21.9%) who find it difficult to answer this question.

Image 3.1.3. **Do institution specialists and psychologists work with a mother if her child's health issues have been discovered?**



66.7% of questioned respondents from labor and social protection institutions, 53.1% of respondents from health care institutions and 47.3% of respondents from educational institutions state that specialists and psychologists work with a mother when her child's health issues have been discovered; 35.7% of the respondents from educational institutions believe that in such cases specialists do not carry out any or enough work. There are specialists (17% - 31.3%) who find it difficult to answer this question.

Image 3.1.4. **Is a mother recommended to abandon her child if the child has health issues?**



As shown on Image 3.1.4., specialists from educational institutions (51.8%), labor and social protection institutions (41.7%) and health care institutions (40.6%) believe that mothers shall not abandon children due to health issues.

58.3% of labor and social protection specialists find it difficult to answer this question, maybe because of peculiarities of children placed in such institution.

The respondents (46.8% in health care institutions; 33.9% in educational institutions and 41.7% in labor and social protection institutions) specify in their questionnaires that there are cases when children return to their families.

Based on the foregoing, we can see that specialists' answers to this Section questions are contradictory, therefore it is difficult to come to a certain conclusion.

Section 3. Relations with Parents

This Section research task was to verify chances of children's reuniting with their families.

Table 3.1.4. **Relations with Parents in Institutions**

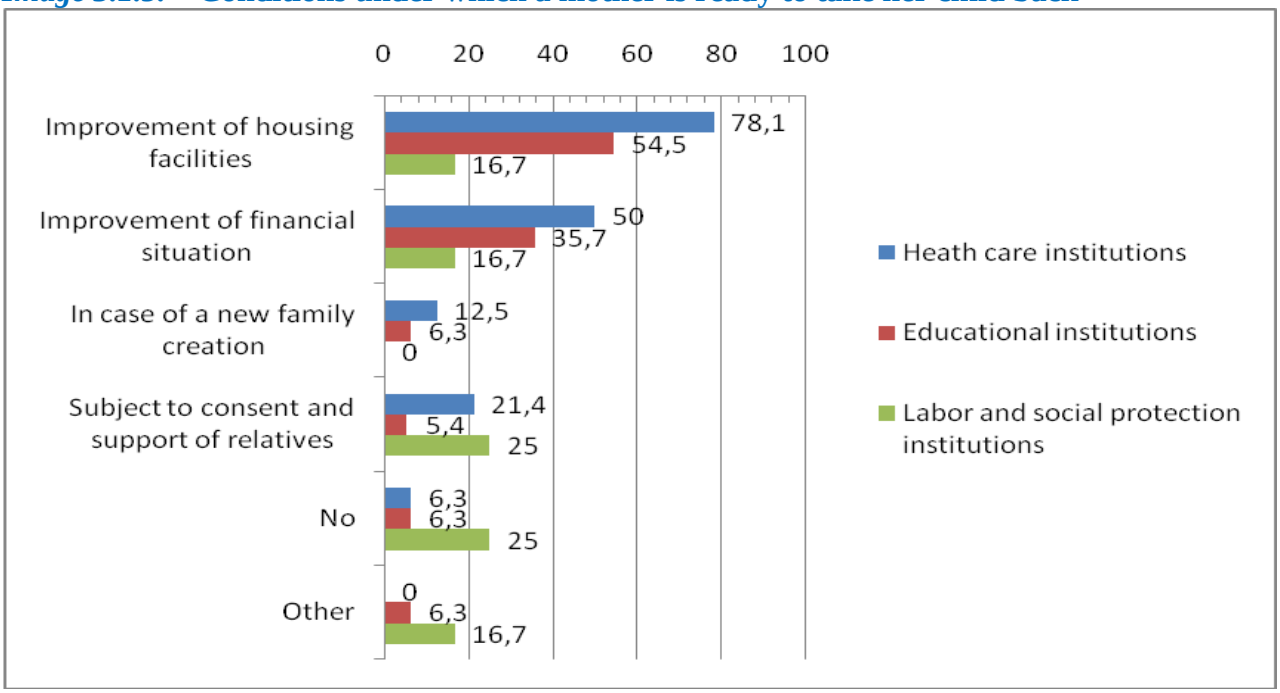
	Health Care Institutions		Educational Institutions		Labor and Social Protection Institutions	
	Quantity = 32		Quantity = 112		Quantity = 12	
	Quantity	%	Quantity	%	Quantity	%
Parents' visits to children						
once a week	11	34.4	17	15.2	0	0
once a month	19	54.3	53	47.3	9	75
less frequently	0	0	3	2.7	2	16.7
do not visit	4	12,5	41	36.6	1	8.3
no answer	1	3.1	5	4.5	0	0
Time of parents' spend with their children						
as much as allowed	20	62.5	78	69.6	8	66.7
always in a hurry	9	28.1	18	16.1	3	25
30 minutes	1	3.1	8	7.1	1	8.3
no answer	1	3.1	5	4.5	0	0
Do parents bring toys or clothes to their children						
Yes	15	46.9	61	54.5	5	41.7
No	17	53.1	44	39.3	7	58.3
No answer	1	3.1	3	2.7	0	0
Awareness of psychological, social and legal assistance						
sufficient	15	46.9	18	16.1	4	33.3
insufficient	11	34.4	94	83.9	5	41.7
no answer	6	18.8	0	0	3	25

When analyzing Table 3.1.4., it may be noted that the specialists' and their colleagues' opinions are contradictory. Thus, in health care institutions, 54.3% of specialists note that, the most commonly, parents visit their children once a month; 34.4% of specialists state that in most cases they come once a week and 36.6% of specialists claim that parents do not visit. 75% of respondents from labor and social protection institutions answered that parents visit once a month and 16.7% answered that even less often.

To the question of whether parents bring toys or clothes to their children, some respondents (46.9% in health care institutions; 54.5% in educational institutions and 41.7% in labor and social protection institutions) answered Yes, while the other ones (53.1% in health care institutions; 39.9% in educational institutions and 58.3% in labor and social protection institutions) answered No. The same concerns the matter of parents' awareness of psychological, social and legal assistance: some respondents believe that parents have sufficient information (46.9% in health care institutions and 33.3% in labor and social protection institutions) while the other respondents believe that it is insufficient (34.4% in health care institutions and 41.7% in labor and social protection institutions).

However, to the question "How much time do parents spend with their children?", most of specialists (62.5% in health care institutions; 69.9% in educational institutions and 66.7% in labor and social protection institutions) answered: "as much as allowed".

Image 3.1.5. **Conditions under which a mother is ready to take her child back**



Based on the specialists' opinion, it may be said that primary conditions under which a mother is ready to take her child back are housing and financial status improvement. Even though only a small percentage of specialists (21.4% in health care institutions and 25% in labor and social protection institutions) point to such condition as consent and support of relatives, we believe that it shall be carefully considered.

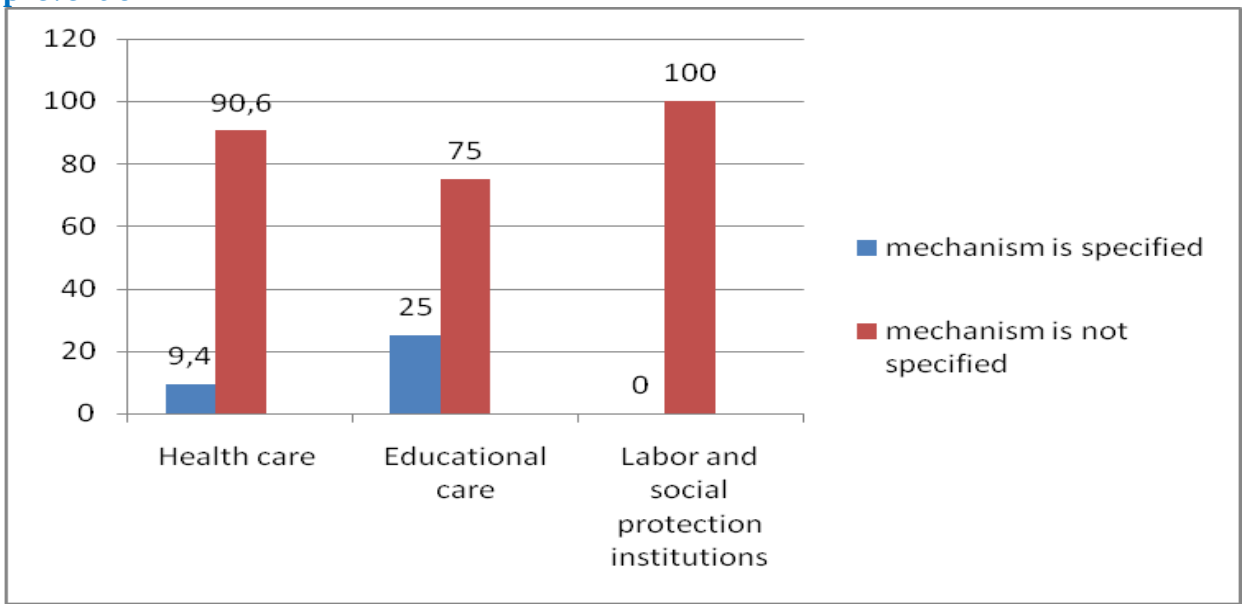
A small percentage of specialists who choose "Other" as their answer specify such condition as the mother's emotional and moral mood to return her child, renewal of required documents, release from a place of detention and change of parents' attitude to life.

Section 4. Services

In Section 4, the interviewers studied the specialists' understanding of existing mechanisms of child abandonment prevention in Karaganda and Karaganda Region and examined the specialists' proposals on abandonment prevention.

To the question "What mechanism exists for child abandonment prevention in Karaganda Region?", the respondents' answers were divided into two groups: the first group includes answers indicating that such mechanism exists and its description, while the second group contained answers indicating that such mechanism does not exist or some respondents answer that they do not know or draw a line.

Image 3.1.6. **Respondents' arguments on existence of a mechanism of child abandonment prevention**



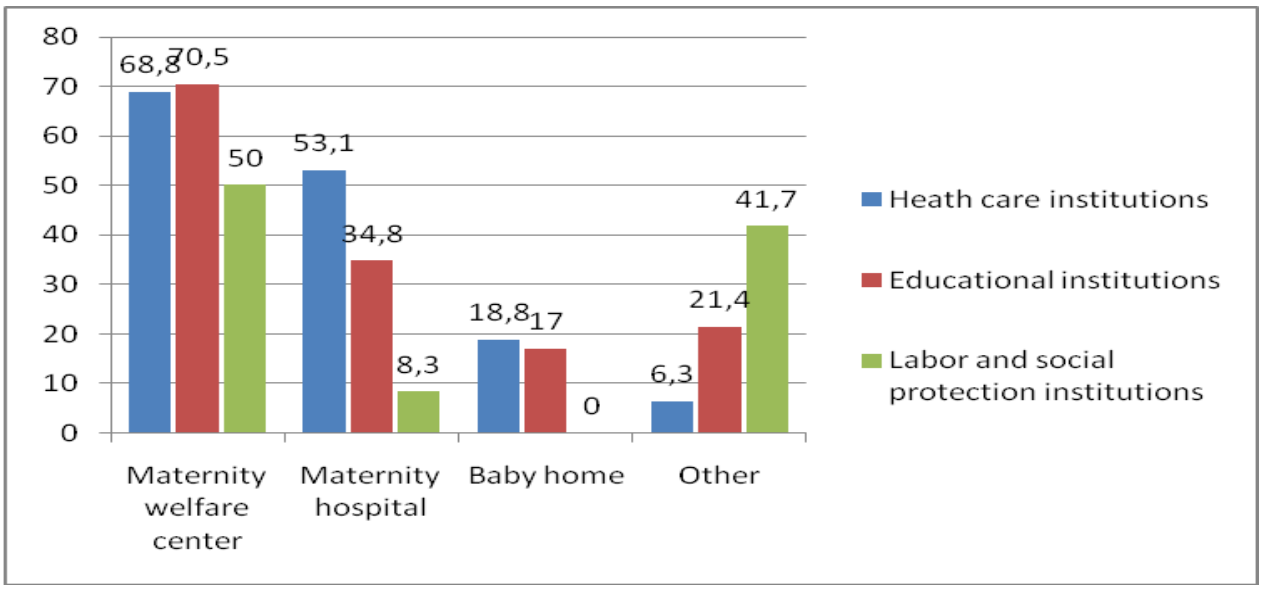
The survey results showed that the absolute majority of specialists (90.6% in health care institutions, 75% in educational institutions and 100% in labor and social protection institutions) find it difficult to say about existence of a mechanism of child abandonment prevention. Only few respondents noted that such mechanism does not exist or it does not work, others say that discussions and simple communication with a mother abandoning her child do not help, there is no effective mechanism, there is no regular maternity training, the problem has not been studied and everything is uncoordinated or there is no uniform interaction system.

Health care specialists (9.4%) who insisted on existence of a mechanism of child abandonment prevention specified such measures as discussions with a policlinic psychologist and discussions with mothers in maternity hospitals explaining them how and where they can get support.

Specialists from educational institutions (25%) who insisted on existence of such mechanisms distinguished the following mechanisms of child abandonment prevention:

1. Koldau Family Support Centers in Childcare Centers;
2. Family Support Service in the Children's Rights Department;
3. Home of Hope;
4. Provision of charity from executive authorities by means of a sponsorship;
5. Assistance in execution of documents for receipt of benefits (child support, housing assistance, disability etc.);
6. One-time allowance for single mothers;
7. Social assistance: consultations, discussions in Maternity Hospitals;
9. Temporary accommodation of children in Shelters, Childcare Centers, Children's Homes and CAA;
10. Work of guardianship and custody authorities, psychologists and social teachers;
11. Mass media: with information about abandoned children's problems;
12. Social and psychological support services;
13. Consulting centers for young families and step-parents.

Image 3.1.7. **Stages of the Most Effective Specialists' Assistance**



To the majority of the respondents' opinion, specialists (such as gynecologists and psychologists) may provide the most effective assistance at a maternity welfare center and maternity hospital.

21.4% of respondents from educational institutions choose "Other" as an answer thinking that the most effective help of specialists (highly qualified psychologists, lawyers, methodologists and social teachers) are in Family Support Centers.

41.7% of respondents from labor and social protection institutions also choose "Other" as their answer noting that in their institutions many things depend on parents and they need help at early stages of problems.

The question "What shall be changed to improve mechanisms of child abandonment prevention?" is basic in this Section where the specialists were offered to specify not only what system shall be changed, but also to submit their proposals.

Table 3.1.5. demonstrates what systems the specialists believe need changes to improve mechanisms of child abandonment prevention.

Table 3.1.5. **Change in the System of Improvement of Mechanisms of Child Abandonment Prevention**

	Health Care Institutions		Educational Institutions		Labor and Social Protection Institutions	
	Quality = 32		Quality = 112		Quality = 12	
	Quality	%	Quality	%	Quality	%
In the legislative system	13	40.6	67	59.8	3	25
In the healthcare system	10	31.3	47	41.9	6	50
In the guardianship and custody system	9	28.1	44	39.3	0	0
In the system of benefits payment through labor and social protection ministries	12	37.5	38	33.9	3	25
In the special social service system (funds, consultations, children daycare centers)	8	25	50	44.6	3	25

Specialists believe that in order to improve the mechanism of child abandonment prevention, all systems shall be changed: legislative, health care and guardianship and custody systems, as well as the system of payment of benefits through labor and social protection ministries and special social service system.

When analyzing Table 3.1.5, it may be noted that 40.6% of questioned respondents from health care institutions and 59.8% of respondents from educational institutions believe that the legislative system shall be changed first. Half of the questioned specialists from labor and social protection institutions believe that such changes shall apply first to the healthcare system.

In addition, health care specialists point to the requirement to change the benefit payment system (37.5%), healthcare system (31.3%) and guardianship and custody system (28.1%).

Specialists from educational institutions point to changes in the special social service system (44.6%), healthcare system (41.9%), guardianship and custody system (39.3%) and benefits payment system (33.9%).

Specialists' Proposals on Certain Government Institutions Activity on Child Abandonment Prevention

1. In the legislative system:

- To focus all efforts on social orphanage prevention, provide support to low-income families and families with many children;
- To make the legal framework stricter with regard to drug-addiction, crimes, alcoholism, pornography, prostitution and juvenile delinquency.
- To introduce proposals to the Law on Rights of the Child on assignment of benefits to abandoned children as children entitled to receive survivor's benefits;
- To introduce amendments with regard to under-age mothers protection;
- To change people's perception using mass media, prohibit advertisements of vodka, beer, cigarettes and increase moral values and civil liability;
- To facilitate and improve the legislative system;
- To adopt laws that will ensure effective assistance to single mothers (up to 3-year benefits);
- To determine the status of a child left without parental support.

2. In the healthcare system:

- To organize work on creation of a positive family concept;
- To undertake preventive measures in maternity welfare centers (make it more effective), provide required medical and legal assistance;
- To provide assistance to families in pregnancy planning, ensure early registration of pregnancy, due diagnostics of pathology and early stage abortion;
- To organize work with the risk group women;
- To have influence on under-age mothers and carry out work with them;
- To hire a staff psychologist who will provide qualified psychological assistance, in particular in case of postnatal depression;
- To perform preventive work with teenagers on sexual relations and pregnancy.

3. In the guardianship and custody system:

- To provide required legal and social support;
- To determine abandoned children on a timely basis and seek opportunity to return them to their families;
- To improve the quality of such organization activity and ensure higher specialists' qualification;
- To examine factors related to a family and it's surrounding;
- To hire a staff psychologist.

4. In the system of payment of benefits through social protection authorities:

- To create a center where risk group women would be able to live under continuous supervision of medical workers and psychologists;
- To strengthen control over payment of benefits;
- To improve payment of benefits to single mothers;
- To provide kindergartens and job places;
- To facilitate the document execution process;
- To provide subsidized medication and dairy meals.

5. Within expansion of special social services, in particular, when provided by non-governmental organizations:

- To open preschool institutions, mini-centers and daycare centers (for children from 1 years old);
- To open free psychological centers for work with teenagers;
- To provide assistance in execution of documents on a child;
- To provide assistance in parents' employment;
- To provide assistance in registration of a child with a kindergarten;
- To arrange Support and Accommodation Centers for women with children of 0-3 years old;
- To raise public awareness of such organizations;
- To provide benefits for low-income and socially unprotected population;
- To improve service quality, including service for low-level population.

Schedule (Executive Questionnaires)

The questions were offered to chief executives to ensure:

- collection of information on status of children left without parental support who are brought up in state institutions (see Table 3.1.6.);
- inspection of activities of childcare centers, children's homes and boarding facilities on ensuring children's rights to have a family, including:
  - ✓ accommodation of children within family-like forms (national adoption, custody/guardianship, patronage and other accommodation of children) (see Table 3.1.7.)
- determination of alternative accommodation of children applicable in an institution;
- analysis of relations with a community and NGO (children's visiting of guest families, joint arrangement, child's engagement in the community life etc.)

Table 3.1.6. **Information on Status of Children Left without Parental Support Who are Brought Up in State Institutions**

Departments	Name of the Institution	Total Children	In Particular								
			Orphans	Children left without parental support (social orphans)							
				Including							
				Foundlings	Abandoned (temporary children)	Children whose parents are on a wanted list	Children whose parents have been imprisoned	Children whose parents are under long-term treatment	Children whose parents have been declared missing by court	Children whose have been declared legally incompetent by court	Children whose parents have been deprived of their parental rights

Educational organizations	Childcare Center Kulynshak SI, Karaganda	145	20	5	11	54	6	3	3		46 (+3 limited)
	ODD Orphans' Home SI, Karaganda	233	46	13	17	39	20	7		3	104
	Family-Type Children's Home Asem SI, Karaganda	47	9		3	17	2				19
	Minors Adaptation Center SI, Karaganda	45	3		5	2	3				10 (+5 limited)
	Family-Type Children's Home Tansholpan, Karaganda	107	33		2	30	8	2			42
	OVShI No. 3 SI, Temirtau	97	30	9	12	11	3	2			29 (+4 limited)
	SOS Children's Village, Temirtau	68	24	2	5	11	7				25
	Family-Type Children's Home Ainalaiyn SI, Temirtau	55	11	9	2	13	8				14 (+1 limited)
	Asylum for Children and Teenagers SI, Temirtau	63	11	1	3	7	3	4			37 (+1- limited)
Educational Institutions	Minors Adaptation Center SI, Zhezkazgan	44	24	1	4	3	1		3		12
	Orphans' Home Umit SI, Zhezkazgan	34	12	2	1	6	1	1			17
	Orphans' Home Merei SI, Satpaev	36	22	5	12	12					11
	Childhood Orphanage SI,	44	2		14	5		3	4		13(+1 limited)

	Zhezkazgan, Rudniy Village										
	Litvinskaya Boarding School for Orphans and Children Left without Parental Support SI	279	51	2	20	73	18	5			129
	Total	1,297	298	49	111	283		27	10	3	508(+15 limited)
Health Care Institutions	Childcare Center Botagoz SI, Karaganda	81	1	10	22	10		2			5
	Home of Hope SI, Karaganda	24					3				
	Childcare Center Shapagat SI, Karaganda	111	1	21	15	16	1				8(+2 limited)
	Total	216	2	31	37	26	4	2			13 +2 limited
Labor and Social Protection	Karaganda Boarding Facility for Mentally Impaired Children SI	346	25		211	3	3	2		3	17 Limited in parental rights
	TOTAL	1,859	325	80	359	312	7	31	10	6	521 (34)

The survey results demonstrate that in all institutions, the number of children left without parental support (so called social orphans) exceeds the number of orphans, namely 82.5% to 17.5% respectively.

The Table below provides information on alternative accommodation of children in families for 2008 – 2011 (adoption, custody/guardianship, patronage).

Table 3.1.7. **Alternative Accommodation of Children in Families (2008 – 2011)**

	Name of the Institution	Total Children	Patronage	Guardianship	Adoption		
					National adoption	Relatives (foreign citizens)	Foreign citizens
Organization	Childcare Center Kulanshak SI, Karaganda	145	2		10		1
	ODD Orphans' Home SI, Karaganda	233	2	3	1	1	
	Family-Type Children's Home Asem SI, Karaganda	47	1	2		3	8
	Minors Adaptation Center SI, Karaganda	45		5			
	Family-Type Children's Home Tansholpan, Karaganda	107			1		
	OVShI No. 3 SI, Temirtau	97	3	1			
	SOS Children's Village, Temirtau	68		8			
	Family-Type Children's Home Ainalaiyn SI, Temirtau	55		3	3		
	Asylum for Children and Teenagers SI, Temirtau	63		5			
	Minors Adaptation Center SI, Zhezkazgan	44	23	54	14	2	8
	Orphans' Home Umit SI, Zhezkazgan	34	8	2	1		
	Orphans' Home Merei SI, Satpaev	36	1	5	1		
	Childhood Orphanage SI, Zhezkazgan, Rudniy Village	44	1	1	1		
	Litvinskaya						

	Boarding School for Orphans and Children Left without Parental Support SI	279		5	1		3
Health Care Institutions	Childcare Center Botagoz SI, Karaganda	81		9	188	1	12
	Home of Hope SI, Karaganda	24	-	-	-	-	-
	Childcare Center Shapagat SI, Karaganda	111	1	9	281		
Labor and Social Protection Institutions	Karaganda Boarding Facility for Mentally Impaired Children SI	346	-	-	-	-	-
	Total	1,859	42	112	502	7	32

To the question about alternative accommodation of children applicable in institutions, only 21.4% of the questioned directors of educational institutions name the activity of Family Support Center; Hope Groups operate in all Childcare Centers of Karaganda health care institutions.

Only 27.8% of the questioned directors had experience in relations with NGOs. The answers show that there is no efficient constant NGO relations mechanism. As a rule, such relations are represented by one-time measures, actions etc. and there is no systemic cooperation.

Taking into account the requests for NGO services that constitute 61% of the questioned managers, there is a request for continuous cooperation and assistance, in particular, for highly-qualified psychological and legal services when carrying out work with foster children's families and conduction of training with personnel.

3.2 Analysis of Mothers' Questionnaires

42 respondents participated in the study out of which 32 mothers who have left their children under the state custody (group 1) and 10 mothers potentially included within a child abandonment risk group (group 2).

The mothers were offered questionnaires consisting of 5 sections (Schedule No. 2).

Section 1. General Information about the Mother and Her Parental Family

The questions are intended for examination of characteristics of mothers abandoning their children and relations in their parental families.

Table 3.2.1 **Mothers' General Information**

	Mothers who do not perform parental functions on a temporary basis (group 1)		Risk group mothers (group 2)	
	Quantity = 32		Quantity = 10	
	Quantity	%	Quantity	%
Age				
Under 18 years old	1	3.1	0	
19 – 35 years old	22	68.8	6	60
Over 35 years old	9	28.1	4	40
Ethnic group				
Kazakh	8	25	4	40
Russian	16	50	4	40
Ukrainian	1	3.1	1	10
German	5	15.6	0	0
Tatar	1	3.1	0	0
Other	1	3.1	1	10
Education				
Higher education	0	0	2	20
Incomplete higher education	3	9.4	0	0
Specialized secondary education	6	18.7	4	40
Secondary education	22	68.8	4	40
Incomplete secondary education	1	3.1	0	0
Social status				
Student	0	0	0	0
Unemployed	11	34.4	1	10
Employee	3	9.4	3	30
Hired under a private contract	18	56.2	6	60
Marital status				
Married	2	6.3	0	0
Single	22	68.8	10	100
Divorced	2	6.3	0	0
Common-law partner	6	18.7	0	0
Living conditions				
Owned apartment	5	15.6	0	0
Owned house	0	0	0	0
Rental apartment	8	25	4	40
No permanent residence	13	40.6	3	30
Temporary dwelling	7	21.8	3	30
Children				
1	4	12.5	5	50
2	11	34.4	4	40
3	11	34.4	0	0
4 and more	6	18.7	1	10

The mothers participating in the survey were mainly represented by women of 19 – 35 years old: group 1 (68.8%), group 2 (60%) and over 35 years old: group 1 (28.1%), group 2 (40%).

In the educational aspect, only 20% of group 2 mothers have higher education. The majority of mothers have secondary and secondary special education. 68.8% of group 1 women and 40% of group 2 women have secondary education, while only 18.7% of group 1 women and 40% of group 2 women have secondary special education. It may be assumed that 71.9% of group 1 women who do not have professional education will experience difficulties with employment. The social standing analysis showed that more than 50% of women are hired under a private contract (56.2% in group 1 and 60% in group 2). Unemployed women constitute 34.4% in group 1 and 10% in group 2, while the percentage of employees amount to 9.4% in group 1 and to 30% in group 2.

Group 1 mothers' income constitutes 19,390 KZT where minimum average income is 5 thousand KZT and maximum income amounts to 60 thousand KZT. However, those who gain income of 30 thousand KZT and more constitute 12.9%; meanwhile income of the others does not exceed 20 thousand KZT. Group 2 mothers' income constitutes 21,000 KZT where minimum average income is 7.5 thousand KZT (benefit) and maximum income is 45 thousand KZT.

The marital status analysis shows that 75.1% of group 1 women and 100% of group 2 women are single. Only 6.3% of group 1 women are married and 18.7% live in a common law marriage; however it may be noted from the questionnaires that some of such women live with a husband and his children while leaving their own children in a Childcare Center or Children's Home.

Group 1 women mostly have 2 children (34.4%) and 3 children (34.4%) and 50% of group 2 women have 1 child and 40% have 2 children. Some of such mothers have more than 1 child placed in a state institution.

Table 3.2.1. also demonstrates the mothers' living conditions: lack of permanent residence (40.6% of questioned mothers in group 1, 30% in group 2), rental apartment (25% in group 1, 40% in group 2), temporary dwelling ("I am renting a room", "I am living at my friend's place") (21.8% in group 1, 30% in group 2).

Relations in Mother's Parental Family

We believe that study of a family history and family situation that took place in childhood of a woman abandoning her child is quite significant when researching into causes of children abandonment. Thus, disturbance of mechanism of maternal behavior formation may be related to the situation in a future mother's parental family.

The clinical research results showed that the causes of deviant motherhood root in dramatic relations of a deviant-behaved woman with her own mother. According to an analysis of family histories of women abandoning their new-born babies, it follows that a deviant mother has been rejected by her own mother since childhood. Such maternal deprivation made it impossible to identify herself as a mother both, on a psychological gender and maternal role formation levels[10].

Table 3.2.2. provides information on relations in the respondents' parental families.

Table 3.2.2 **Characteristics of Relations in Mother's Parental Family**

	Group 1		Group 2	
	Quantity = 32		Quantity = 10	
	Quantity	%	Quantity	%
Family				
Complete (with mother and father)	10	31.3	5	50
Incomplete (with mother)	16	50	2	20
Incomplete (with father)	0	0	0	0
Incomplete (with grandmother)	2	6.3	0	0
Incomplete (with aunt)	0	0	0	0
In a children's home	4	12.5	2	20
Other	0	0	1	10

Relations in the parental family				
Good	6	20	6	75
Satisfactory	8	26.7	2	25
Bad (rudeness, aggression and physical abuse were encountered)	10	33.3	0	0
Other	6	20	0	0
Mother's attitude the daughter in her childhood				
Extremely protective	0	0	1	12.5
Demanding, extremely strict	5	16.7	3	37.5
Non-accepting, rejecting	3	10	0	0
Careful, understanding	11	36.7	3	37.5
No answer	11	36.7	1	12.5
In the childhood, the daughter was closest to …				
Her mother	12	40	4	50
Her father	3	10	0	0
Her grandmother	8	26.7	2	25
Nobody	2	6.7	0	0
Other	5	16.7	2	25
Relations between grandmother and mother were …				
Very close	2	6.7	0	0
Good	13	43.3	4	50
Distant from each other	4	13.3	1	12.5
Conflict	7	23.3	0	0
Broken relations	4	13.3	1	12.5
Other	0	0	2	25

When analyzing Table 3.2.2., it may be noted that in group 1, 50% of women was brought up in incomplete families by their mothers only and 6.3% of women were brought up in incomplete families by their grandmothers only. 12.5% of women grew up in a children's home. In group 2, 50% of women grew up in complete families, 20% of women were brought up in incomplete families by their mothers only, 20% in a children's home and 10% of women said that they grew up a family with a stepfather.

93.7% of group 1 respondents and 80% of group 2 respondents were able to characterize relations in their parental families and only few respondents (6.3% in group 1 and 20% in group 2) found it difficult due to the fact that they were brought up in a children's home from their early childhood; however one of the women (group 2) was adopted at the age of 9 and she managed to characterize her foster home in the questionnaire.

75% of group 2 women evaluate relations in their parental family as good and 25% consider them satisfactory. Only 20% of group 1 women consider such relations as good, 33.3% of women say that they were bad (there were cases of rudeness, aggression and physical abuse) and 20% choose Other as their answer which means that whether there were no relations with their mother, they were brought up by grandmother (not clear where their mother was) or the women find it difficult to characterize such relations and to the question "What words would you use to describe your mom?", the women wrote "not worth a thing", "totally wasted", "my mom drinks" (these quotations have been taken from different questionnaires).

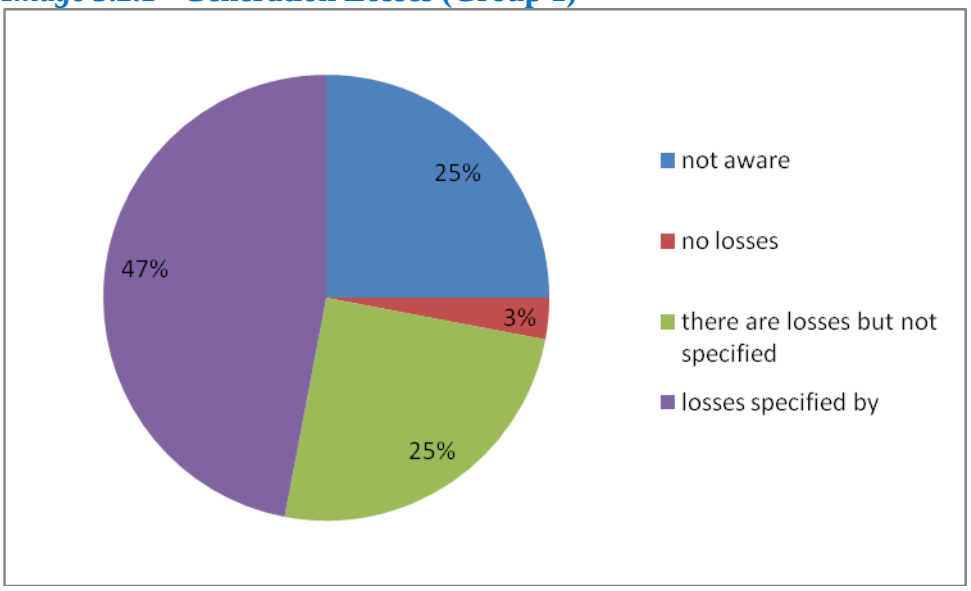
36.7% of group 1 respondents and 37.5% of group 2 respondents state that in their childhood, their mothers were caring and understanding. 16.7% of group 1 women and 37.5% of group 2 women said that their mothers were extremely strict. 10% of group 1 women noted that in childhood their mothers did not accept and rejected them. 36.7% of group 1 respondents found difficult to answer this question.

40% of group 1 women and 50% of group 2 women were closest to their mothers. 53.3% of group 1 and 50% of group 2 women were closer to other family members (father, grandmother, sister, grandfather). 6.7% of group 1 chose the answer "I was close to no one".

The analysis of grandmother-mother relations showed that for 49.9% of group 1 respondents and 25% of group 2 respondents such relations did not work out ("distant from each other", "conflict", "broken relations"). 25% of group 2 respondents chose Other as an answer as grandmother died early; in other cases, a woman did not know her grandmother as her mother was brought up in a boarding facility because her family had many children.

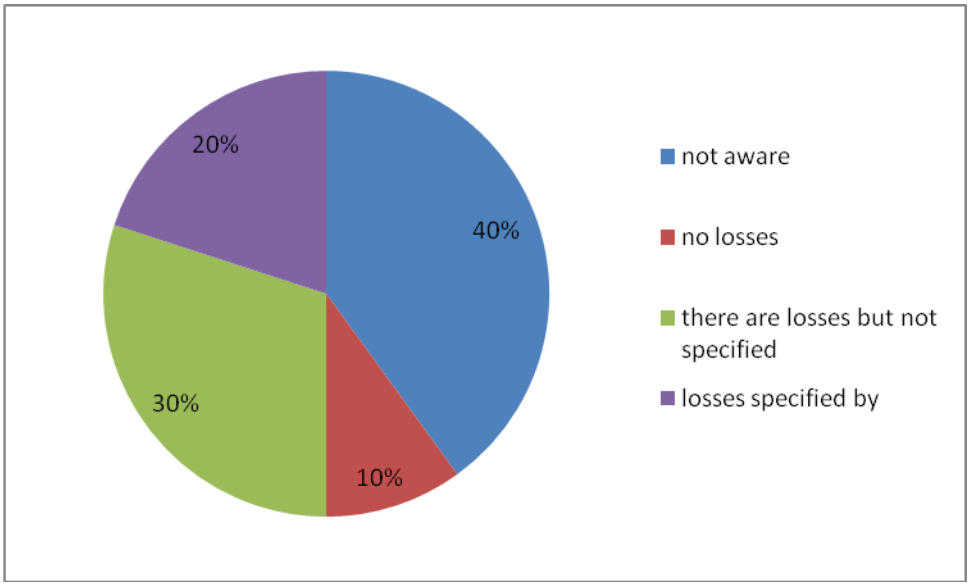
Losses in a future mother's generation may also negatively affect mechanisms of maternal behavior formation. According to the family systems theory, children follow their parents and try to resemble their parents and other close people. Incomplete mourning and various unprocessed losses and traumas remain in their memory for a long time, "wonder for a long time and often for the entire life and are passed on from generation to generation"[32]. In this case they do not allow being happier than mothers in their generation.

Image 3.2.1 **Generation Losses (Group 1)**



[32]*A. Shlippe, I. Shvaitser, Manual on Systemic Treatment and Consulting. M. 2007*

Image 3.2.2 **Generation Losses (Group 2)**



The conducted study proves the family systems theory: 72% of group 1 women and 50% of group 2 women encountered losses in their generation which may become a factor of an extended family history repetition and, as a result, lead to abandonment of a child.

Section 2. Mothers' Private Life

The questions are intended for examination of the mother's psychological and social portrait and her psychosexual maturity.

Table 3.2.3 **Mother's Private Life**

	Group 1		Group 2	
	Quantity = 32		Quantity = 10	
	Quantity	%	Quantity	%
Beginning of sexual life				
Before the age of 16	12	37.5	0	0
Before the age of 18	11	34.4	4	40
After the age of 20	9	28.1	6	60
Pregnancy				
First	3	9.4	3	30
Second	5	15.6	3	30
Third	12	37.5	1	10
Four and more	12	37.5	3	30
Childbirth number in succession				
First	3	9.4	3	30
Second	8	25	3	30
Third	12	37.5	2	20
Fourth and more	9	28.1	2	20
Use of birth control methods				
Yes	5	15.6	2	20
No	27	84.4	8	80
Abortions done				
Yes	12	37.5	3	30
No	20	62.5	7	70

Pregnancy planning				
Yes	20	62.5	3	30
No	12	37.5	7	70
Intent to interrupt pregnancy (obstacle)				
Lack of financial resources	2	6.3	2	20
Late pregnancy	6	18.7	1	10
Contradictions	4	12.5	0	0
Other	5	15.6	2	20
No intent of interruption	15	46.8	5	50
Visits of a doctor during pregnancy				
On a regular basis	15	46.8	9	90
Irregular visits	10	31.3	1	10
I do not visit	7	21.9	0	0
Childbirth preparation				
Yes	25	78.1	10	100
No	7	21.9	0	0
Child was delivered				
In a Maternity Hospital	31	96.9	10	100
At home	1	3.1	0	0
Other	0	0	0	0
Bad habits				
Smoking	16	50	3	30
Alcohol abuse	2	6.3	0	0
Drug abuse	0	0	0	0
I do not have	14	43.7	7	70

The analysis of Table 3.2.3. shows that among questioned women from group 1, 37.5% began to live sexually before the age of 16, 34.4% began before the age of 18 and 28.1% after the age of 20; in group 2, 60% of women began their sexual life after reaching 20 years old and 40% after reaching 18 years old.

75% of group 1 women and 70% of group 2 women had three and more pregnancies and childbirths.

During the questionnaire survey, it was discovered that 84.4% of group 1 women and 80% of group 2 women do not use any birth control and 37.5% of women in group 1 and 30% in group 2 had abortions.

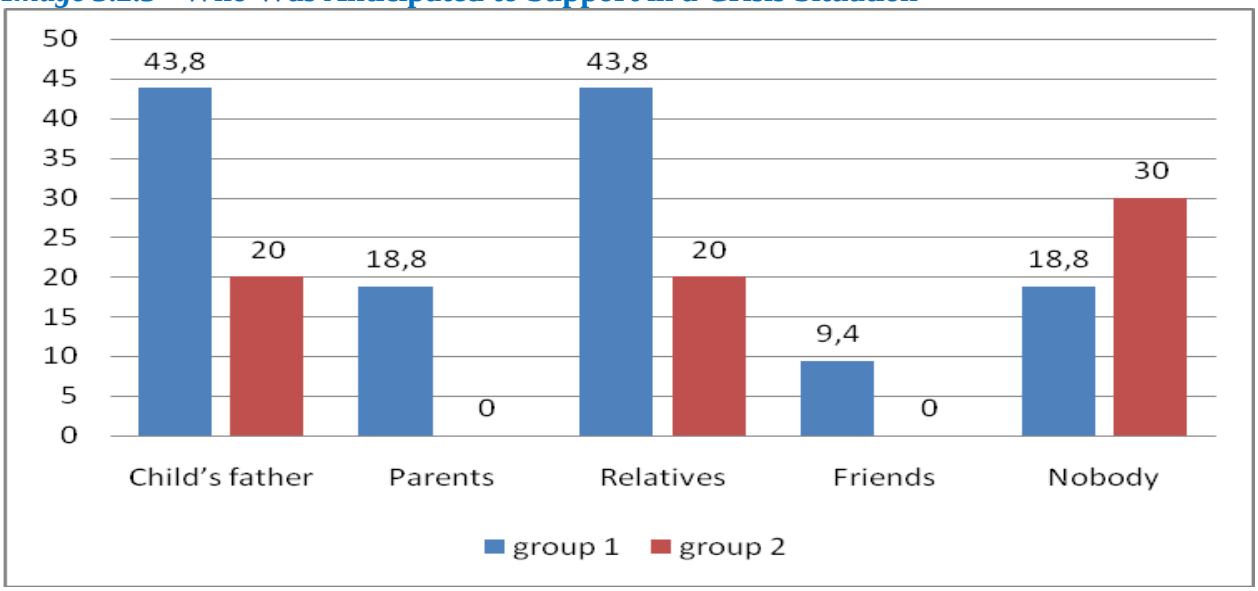
According to the survey results, 62.5% of group 1 women planned for pregnancy and 78.1% of women say they were preparing for birth of a child, but their answers contradict the following facts: 53.2% of women whether did not visit a gynecologist or visit him/her, but irregularly. Meanwhile, 70% of group 2 women say that their pregnancy was not planned for, but 100% of women were preparing for birth of a child and visited a gynecologist on a regular basis.

100% of women from group 1 and 2 claim that the pregnancy was not caused by physical abuse.

The survey demonstrates that 43.7% of group 1 women and 70% of group 2 women claim that they do not have bad habits and 50% of group 1 respondents and 30% of group 2 respondents indicate only one bad habit which is smoking. These data differ from the opinion of specialists who, in their questionnaires, note that the said mothers have such bad habits as smoking and alcohol abuse (Table 3.1.3). The interviewers conducting the survey also noted external signs proving mother's bad habits. This is also demonstrated by unavailability of status of some children placed under the state custody as their parents have not been deprived of parental rights, however their location is unknown and they have been on a wanted list for several years.

At the same time, mothers state that their parents and close relatives misuse alcohol (66.7% of group 1 respondents and 33.3% of group 2 respondents mention alcohol abuse (father, brother, parents, mother, stepfather, grandfather, father being a drug addict) which may indicate influence on and existence of bad habits among the mothers.

Image 3.2.3 **Who Was Anticipated to Support in a Crisis Situation**



The data analysis demonstrates that group 1 mothers expected support from the child's father (43.8%), relatives (43.8%) and parents (18.8%). However, the percentage of respondents who did not expect any support (18.8%) is quite significant. 30% of group 2 respondents also did not expect any support and only 20% of respondents anticipated support from the child's father and 20% relied on their relatives. The remaining 30% do not consider such situation a crisis.

Section 3. Characteristics of Relations with Relatives

The questions are intended for examination of characteristics of relations with relatives and influence of such relations on a decision to abandon a child (or temporarily leave a child under the state custody)

Table 3.2.4 **Characteristics of Mother's Relations with Relatives**

	Group 1		Group 2	
	Quantity = 32		Quantity = 10	
	Quantity	%	Quantity	%
Relations with relatives				
Good	13	40.6	7	70
Bad	3	9.4	0	0
Do not communicate	16	50	3	30
Relatives' attitude to pregnancy and desire to have a child				
Positive	12	37.5	6	60
Extremely negative	0	0	1	10
Neutral	11	34.4	1	10
Insisting on termination of pregnancy	3	9.4	1	10
They did not know anything	6	18.8	1	10
Relations with the child's father				

We are living together	4	12.5	0	0
I rarely communicate	5	15.6	2	20
I do not communicate	22	68.8	8	80
I do not know who the father is	1	3.1	0	0
Relatives' attitude to the decision to leave the child under the state custody				
Judgmental	9	28.1	1	10
Supportive	4	12.5	5	50
No reaction	9	28.1	1	10
They did not know about the child	10	31.3	3	30
Relatives' desire to take the child				
Yes	3	9.4	2	20
I do not know	2	6.3	0	0
No	27	84.4	8	80

The analysis of Table 3.2.4 shows that 40.6% of group 1 women and 70% of group 2 women consider relations with their relatives good. Unfortunately, 50% of group 1 respondents and 30% of group 2 respondents do not communicate with their relatives and 9.4% of group 1 women even consider relations with their relatives bad.

It is sad to state that 68.8% of group 1 mothers and 80% of group 2 mothers do not communicate with the child's father. Only a small percentage of respondents note that they communicate very rarely (15.6% in group 1 and 20% in group 2).

37.5% of group 1 women and 60% of group 2 women stated that their relatives showed positive attitude to their pregnancy and desire to have a child. However, to the other respondents' opinion, their relatives' attitude to the pregnancy was ambiguous: 34.4% of group 1 women pointed to neutral attitude and 9.4% marked "relatives insisted on termination of pregnancy". 18.8% of group 1 women said that their relatives did not know about the child. Group 2 demonstrated single cases of another attitude (see the Table).

The mothers were not unanimous when evaluating their relatives' attitude to the decision to leave the child under the state custody. Thus, 28.1% of group 1 respondents pointed to judgmental attitude, 28.1% said about neutral attitude and only 12.5% claimed that their relatives were supportive; meanwhile 50% of group 2 women said that their relatives supported their decision in such situation and 30% claimed that their relatives did not know about the fact that the child is in an institution 24/7.

To the question about the relatives' desire to take the child, most of respondents (84.4% in group 1 and 80% in group 2) chose "No" as an answer.

Section 4. Causes of Child Abandonment from the Mother's Point of View

The questions are intended for examination of causes of abandonment and decision to abandon a child.

For group 1 mothers, the questions concerned the causes based on which women abandon their children and leave them in a Childcare Center. For group 2 mothers, this question was a bit different: "What makes them leave their children in a Home of Hope?".

The other questions concerned the reasons why they have made such decision, who influenced them and if they tried to find other resolutions of the problem.

Table 3.2.5 **Causes of Child Abandonment (Temporary Abandonment)**

	Group 1		Group 2	
	Quantity = 32		Quantity = 10	
	Quantity	%	Quantity	%

Lack of support from the child's father / extended family	5	15.6	1	10
Diseases of the children	1	3.1	-	-
Death of close relatives	2	6.2	-	-
Lack of required financial resources	16	50	8	80
Unemployment	4	12.5	1	10
No available housing	27	84.4	7	70
Lack of access to social infrastructure (day nursery, kindergartens, rehabilitation centers etc.)	2	6.2	6	60
Mother or child does not have required documents	10	31.3	1	10

In Section 4, in order to find out what forced the mothers to make such decision, they were offered 2 questions: they were asked to specify the reason why their children have been placed in a Childcare Center and three other additional questions. These questions were difficult to answer to for group 1 mothers as they managed to specify only one or two causes, while group 2 mothers provided more causes.

Having analyzed Table 3.2.5, it may be noted that most women (84.4% in group 1 and 70% in group 2) specify unavailability of housing as the main cause. The second most frequent cause is lack of required financial resources which is named by 50% of group 1 respondents and 80% of group 2 respondents.

Group 1 respondents (31.3%) name such cause as "mother or child does not have required documents", while group 2 respondents (60%) specify unavailability of social infrastructure (day nursery, kindergartens) as such cause.

The question of when child abandonment (temporary state custody) first came to her mind allows to understand at what stage women start thinking about it.

Image 3.2.4 **When did a thought of child abandonment (placement under temporary state custody) first come to your mind?**

(% of group 1 respondents)

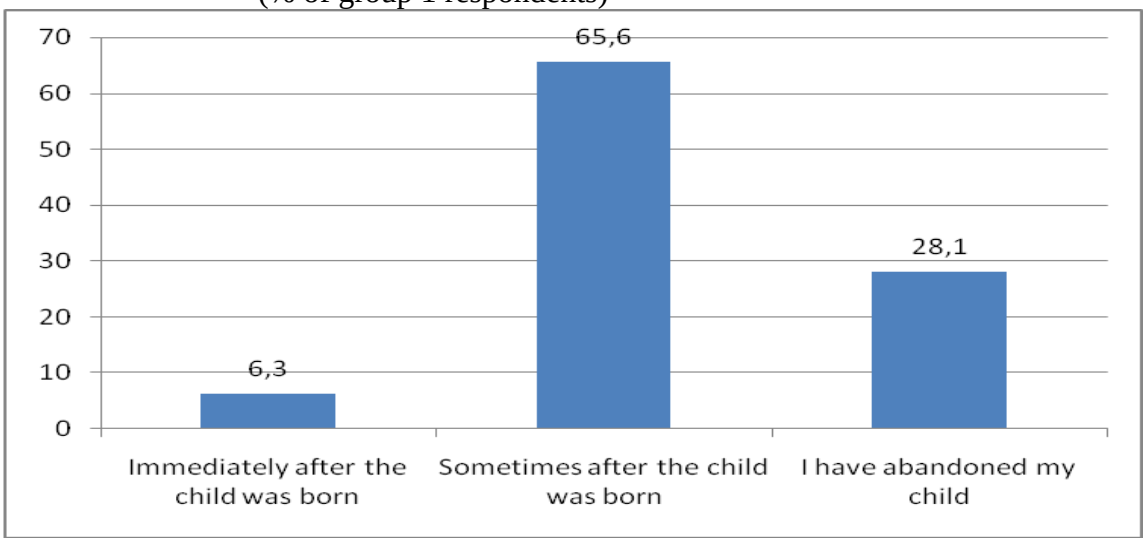
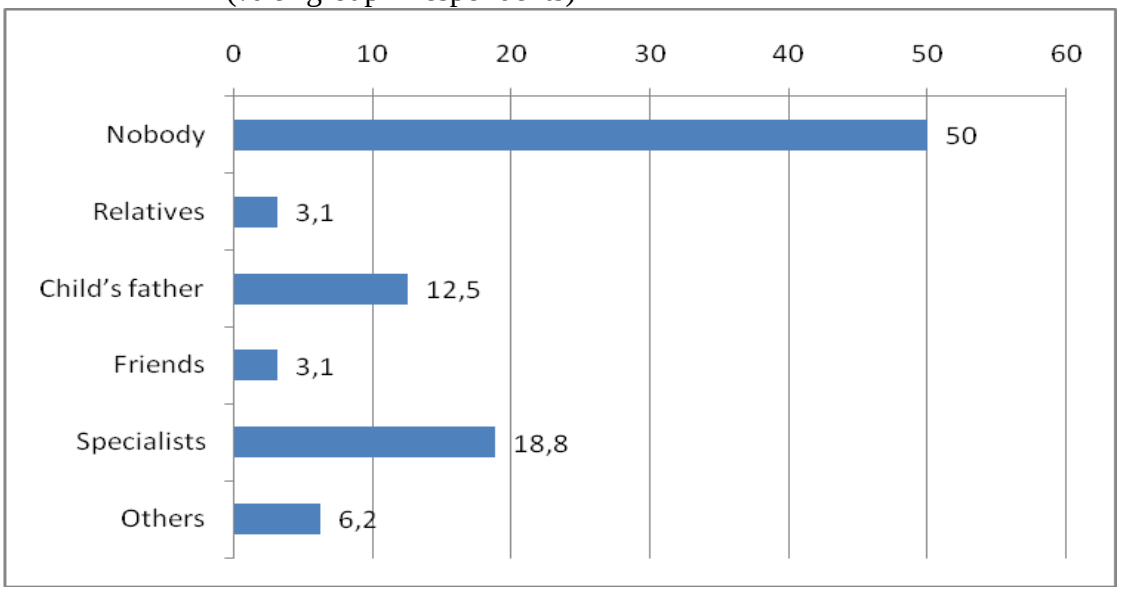


Image 3.2.4 shows that most of group 1 women (65.5%) first think to abandon their child (place him/her under the state custody) sometime after the child was born. The time period specified by the respondents varies from 2 weeks to 2 years; however, the majority said that it happens during the child's first year. 28.1% of questioned women do not consider it an abandonment claiming that "my child is just spending time in a health center where she/he can get the necessities of life" or "my mother made it happen" or "it was caused by the circumstances". 6.3% of women said that they thought to abandon their child immediately after he/she was born. None of the respondents said that such thoughts began immediately after they got aware of their pregnancy or during the pregnancy. That is, it may be assumed that most women hoped to bring up and provide education to their children themselves.

56.3% of group 1 respondents had doubts when deciding on placing their children under the state custody and 43.7% of respondents had no doubts.

Image 3.2.5 **Who influenced the final decision?**

(% of group 1 respondents)



50% of group 1 respondents believe that nobody influences their decision to leave the child under the state custody; that is, the mothers made such decision themselves. 18.8% of respondents believe that they were influenced by specialists (maternity hospital medical personnel, family doctor, and police) and 12.5% say that the child's father forced them to make such decision.

On the question "Did you seek for other ways to resolve problems?", the women's opinions were divided: thus, 43.7% of women did not seek for other ways to resolve the problem and 56.3% sought for other variants, for example, such as "I tried to find a better-paid job", "I wanted to place my child in a kindergarten", "I tried to find a baby-sitter, but their services are very expensive", "I tried to fix the situation with the father" and "I asked my relatives to help".

81.2% of mothers thought of taking their children back. In this case they needed the following assistance: resolution of housing issues, residence registration, financial support, an available kindergarten for children from 1 years old. To the question "How would your life change if your child were with you?", they answer as follows: "I would be happy", "My life would become tranquil", "I would stop suffering, it's a load off my mind", "Everything would change for better", "I would be able to see me children everyday". Unfortunately 18.8% of women do not think of taking their children back and when answering the questions of how their life would change if their child were with them, they write that they would not have financial means to take care of him/her, they would experience many difficulties and concerns or some women said that nothing would change.

100% of group 2 respondents noted that they never thought of abandonment and most of them did not answer the remaining questions of Section 4. During discussions with group 2 mothers, the interviewers noted that most of the women wanted their children to be with them so that they could see them every day. These women thought of brining up and taking care of their children by themselves, but it would be possible only subject to available housing, residence registration, better-paid job.

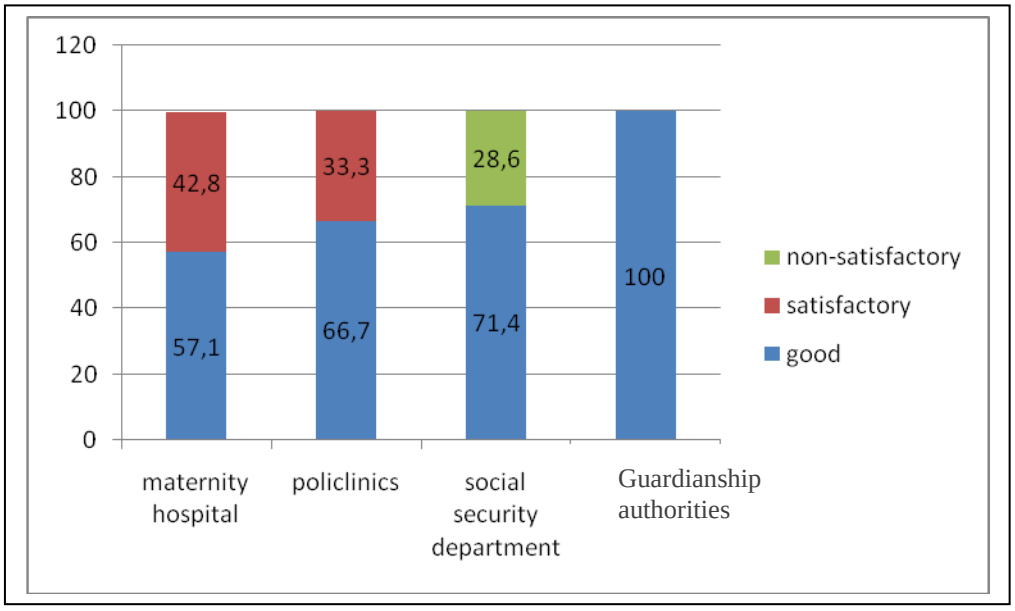
Block 5. Family Support by State Authorities and Organizations

The questions are intended for verification of availability of actual assistance of specialists when a decision of child abandonment (temporary placement of the child under the state custody) is being made and when a mother requests such services.

Most of women find it difficult to answer the question "List state authorities and organizations that supported you while you were pregnant, giving birth or immediately after the child was born and in making decision on placement of the child under the state custody (59.4% in group 1 and 50% in group 2). Group 1 respondents named such organizations as a social security department (18.8%), Maternity Hospital (18.8%), Guardianship Authorities (3.1%), Childcare Center (3.1%), and Policlinic (3.1%) while group 2 respondents named a policlinic (20%), Akimat (20%), Maternity Hospital (10%) and Social Security Department (10%).

Image 3.2.6. demonstrates the respondents' assessment of quality of services rendered by listed organizations that supported them during pregnancy, at the time of and after giving birth.

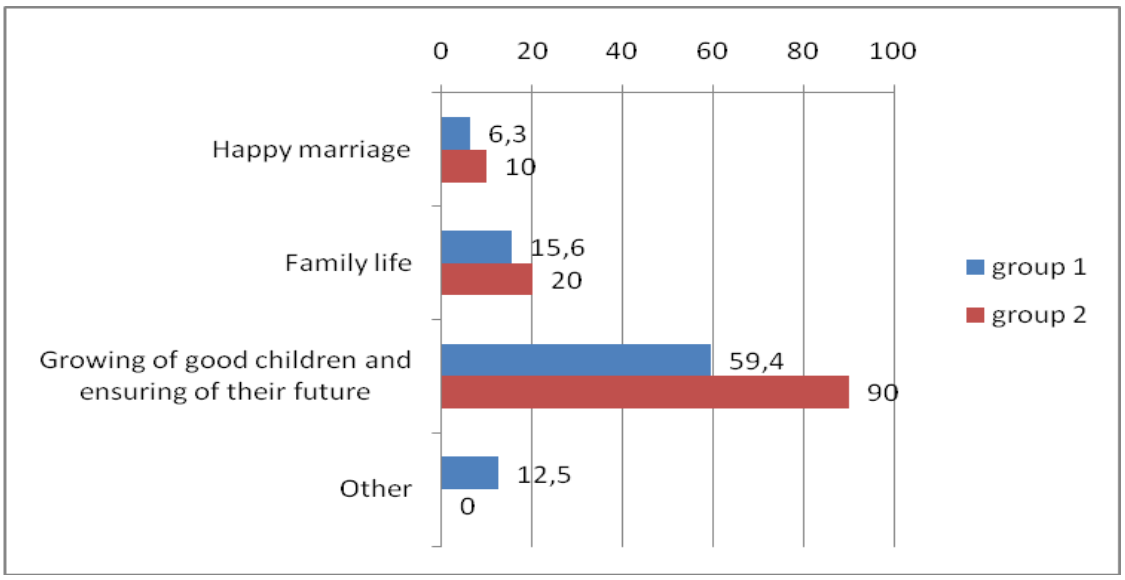
***Image 3.2.6* Service Quality**



(% of the total number of listed organizations)

It is difficult to come to a conclusion on service quality as only a small percentage of respondents named organizations that provided service to them.

***Image 3.2.7* The most important of your desires is…**

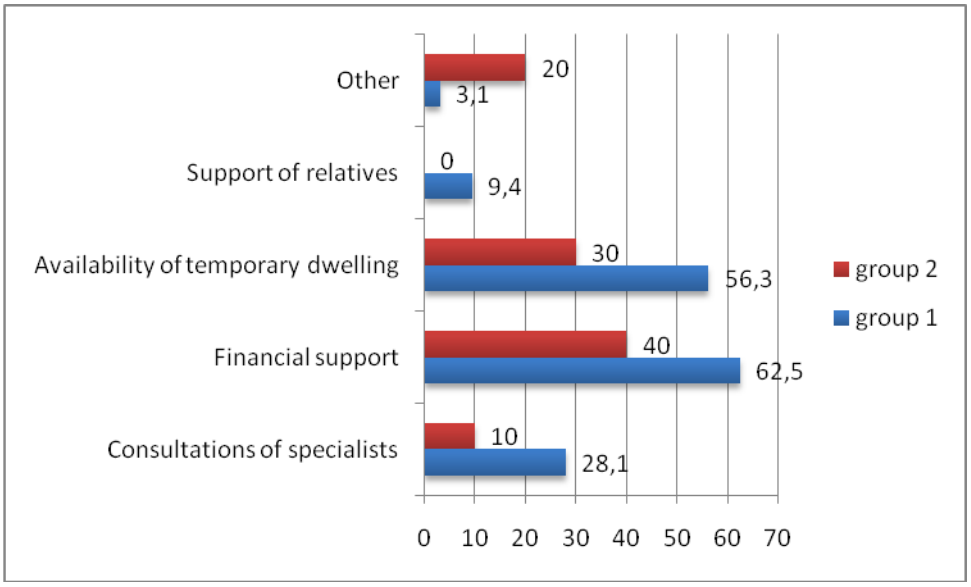


The most important of the questioned women's desires are "to bring up good children and ensure their future" (59.4% in group 1 and 90% in group 2) and family life (15.6% in group 1 and 20% in group 2).

The most women (65.6% in group 1 and 70% in group 2) found it difficult to list state authorities and organizations that could prevent them from child abandonment (temporary placement of the child under the state custody). One of the questionnaires contained a note that there was no sufficient information about state organizations that could help. Only a small percentage of group 1 respondents named such organizations as Akimat (25%), Social Security Department (6.3%), Guardianship Authorities (6.3%), and Childcare Center (3.1%) while group 2 respondents named only Akimat (20%). As noted by the respondents, assistance of such organizations is required when resolving issues related to housing, residence registration, financial assistance, placement of a child in a kindergarten.

Image 3.2.8 shows what assistance or service would help mothers to change their decision on child abandonment (temporary placement of child under the state custody).

Image 3.2.8 **Assistance and Services Required for Mothers to Change Their Decision on Child Abandonment**



The analysis of answers to this question gives clear understanding of the fact that the respondents need, first of all, financial support (62.5% in group 1 and 40% in group 2), temporary dwelling (56.3% in group 1 and 30% in group 2). Consultations of specialists take only the third place among the needs of the respondents (28.1% in group1 and 10% in group 2). A small percentage of group 1 respondents (9.4%) say that they need support from their relatives. 20% of group 2 women choose "Other" as their answer saying that acquisition of permanent dwelling is necessary.

Even though it may be assumed that in such crisis situation, a mother requires psychological support, unavailable housing and basic means of living force such mother to make the most appropriate decision when her child would be provided, first of all, with safety and normal living conditions which is specifically proved by the analysis of answers given by group 2 mothers.

3.3 Analysis of Relatives' Questionnaires

The questionnaire for mother's relatives consisted of 28 questions divided into 4 Sections (Schedule 3).

Section 1. Respondent's General Information

Section 1 included questions providing general information about the respondent: age, marital status, ethnic group, education, social standing and living conditions.

Various categories of relatives participated in the questionnaire survey (see Image 3.3.1).

Image 3.3.1 shows that among relatives participating in the research, the largest percentage includes mothers of women who have left their children under the state custody (23.1%), sisters of women who have left their children under the state custody (23.1%), mothers-in-law (15.4%) and grandmothers (10.3%). The group of others was represented by the smallest number of relatives such as father of the child placed under the state custody, aunt, mother's elder brother and sister of the child's father.

Image 3.3.1 **Relatives Participating in Questionnaire Survey**

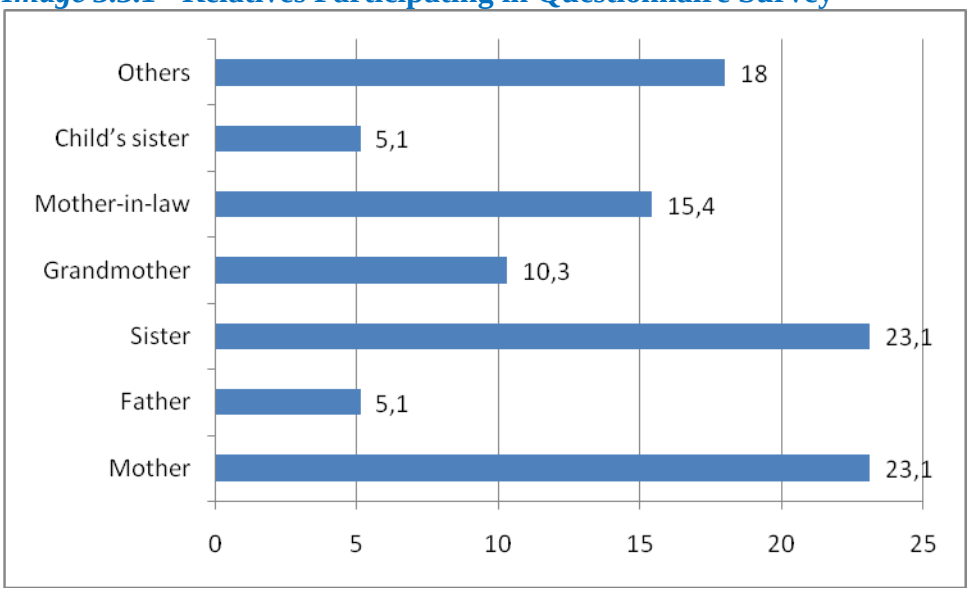


Table 3.3. 1 **Relatives' General Information**

	Relatives	
	Quantity = 39	
	Quantity	%
Age		
Under 30	3	7.7
30-45	14	35.9
46-55	8	20.5
Over 55	14	35.9
Marital status		
Married	9	23.1
Single	18	46.2
Divorced	4	10.3
Widow (widower)	8	20.5
Ethnic group		
Kazakh	14	35.9
Russian	16	41.1
Ukrainian	0	0
German	2	5.1
Tatar	2	5.1
Other	5	12.8
Education		
Higher	1	2.6
Secondary special	10	25.6
Secondary	26	66.7
Incomplete secondary	2	5.1
Social standing		
Unemployed	2	5.1
Employee	11	28.2
Hired under a private contract	17	43.6

Other	9	23.1
Living conditions		
Owned apartment	19	48.7
Owned house	8	20.5
Rental apartment	4	10.3
Lack of permanent residence	1	2.6
Temporary dwelling	7	17.9

The analysis of Table 3.3.1 shows that the selection includes respondents of 30 – 45 years old (53.9%), over 55 years old (35.9%) and 46-55 years old (20.5%). Only a small % is represented by the age group of persons of and under 30 years old (7.7%).

From the total selection, only 23.1% of the respondents are married, the other ones are single (46.2%), divorced (10.3%) or widows (widowers) (20.5%).

Most of respondents (66.7%) have only secondary education and 25.6% of respondents have secondary special education.

The social standing analysis shows that 43.6% of the respondents are working under a private contract and 28.2% are employees. 23.1% of the respondents chose "Other" as their answer. This group included pensioners, women on maternity leave and housekeepers.

Almost half of relatives (48.7%) have their own apartments and 20.5% live in their own houses. 30.8% of the respondents do not have their own dwelling (rental apartment, temporary dwelling, absence of permanent residence).

Average monthly income of relatives who specified it constitutes 35 thousand KZT. However, average income of questioned relatives does not exceed 20 thousand KZT. 15.4% of the respondents said that their income is pension without specifying its amount. 10.3% of the respondents did not specify their average income.

Section 2. Characteristics of Relations in the Respondent's Parental Family

In the questionnaire for relatives and in the questionnaire for mothers, we included questions concerning relations in the parental family and family history. We were mainly interested in answers given by the respondents who were mothers of women abandoning their children or who were not temporarily carrying out their parental function. The main idea of such research was that a maternal behavior disorder can be seen in several generations.

Regardless of the fact that our selection included few mothers (23.1% of the total selection) whose daughters have left their children under the state custody, we have decided to analyze characteristics of relations in parental families.

77.8% of the respondents (within the selection of mothers) grew and were brought up in complete families (with a mother and father) out of which 22.2% lost their father at the age of 14. 22.2% of the respondents were brought up in incomplete families (with a mother).

To the question "How would you evaluate relations in your parental family?", 44.4% of the respondents answered good, 44.4% considered them satisfactory and 11.1% chose Other as their answer without specifying what kind of relations they had.

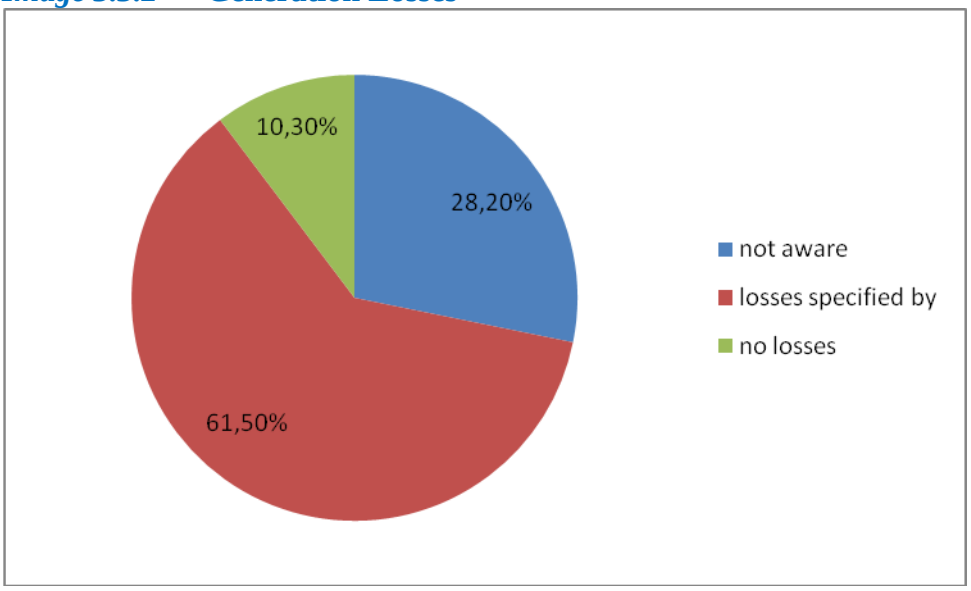
To the opinion of 33.3% of respondents, in childhood their mother was caring and understanding, 44.4% had demanding and extremely strict mother and 11.1% wrote that their mother was obliged to perform her functions.

Slightly less than half of respondents (44.4%) noted that in childhood they were closest to their mother, the others claimed that to other relatives: grandmother (33.3%), father (11.1%), no one (11.1%).

To the question "What kind of relations existed between grandmother and mother", 44.4% of the respondents answered "good", 11.1% wrote that they were usual and 44.4% did not know their grandmother.

Image 3.3.2 demonstrates generation losses.

Image 3.3.2 **Generation Losses**

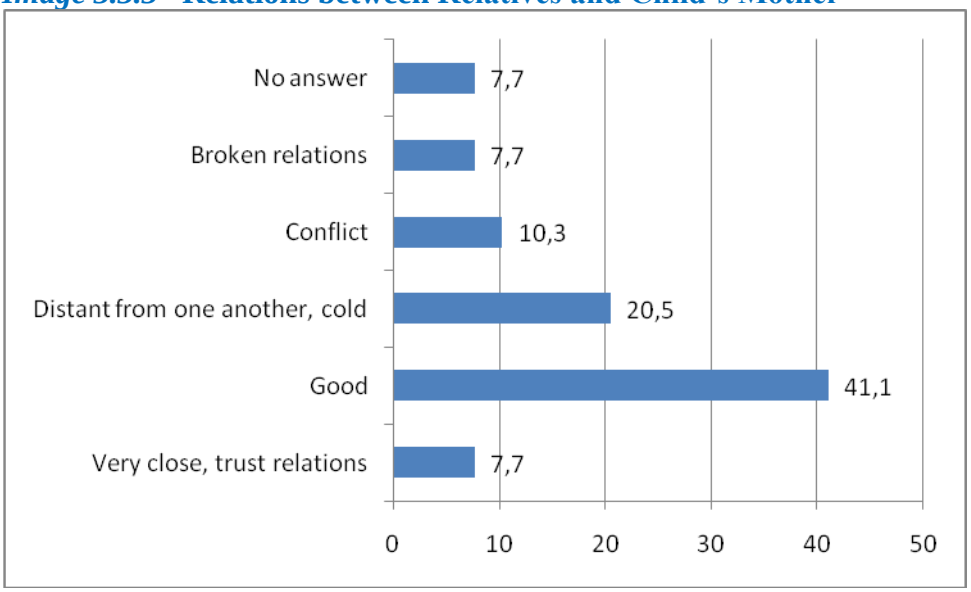


The conducted study showed that 6.15% of the respondents stated about losses in their generations which may be a factor of an extended family history repetition and, as a result, lead to child abandonment.

Section 3. Relations between Relatives and Child's Mother

The questions are intended for examination of relations between relatives and mother of the child placed under the state custody and their attitude to her pregnancy and childbirth.

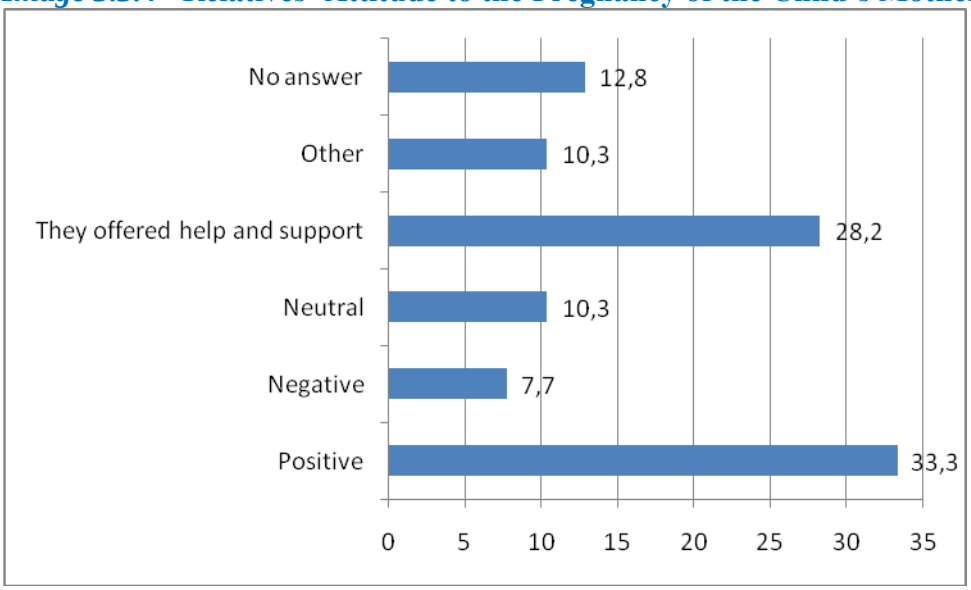
Image 3.3.3 **Relations between Relatives and Child's Mother**



When analyzing relations between relatives and mother of the child placed under the state custody, it shall be noted that 48.8% of the respondents consider such relations positive: 41.1% said they had good relations and 7.7% - very close and trust relations. There is a quite large percentage of respondents who consider such relations negative: 20.5% of respondents considered such relations distant and cold, 10.3% conflict, 7.7% called them broken relations and 7.7% of respondents did not answer to the question.

Slightly more than half of the respondents (56.4%) said that they knew about the pregnancy of the child's mother and 33.3% of respondents did not know about the pregnancy. Surprisingly, 7.7% of questioned relatives did not answer to this question.

Image 3.3.4 **Relatives' Attitude to the Pregnancy of the Child's Mother**



61.5% of questioned relatives showed positive attitude to the pregnancy and offered help and support. 10.3% of the respondents demonstrated neutral attitude to the pregnancy and 7.7% were negative. 10.3% of relatives chose "Other" as an answer stating that "they were shocked", "pregnancy was caused by rape". 12.8% of the respondents found it difficult to answer this question.

It follows that more than 50% of relatives are in good relations with the mother, show positive attitude to the pregnancy and offer her help and support.

Section 4. Causes of Child Abandonment to Relatives' Opinion and Conditions Required for Mother to Change the Decision

The questions are intended for examination of causes of child abandonment to relatives opinion and determination of required conditions under which the mother's decision to abandon the child can be changed.

Table 3.3.2 **Causes of Child Abandonment by Mother to her Relatives' Opinion**

	Relatives	
	Quantity = 39	
	Quantity	%
Asocial life style (more often, alcoholism, drug addiction of the mother / family members, vagrancy)	24	61.5

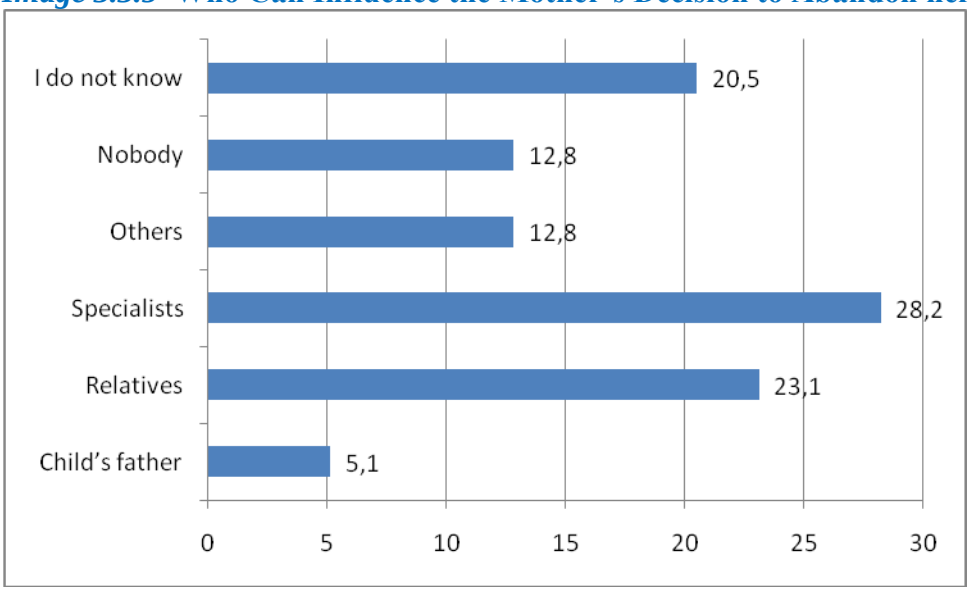
Lack of support from the child's father / extended family	2	5.1
Health conditions of children	3	7.7
Housing issues	3	7.7
Financial hardship	3	7.7
Documentation issues	3	7.7
No answer	4	10.3

Among causes specified by relatives, to their opinion, the most common is alcohol abuse, immoral life style of the mother or family members which is indicated by 61.5% of respondents.

That is why to the question "Would you like your daughter / son to bring up the child at home?", 23.1% of relatives answered No and 30.8% of respondents believe that the mother's decision to abandon the child cannot be changed ("alcohol abuse, alcoholism", "she does not need children", "she only thinks about herself, always out", "I do not believe any more, no chances", "immoral life style").

58.9% of relatives wanted the child to be brought up at home, but only 38.5% believe that the mother's decision to abandon the child can be changed. Image 3.3.4 shows who, to the relatives' opinion, can influence the mother's decision to abandon the child or place the child under the temporary state custody.

Image 3.3.5 **Who Can Influence the Mother's Decision to Abandon her Child**



The respondents' opinions on this question were divided: thus, 28.2% of the respondents believe that the mother's decision to abandon her child can be influenced by specialists (doctors, psychologists, social workers), 23.1% of the respondents think that relatives can have influence (mother, sister, father, children) and 12.5% believe that other persons can influence such decision (unfortunately, the questionnaires do not contain information on who exactly). 12.5% of the respondents believe that nobody can influence (as a rule, the causes why the child is placed under the state custody is the mother's alcoholism). 20.5% of respondents cannot answer this question.

To the question "What do you think is required and can be done today to return the child to your daughter / son?", the answers can be divided into several groups:
group 1 (30.8%) sees the way out in changes of the mother's (or father's) behavior and life style, abstinence, forced treatment, imposing of liability;
group 2 (7.7%) believes that housing issues needs to be resolved;
group 3 (5.2%) think that execution of document needs to be helped with;
group 4 believes that it is financial and social support (5.2%) and assistance in placing the child in a kindergarten (2.6%).

Almost half of respondents (48.5%) cannot answer this question.

3.4 Summary

Up to date, the nature of child abandonment remains under-investigated and poorly understood. An analysis of little literature on this issue already defines extreme complexity of interacting social, psychological and pathological factors interfering with motherhood formation, the most important form of a woman's social behavior[29].

Based on the project purpose and tasks, the study conducted in Karaganda Region allowed to consider the child abandonment problem from various aspects, analyze many factors affecting a decision to abandon a child from the point of view of mothers, relatives and specialists. In the same time, for more detailed understanding and resolutions of the existing problem, future perspective researches that the authors has not touched are required. In particular, the study detected a problematic area in professional and information preparedness of specialists working with a family in various types of institutions and lack of an efficient system of social services and support to families and mothers. Therefore, detailed studies of needs of specialists engaged in work with families to get training, retraining and requalification, examination of their attitude to children institutionalization and their understanding of negative consequences thereof; studies of needs in social and psychological assistance required for a woman and her family during and after pregnancy are the most perspective matters for future researches.

I

The survey results show that most of specialists believe that among personal and family factors, the most common cause of child abandonment is the mother's asocial life style (alcoholism, drug addiction of the mother / family members, vagrancy, uncontrolled sexual behavior). This information is confirmed by the results of survey for relatives when more than half of such relatives (61.5%) said that in their cases, the mother's asocial life style was the main cause that the child has been placed under the state custody.

Labor and social protection specialists (75%) believe that the main cause of child abandonment is "children's diseases and congenital pathology". The matter of how relevant this cause is in other institutions and what work is carried out was looked into in the Discoveries of Children's Health Issues. The study shows that specialists' answers to that Section questions often contradictory and do not have a balanced basis in a form of steady opinion of the majority. Therefore it is difficult to conclude if child abandonment due to health issues is a common cause in other institutions.

In addition, few specialists specified such causes as "lack of support from the child's father / extended family", "psychological and social immaturity of the mother".

The majority of mothers specified only causes from ***the social and institutional factors*** group, such as unavailability of housing facilities (77.2%) and lack of required financial resources (65%). Specialists name the same causes.

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[29] V. Chechet. Alternative of Social Orphanage // Social Pedagogic. 2001, No. 9. Page 108

It shall be noted that a small percentage of mothers name such cause as unavailability of social infrastructure (day nursery, kindergartens, rehabilitation centers etc.) and unavailability of required documents for the mother or child.

II

The social and psychological portrait of women leaving their children under the state custody may be created based on the surveys for specialists and mothers.

The study results demonstrate that such women are most commonly single which is indicated by specialists (84.2%) and survey of such mothers (based on general information, 84.4% of women are not married).

The absolute majority of specialists (90.2% in average) believe that mothers abandoning their children have such bad habits as alcohol abuse and smoking (52.9%). It totally contradicts the mothers' opinion on bad habits. Approximately 56.9% of questioned mothers said that they had no bad habits and 40% only smoke.

Most commonly, the questioned women have more than one child. As mentioned by specialists, children are lately abandoned not only by primipara, but also by multi para women.

Based the mothers' answers, the majority of them have only secondary education and only a small percentage (29.3%) secondary special education. These are mainly women who work under private contracts. However, 34.4% of women said that they were unemployed. Average income constitutes 20,195 KZT. Income of most of respondents does not exceed 20 thousand KZT and minimum income constitutes 5 thousand KZT. These data prove that mothers can indeed have financial hardship. In this connection, the majority of mothers state that they do not have their own dwelling, they are renting an apartment, have temporary dwelling and do not have permanent residence.

When analyzing such mothers' life, it may be noted that one third of women began to live sexually under the age of 16 and one third – under the age of 18. However, the majority of them (82.2%) said that they did not use any birth control. Therefore the unplanned pregnancy risk increases.

Many specialists noted that generally, these women do not visit specialist during their pregnancy.

Information provided by mothers on this matter is also quite contradictory: more than half of women sais that their pregnancy was planned for (62.5%), they were preparing for it (78.1%), but in this respect, 53.2% of women stated that during their pregnancy they whether did not visit specialists or visited them, but not on a regular basis.

Most of specialists (78.1%) who work with 0-3 year-old children on a constant basis say that a child is most usually abandoned immediately after his/her birth. However, the mother's survey shows that 65.6% of women did not leave their children under the state custody immediately after giving birth, but after sometime (the questionnaires specify such time limits as from 2 weeks to 2 years). That is, it may be assumed that during such period, women were in a difficult real-life situation and could not find help and support from close people or state authorities and the decision to place the child under the state custody was the most optimal in such situation.

III

We believe that study of a family history and family situation that occurred in childhood of a woman abandoning a child is important for examination of causes of child abandonment.

The own family conception of mother and father has a special meaning as it forms a behavioral model of a woman and future mother.

The study results show that 40.7% of mothers were brought up in complete families with both parents, 35% of mothers grew in incomplete families with their mother only and 16.3% lived

in a children's home. However, when analyzing a family situation, we significantly considered interpersonal relations in a family where a future mother was brought up. As "the personality of many women who are not ready for effective motherhood is formed in a peculiar aggressive environment: in their childhood, they suffer from degrading oppression or cold attitude of their parents" [11]. Based on the mothers' answers, one third of them consider relations in their parental families as bad (there were cases of rudeness, aggression and physical abuse). Choosing "Other" as an answer, 20% of mothers find it difficult to assess such relations, but characteristics given to mothers (such as "not worth a thing", "totally wasted", "always drunk") allow to understand what relations they had.

When analyzing a parental family, special significance is given to relations between the woman and her own mother.

After famous Harlow's tests [16], it is considered proven that communication with mother is reproduced even on the primate level. If the communication experience with mother was distorted, the parental behavior of primate female's daughters is broken. The same factors also work for human-beings. Based on an analysis of family histories of women abandoning their new-born babies, it follows that an abandoning mother has been rejected by her mother since childhood. Break of relations through female lineage is most often seen in several generations.

This information is confirmed by surveys of the mothers among who about 50% of the respondents stated about broken relations through their female lineage: 26.7% of women said that their mother was demanding, extremely strict, did not accept or rejected her; 36.7% refused to give a certain answer characterizing their mother negatively; 60% of the respondents noted that they were closest not to their mother, but to other relatives (father, grandmother, grandfather, sister); 50% said that relations between their mother and grandmother were hard (distant, conflict, broken). The analysis of answers given by mothers (from relatives questionnaires) whose daughters have abandoned their children also demonstrates broken relations through female lineage in several generations: slightly more than half of respondents said that in childhood they were closer not to their mother, but to other relatives (grandmother (33.3%), father (11.1%); 11.1% answered that they were close to no one and 44.4% claimed that they did not know their grandmother.

Losses in a future mother's generation can also cause interference with mechanisms of maternal behavior formation[32] (see Chapter 3.2). The conducted study showed that 66% of women leaving their children under the state custody have losses in the generation which may be a factor of an extended family history repetition and, as a result, lead to child abandonment.

IV

The study shows that a small percentage of the specialists and mothers are open to specify such **cause of child abandonment as "lack of support from the child's father / extended family"**.

It is been empirically discovered that support from the child's father lacks as 74.4% of women said that they did not communicate with the child's father and 17.8% claimed that they communicate very rarely.

According to the survey results, women being in a crisis situation were waiting for support not only from the child's father, but also from their relatives, including parents (this was communicated by 62.6% of women).

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[11] Y. V. Bukhman, N. V. Izbutskaya, M. F. Ternovskaya, Arrangement of Work of Service on Accommodation of Children with Families. M. ECHO, 2006. Page 142.

[32] *A. Shlippe, I. Shvaitser, Manual on Systemic Treatment and Consulting. M.: Institute of Consulting and Systemic Decisions, 2007. Page 363.*

In average, 48.8% of mothers said that their relatives showed positive attitude to the pregnancy and desire to have a child.

In the same time, 14.7% of the respondents stated that their relatives showed extremely negative attitude and insisted on termination of pregnancy. This information is proven by the survey for relatives among who more than half (61.5%) answered that they showed positive attitude to the pregnancy and offered help and only 7.7% were negative about it.

Mothers' and relatives' opinions on assessment of relations were divided into almost equal groups. Slightly more than half of questioned mothers (about 55.3%) note that they are presently in good relations with their relatives, but 40% said they do not communicate. Based on relatives' answers, they consider relations with the child's mother good, very close, trusting (averagely 48.8%). In the same time, 30.8% characterize them as distant, cold, conflict and 7.7% do not communicate with each other.

However, the real situation demonstrates that even in case of positive attitude to pregnancy and good relations with relatives, a woman still abandons her child (temporarily places him/her under the state custody).

V

The mothers' survey shows that the majority of them (averagely 54.7%) were not able to list **state authorities and organizations that provided support** during their pregnancy and at the time and after giving birth. The remaining mothers listed such organizations as a Social Security Department, Maternity Hospital, Guardianship Authorities, Childcare Center, Policlinic and Akimat.

In average 53.3% of specialists said that mothers and relatives did not have sufficient information about psychological, social and legal assistance.

This information is proved by the survey of mothers among who the majority of questioned women (averagely 67.8%) found it difficult to answer the question about state authorities and organizations that could prevent them from abandoning their child (temporary placing of their child under the state custody). One of the questionnaires contained a statement about insufficiency of information on state authorities and organizations that provide assistance to families in difficult real-life situations.

The study shows that the absolute majority of questioned specialists (averagely 88.5%) cannot state about availability of an abandonment prevention mechanism. Among those there were specialists who noted that there was no effective mechanism, it did not work, everything was uncoordinated and there was no uniform interaction system. Only 17.2% of specialists said about existence of an abandonment prevention mechanism in form of separate measures.

VI

The study results demonstrate that 81.2% of questioned mothers were thinking of taking the child back in family. Many mothers noted that the most important thing for them today is the desire to grow good children, ensure their future and have a family life (in average 92.5%). However, these data contradict the opinion of relatives who wanted the child to be brought up at home, but only 38.5% of them believe that the mother's decision on child abandonment can be changed.

According to the mothers' answers, the primary conditions under which they are ready to take their children back is financial support (averagely 51.3%) and resolution of the housing issue (averagely 53.2%). A small percentage of mothers say about the need to be supported by relatives. The opinion of the majority of specialists is totally in line with the mothers' answers.

The specialists' survey shows that about 63.1% of them believe that assistance to mothers (family) is effective when provided in maternity welfare centers and one third of specialists think

that it is the most effective when provided in a maternity hospital. At the same time, 21.4% of questioned specialists from educational institutions note that assistance is effective in Family Support Centers.

To the general opinion of specialists, in order to improve the mechanism of child abandonment prevention, all systems shall be changed: legislative and healthcare systems, system of guardianship and custody authorities, system of payment of benefits through agencies of the Ministry of Labor and Social Protection and Special Social Service System.

The specialist have submitted proposals on improvement of work of certain systems (see Chapter 3.1).They have been processed and considered when preparing new recommendations on child abandonment prevention.

VII

Study Reflection

Based on the analysis of our research results, in order to make necessary changes and implement certain measures, we consider necessary to continue building a system in this direction (on child abandonment prevention, de-institutionalization and provision of support to families).

The study allowed to detect significant issues:

- insufficient professional and information level of specialists working with families in various types of institutions;
- non-existence of an efficient system of social services and support of families and mothers, in particular, inaction of the Crisis Center in Karaganda and other cities of the region (as a form of support to mothers and families being in a difficult real-life situation) and actual projects on provision support to mothers implemented in the region;
- non-existence of a comprehensive approach to the range of services and assistance offered to mothers and families (assistance is mainly limited to one-time offer of medical and psychological assistance);
- low level of awareness among mothers, their relatives and families, at large, of available assistance and support;
- non-existence of support to and early interference with families having children with special needs.

Based on the foregoing, we believe that the following directions are potentially efficient for further research and determination of actual situation on this sphere:

1. Verification of inquiries of types and forms of social and psychological assistance required for a woman and her family during a prenatal and postnatal period within maternity welfare centers and maternity hospitals through diagnostics and questionnaires. The goal is to detect pregnant women falling within a risk group and assess a request for various help.
2. Study of specialists' demand in training, retraining and requalification, in particular specialists engaged in work with families and children based on inter-professional and interdisciplinary approach; monitoring of required knowledge of specialists working in this sphere.

Additional researches would allow to target narrow areas to ensure dominance of early, not late prevention, that is actions intended for work with children living in families being in deep crisis whose internal resources have almost vanished and therefore, chances of rehabilitation and their efficiency is minimum.

It is also necessary to implement the following in the region:

1. Elaboration of comprehensive program documents ensuring efficient resolution of family and childhood issued existing in the region.
2. Model of (inter-structured, comprehensive) approach to provision of services to families and mothers allowing to perform preventive work on child abandonment on a significantly higher level.

3. Training of specialists working with families based on inter-professional and interdisciplinary approach.
4. Regular work on early detection of ill-being (by engaging children's doctors visiting children at home) in families within a child abandonment risk group.
5. Elaboration and implementation of projects on arrangement of assistance to certain abandoning mothers and their children and further monitoring of the implemented projects efficiency.
6. Elaboration and implementation of joint projects with institutions for children left without parental support on tracking of former foster girls (abandonment prevention.
7. Elaboration and implementation of projects and programs intended for support of and early interference with families having children with special needs.
8. Ensuring of high level of awareness (through various resources, including Internet, mass media, posters, phones and other types of information) of possible assistance to families and mothers.

Part 4 Main recommendations on the prevention of child abandonment

4.1 Prevention as a method of social work in terms of avoiding child abandonment

One of the current and socially important problems facing our society today is to find ways to reduce the growth of child abandonment and improve its prevention.

Timely prevention is one of the most promising and important activity in social work to tackle child abandonment which requires an integrated approach to operate the system and structure that can prevent problems or achieve set aims.

Social prevention is a preventative work carried out at the state level through a system of measures for improving the quality of life, minimizing the risk of social factors, creating conditions for realization of principle of social justice. Social prevention creates necessary background against which all other types of prevention: psychological, educational, medical and socio-educational support are carried out more successfully.

In literature there are several levels of **preventive activities** regarding child abandonment identified by researchers:

- general social level (general prevention) which envisages state, society, societal institutions activities focused on solving the ambivalence regarding economics, social life, moral and spiritual spheres;
- special level (socio-pedagogical, social and psychological) which consists of a targeted effect on the negative factors associated with certain types of anomalies or problems;
- individual level (individual prevention) is a preventive activity in relation to specific individuals whose behaviour may feature abnormalities or problems[20].

Apart from above, there are identified the following **types of prevention activities**: primary, secondary, tertiary.

Primary prevention is a system of measures oriented on prevention of negative impact of biological and socially psychological factors influencing development of deviant behavior. It is important to note that primary prevention specifically (if it is timely, holistic and regular) becomes the most important type of preventive actions in the sphere of prevention of child abandonment.

Secondary prevention is a system of medical, social, psychological, legal and other measures focusing on work with adolescence who have deviant and antisocial behavior (school absence, regular conflicts with peers, family problems). The key tasks of secondary prevention is prevention of more serious action or crime committed by the teenager, this might include abandonment of the child.

Tertiary prevention is a system of social-psychological and legal measures which aim at preventing re-offending by teenager who has just left specialized establishment for teenagers in need of social rehabilitation.

The main aim of prevention in social work is in identification of causes and conditions leading to the deviances in social object behavior, warning and reducing the probability of deviance appearance with the assistance of social, economical, legal, educational, organizational and psychological measures.

In prevention work for specialist in social work the most important skill is to act in every situation correctly and flexible, summarize fact with evidence-based approach, by careful studying of every reason for established deviances and conditions in which they became possible.

In regard to mentioned above, it can be said that prevention is evidence-based and timely undertaken actions which are orientated on:

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[20] Problems of child abandonment and institutions that replace the family education / Ed. Aristova N.G. - M.: Institute of Sociology, 2002 .- 284 p.

- prevention, elimination or neutralization of the underlying causes and conditions that cause negative social deviances
- prevention of possible physical, mental and socio-cultural deviations from various individuals and social groups;
- preserving, protecting and maintaining the normal level of human life and health.
-helping them to achieve their goals and develop inner potential[31].

Preventive measures will vary depending on the nature and causes of social deviation. In summary, preventive measures can be defined as neutralizing, compensatory, warning the circumstances leading to the emergence of social deviance; eliminating these circumstances monitoring measures of further preventive work. From this follows that prevention must be in the form of the **program of planned activities** aimed at achieving the desired outcome, the prevention of potential problems and monitoring of the subsequent state of the social object.
Prevention of family distress as one of the factors in child abandonment is among the most important types of prevention used in the practice of social work. Various literary sources indicate two stages of prevention.

1 stage of work is associated with the identification of minors and families in difficult life situations. In the process of prevention the full holistic picture of individuals which require prevention work need to be ensured. It is important that this process involved bodies and agencies that work with the family in the early stages of the child personality such as the establishment from social welfare and health care, preschool and school educational organisations.

2 stage of prevention work is rehabilitation measures for the person receiving services. The success of rehabilitation depends mainly on the holistic assessment of personality, characteristics of the adolescent, his/her attitude to study, parents, work, health conditions, including mental health, characteristic of deviant behavior and its causes.

Based on the above information it can be concluded:

1. For the prevention of child abandonment the common organization of prevention work is important in relation to every adolescent and their families in certain community;
2. Prevention of child abandonment needs to include the system of measures related to the study and prognosis of neglect, homelessness and child abandonment which are orientated on stopping factors negatively influencing on child development;
3. Prevention of child abandonment needs to be started from preparing next generation to the responsible parenting, with formation of positive parenting values through the development and implementation of programs which build right attitude to the creating a family among young people.

4.2 The role of comprehensive program on prevention of child abandonment

The need to develop comprehensive prevention programs in order to prevent child abandonment is necessary due to the increase in the number of children left without parental care and living in state institutions in the modern society . From the survey we conducted it can be seen that in all institutions the number of children without parental care (so-called "social orphans") prevails over the number of children orphans - 82.5% and 17.5% respectively. As well as the lack of work on adaptation of orphanages and boarding schools graduates, there is limited positive information about families with children.

The results of the study made in Karaganda oblast show that in the existing system of

[31] Shelyag T.V. Today's family and social work. - M.: Form, 2003.- p.61

family and childhood social support and prevention of child abandonment following components are missing:

- single multidisciplinary model of identification and registry of families who are at risk of abandonment in order to conduct robust prevention work;
- sufficient legislative provision, work standards with vulnerable families with underage children;
- program of professional training process for provision of qualified assistance in terms of prevention of child abandonment;
- weak development of replacing families (guardians, foster parents) support.

Prevention of child abandonment in Karaganda oblast needs to be organized within a single program of joint evidence-based and timely undertaken actions which focus on elimination and neutralisation of causes of child abandonment in every form whatsoever.
For achieving a set aim it is necessary to complete the following tasks:
- to create conditions for elimination and neutralization of causes for social orphanage;
- to optimize family policy and social protection of childhood;
- to ensure the priority of family placement of orphans and children left without parental care
- to create conditions allowing children left without parental care and similar persons to exercise the right to education, getting a profession, housing, quality medical help
- to consolidate efforts of public bodies and non statutory commercial structures in solving the problem of prevention of child abandonment;
- to ensure multidisciplinary collaboration of statutory bodies and every agency dealing with prevention of child abandonment.

For this it is necessary:

1. To develop the information and educational space regarding the family and childhood issues in order to increase the educational level of population and development of understanding family significance in the society, family role in upbringing the children, necessity for development and strengthening family traditions and importance of preserving biological family together
2. To develop and implement the new technologies and innovative services to different categories to family and children because old ones are not always effective.
3. To ensure conditions for social protection for the family, early detection f family vulnerability in order to retain the child in the family
4. To rehabilitate and reunion of biological family.
5. To develop the family placements for children left without parental care
6. To ensure quality education and upbringing, to provide psychological and pedagogical support for orphans and children left without parental care in community education establishments
7. To develop the graduate support system for children leaving institutions for orphans and children left without parental care, to introduce the mentoring in the relation to this children at work environments
8. To provide training, retraining and staff qualification enhancement including those specialists involved in system of work with family and children, on the basis of inter-professional multidisciplinary system approach. To combine legal, social, medical, psychological, educational and other aspects in targeted prevention activities.
9. To involve the public bodies, charity and business structures in participation of implementing socially significant project focusing on prevention of child abandonment.
10. Media cover of the positive image of the family, its tradition, values and coverage of child abandonment issue, reducing demonstration of violence, abuse and immorality.
11. To develop the voluntary movement as a way to socialize residence of children's homes and boarding schools.

12. To develop the program training documents ensuring effective solutions of family and childhood problems on the basis of studying and usage of tested scientific output of domestic and foreign researches.
13. To develop the family forms of orphan placements including selection and support for families who force the child, prevention of secondary abandonment
14. To monitor with further analysis of social economical and educational family potential status of children in different types of families particularly in families at risk of abandoning their children
15. To provide the necessary legal base for prevention of child abandonment and mechanism for implementation developed by central and local authorities.

Implementation of all activities is possible only on the basis of agreed collaboration of agencies and establishments responsible for different aspects of statutory preventive system (interagency level) and also specialists from different fields (professional level).

First steps:
1. It is necessary to conduct the contest for the best comprehensive program 'Prevention of family vulnerability and children's social orphanage' ('Child's right for the family', 'New family' etc) on the national level in every region taking into account specifics of the existing issues around children-orphans and children left without parental care in the region.

2. Regional programs should cover not only social and economic aspects but taking into account psychological, pedagogical and medical aspects of the social vulnerability of children and families in the region and in the Republic as a whole.

3. The program should be comprehensive and combine efforts from different establishments in social sphere of the region with clear activity coordination, database and resource base, single method of working and single documentation on the protecting children's rights.

4. For ensuring social stability and security of childhood is introduction into the work place of lawyers, judges, specialists in social work, other juvenile specialists.

5. The programme should envisage active use of measures for strengthening family institute through conducting information and prevention events focussing first of all on the formation of family values, involvement of civil society in ensuring child's right to live and be brought up in the family with taking into account of the specific issues of the concrete region.

6. The program should include mechanism for collaboration of organisations for early prevention and detection of children in difficult life situation. It should consider measures for organisation of the early prevention system – not allowing crisis situations, early identification of vulnerable children and families with following comprehensive support. It should develop main directions of work for rehabilitation of dysfunctional families taking into account specific causes of child abandonment, support of mothers in difficult life situation including due to birth of the child with special needs.

The main aim of the considered activities should be work with biological family, creation of comprehensive structure in preserving child within biological family, optimisation of number of children sent to institutions.

Based on this, we suggest the working Model for organisation of assistance to family from social risk in Karaganda.

3.3 Model of provision of family assistance to families from social risk focusing on prevention of child institutionalization.

I. Coordination centre (Karaganda)

Coordination Centre (CC) – is a centre which includes mobile sectors under Akimat. They should have real competencies and opportunities for providing support to families from social risk group.

The aim of CC activities is the work of mobile sectors for provision of timely assistance to children-orphans, children left without parental care and also to parents and adoptive parents in difficult life situation (from identification of family vulnerability to achieving positive results for a child and further monitoring of his/her life).

Objectives:

1. Development of the complex social care provision for children and families in Karaganda oblast within the competency of the Centre.
2. Development and strengthening of life placement system of children-orphans and children left without parental care.

Membership:

Includes multiple mobile sector which are capable of providing robust help to families in a difficult situations: Sector of Family Assistance, Sector of Social Services , Early Intervention, Resource Sector.

Within the structure of these sectors there must be included lawyers, family psychologists, social workers, professionals working in the social protection, education and health, who are able to work with the problem of abandonment and competently use every opportunity to help and at the same time to convince a mother not to condemn baby for the social orphanhood.

1) Sector of family assistance

- Provides data collection and family needs assessment.
  Work with referrals (from both families and specialists):
  - data collection about biological family;
  - evaluation of problems and resources of the family system;
  - decision-making about further work with concrete referral
- Coordination of «Family Support Centres» in children's homes, Hope initiatives, baby homes.

The main aim of the sector is to identify the stages of work with biological family with compulsory monitoring and result evaluation; to develop the individual mechanisms of child and family reunification for each family.

During all stages Sector specialists coordinate and provide assistance for a family in terms of social, pedagogical, psychological and legal help.

2) Sector of social services

It builds work on the basis of interagency approach, becoming organisator and initiator of connection building with organizations and services which are meant to provide real help and support for each concrete family.

It provides concrete regulated social support, for example:

- Social support (benefits, single payments)

• Equipment for assistance with newly-born children (care equipment, nappies, meals).
• Support for mother: meals for a child and mother, monthly food set.
• Provision with clothes and shoes as for mother as for baby
• Visiting at home and in hospital
• Family accompanying from 1.5-2 years old (world best practice till 5 years old)
• In case of having older child: opportunity for obtaining the clothes, stationery, vouchers for health resorts.
• Opportunity for placement in baby home (child temporary stay).
In case of temporary placement in baby home family is put on the register
• Temporary shelter for women with children (Crisis centre) with minimum of 6 months (social hotel type)
• Provision of social, pedagogical, psychological and legal support.

3) Early intervention sector

It coordinates early intervention sector in medical establishments.

The main aim of the early intervention sector is to provide assistance and support for the family who care for a child with developmental impairments in order to prevent abandonment.

Early Intervention sector does not copy or double the existing organizations. Sector specialists accompany children at risk from birth (on practice such services start working when a child is 3 years old).

Early detection of light underdevelopment allows professionals to provide timely assistance for children and families and to prevent more serious impairments in children's development. The comprehensive care for children with severe disabilities significantly improves the quality of life for their families.

Early intervention services sector complements and integrates the efforts and expertise of different sectors - doctors, teachers, psychologists, social workers, and most importantly, their parents to provide the best timely support for children.

Early detection services in medical establishments

In order for this service to work it is necessary:

1 stage Training of future specialists in early intervention services in order for them to have skills of comprehensive assistance provision, parenting support for children with developmental impairments.

2 stage Computer hardware equipment, Internet access, parents may want to contact service by e-mail and on a separate telephone number, the formation of the toy libraries and libraries of special literature on child development and early intervention, which will benefit both parents and professionals.

If a child is found to have impairment in the development, even minimal, specialists will offer a joint individual family work on an individual program, which includes individual and group sessions with a psychologist, a neurologist, a special educator, speech therapist.

Most families with disabled children are in the serious need of psychological care and in simply a friendly support. For this service in early intervention parenting club may work, where parents get together every week to discuss issues of interest to them, spend rest and holidays together, exchange their experience and socialize.

4) Resource sector

It coordinates work with resource mini-centers in medical establishments.

a) Resource centre in polyclinics

It should be organized in child polyclinics close to place of child's living and women consultation clinics close to women's living.

It considers following questions:

• prevention of pregnancy termination at different stages;

• work with women expecting labour (or ones who had labour) and intending to abandon child in order to identify factors which push woman to making such decision, supporting a woman to understand the significance of such decision, providing emotional support.
• early diagnostics of child abuse.

In any case, the assistance will be provided with the account of individual characteristics of the family: social, psychological and physiological factors influencing this problem.

б) Resource centre in maternity wards

1) In every maternity ward the work with women at risk should be organized:
а) with women who expressed desire to refuse from a child in the maternity ward.
б) with women entering maternity ward unchecked and not registered with their pregnancy,- category of mothers with unwanted pregnancy and as a result –child abandonment. (study results).
с) Risk of abandonment may exist in giving birth to a sick child or the one with special needs. This is confirmed with specialists of maternity wards.

Every medical establishment has direct link with mobile sectors of Coordination council for concrete individual family (as in emergency help).

Such establishments need to be created in every city of Karaganda oblast and even in the rayon centers. Namely, mobile sectors with narrow profile specialists can competently and timely coordinate work with mother in prevention of child abandonment.

Conclusion

Child abandonment is a complex social phenomenon that has become extremely relevant today. Conclusions and generalizations drawn from the study lead to the conclusion that the old system of statutory social protection of orphans which aims at the "treatment" of consequences, not only does not reduce the number of such children, but also gives rise to extremely negative consequences.

Due to the growth of people who suffer from alcoholism, drug addiction, mental illness and affected by criminal and antisocial personality, rise in single-parent families are the main factors for supplying children for orphan schools, where there is progressive deterioration of the genetic characteristics of such children. There is no system of social and psychological support for maladjusted mothers and families at risk of abandoning their children.

Formed over a long period of social consciousness acute negative attitudes towards the mother, who is forced to abandon her child, often makes situations of abandonment deeply traumatic for her, particularly in hospitals, where the parent is under enormous pressure from the staff who force her to change her dramatic decision, and thus making many women to bear unwanted pregnancies. During the years of perestroika as a result of a huge number of impoverished people, "dropping out" the usual moral standards, as well as the growth of prostitution, alcoholism and drug addiction among women of childbearing age has had increased dramatically the number of abandoned children not only in maternity wards but also in the first years of children's lives . Particularly this problem is acute in large cities and industrialized areas.

However, the logic of the results analysis of the study suggests that the main reason for the low efficiency of social protection of children should be searched deeper than those problems and shortcomings which lie on the surface. It seems that the main reason for the ineffectiveness of this system is due to the lack of normal functioning statutory-legal system. Implementation of all activities is necessary to build on the coordinated interaction of bodies and agencies responsible for various aspects of statutory prevention system (interagency level), as well as from specialists in different professions (professional level).

This raises the issue of active involvement of civilian populations, non-governmental organizations, in some cases, the children themselves, in the process of implementation of social projects aimed at the prevention of child abandonment.

At the same time it must be admitted that, despite all the difficulties, in recent years there have been some positive trends in addressing this issue. It can be said that preventative work with vulnerable families focuses on enhancement of the special techniques development of prevention and involvement of civil society to create the conditions which help the family to get out of a difficult life situation. Family support centres functioning, programs aimed at early marital trouble, and further counselling and support for these families, the involvement of NGOs in solving this problem are the examples of such work too.

The regulatory framework of guardianship authorities is being improved as well as those of social security, health care organizations in order to prevent institutionalization of children. There has been a turn in the publicizing through the media about the issues of family education, the role and status of the family.

However, it must be taken into account that there are existing issues that have a significant impact on the problem of placing children left without parental care in the institutions.

One of the causes for this is a lack of family support centers (In Karaganda region there are only 5 of them). However their activities are aimed at restoring and maintaining the family relationship with the biological relatives, so that the child over time could find his/her family. Despite the involvement of NGOs in addressing many social issues in the region, it should be noted that the activities of some of them are being formal or dependent on grants, while other organizations performing commissioning order, conduct the same-type and not always effective

interventions, and many projects are designed for short term. In addition, the range of services offered by them is insufficient to address the issues of institutionalization of children.

It could be suggested that the programming and search for more effective forms of work with vulnerable families in which a high risk of deprivation of parental rights is needed as early detection of such families, and timely intervention with all services designed to protect the rights and interests of the child will help avoiding cases of placing children in institutions.

In addition, the attention should be paid to the training and retraining of specialists of education, health and social protection.

Therefore, in the present, special attention should be paid to developing a comprehensive program for prevention of child abandonment based on the principle: prevention is a method of social work with deviant family. The work should be done with the participation of physicians, psychologists, sociologists and lawyers.

The creation of coordination centres with mobile sectors will allow for a **single** process of protecting children's rights, beginning with the identification of family problems to achieve a positive outcome for the child (placing back into the family) and for further monitoring of his life, using every opportunity for development of the successful future for the child.

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List of abbreviations

CC	**Coordination council**
NGO	**Non-governmental organizations**
RK	**Republic of Kazakhstan**
CAA	**Centre of adaption of adolescence**
CTIARM	**Centre of temporary isolation, adaptation and rehabilitation of minors**

Institutions and organizations which provided information for this research:

- Adoption and guardianship of Karaganda city
- Adoption and guardianship of Temirtau city
- Adoption and guardianship of Zhezkazgan city
- Adoption and guardianship of Satpayev city
- Adoption and guardianship of Osakarovsky rayon
- Department on child rights protection, Karaganda

Educational establishments of Karaganda and Karaganda oblast:

- SE «Children's home «Kulynshak», Karaganda
- SE «Children's home for children with developmental delays», Karaganda
- SE «Family-type children's home «Asem», Karaganda
- SE Centre of adolescence adaptation of Karaganda
- SE «Family-type children's home «Tansholpan», Karaganda
- SE Oblast boarding school for children left without parental care №3, Temirtau
- SOS Children's village, Temirtau
- SE «Family-type children's home «Ainalaiyn», Temirtau
- SE «Shelter for children and teenagers of Temirtau»
- SE «Family-type home of childhood for orphans», Zhezkazgan, Rudnyi village
- SE «Children's home «Umit» for orphans», Zhezkazgan
- SE «Children's home «Merei» for orphans», Satpayev
- SE Centre of adaptation of adolescence, Zhezkazgan
- SE «Litvinsk boarding school for orphans and children left without parental care», Osakarovsky rayon

Health establishments in Karaganda and Karaganda oblast:

- SE «Baby home «Botagoz», Karaganda
- SE «House of Hope», Karaganda
- SE «Baby home «Shapagat», Karaganda
- Motherhood and childhood department in Karaganda

Social protection establishments:

- SE «Karaganda care home for children with learning disability»

Appendix 1

Specialists' questionnaire

Please give sincere answers to questions in this questionnaire. The obtained information will make it possible to improve quality of special social services rendered to those families that are in difficult situation.

1 block General Information

1.How long have you been working in this institution?
A. for less than 1-2 years
B. for 3-5 years
C. for more than 5 years
2. What do think are three most common causes of child abandonment:
-
-
-
3. When does child abandonment usually occur?
A. Immediately after birth
B. Within the first year
C. Other

4. How many cases of child abandonment (admitting abandoned child) have occurred in your institution for the last 18 months?

5. Where does child abandonment usually occur?
A. Maternity Department
B. The Infants' Home
C. Newborn Infants' Pathology Department
Д. Other

6. The mothers' marital status
A. most commonly, married
B. most commonly, single

7. Do the mothers have bad habits?
A. mostly, smoking
B. mostly, drinking
C. mostly, using drugs
D. no

8. Have mothers (who abandon her child) been consulted on pregnancy matters by various specialists or regularly examined by gynaecologists during their pregnancy?
A. mostly, yes
B. mostly, no

9. Mostly, children are abandoned
A. by women giving birth for the first time
B. by women, who gave birth to many children
C. on the child's father's initiative

D. by child's father (in case of death the mother)
Д. Other

10. Have there been cases of repeated child abandonment by mothers?
Most commonly:
A. Yes
B. No

11. Have there been cases of reunification?
A. Yes (specify their number)
B. No

2 Block Cases of diagnosing health problems in children

12. How often are children diagnosed with genetic disorders /health problems?
A. Often
B. Seldom

13. In this case, do the specialists and psychologists from the Infants' Home work with the mother?
A. Yes
B. No
14. Do they recommend abandoning the child?
A. Mostly, yes
B. Mostly, no

15. Have there been cases of reunification of such children?
A. Yes (specify their number)
B. No

3 block Contact with parents

16. How often do the parents visit their children in the institution?
A. Mostly, once a week
B. Most commonly, once a month
C. No visits

17. How long do the parents spend with their children during the visits?
Most commonly:
A. for the time they allowed
B. they are always in a hurry
C. 30 minutes

18. Do the parents bring toys, clothes for their children?
Most commonly:
A. Yes
B. No

19. Are the mothers and relatives adequately aware of possible psychological, social, legal aid?
A. Yes
B. No

20. Are there any mothers, who plan to take their children away from the institution? When do they think it is possible?

A. Yes, when they have better housing
B. Yes, when the financial situation in the family is better
C. Yes, when they create new family
D. Yes, when the mother's relatives agree and support them
E. No
F. Other

4 block Services

21. What mechanisms are there to prevent child abandonment in Karaganda Region?

22. In what stage do you think is specialist's support (specify types of services) more effective for the mother (parents) to change her decision to abandon her child?

A. In prenatal clinic
B. In maternity hospital
C. In Infants' Home
D. Other

24. What should be changed to improve the existing mechanisms to prevent child abandonment?

- in the legislation system

- in the healthcare system (prenatal clinics, maternity hospitals)

- in the working policies of guardianship authorities

- in the policies of welfare payment through agencies of the Ministry of Labor and Social Security

- in the policies for providing special social services, including services by NGOs (e.g. funds, counseling centers, children's day-care centers)

Thank you for your cooperation!

Appendix

Block of questions for heads of institutions

1. How many cases of child abandonment (admitting abandoned child) have occurred in your institution for the period between:
   - 2008 -
   - 2009-
   - 2010 -
   - 2011-

2. How many children have been placed under foster care by your institution for the period between
   - 2008 -
   - 2009 -
   - 2010 -
   - 2011 -

3. How many children have been placed under guardianship by your institution for the period between
   - 2008 -
   - 2009 -
   -2010 -
   - 2011 -

4. How many children have been adopted from your institution for the period between
   - 2008 -
   - 2009 -
   - 2010 -
   - 2011 -

   Among them, children adopted by foreign nationals:
   - by relatives
   - by foreign nationals
5. How many orphans are there among the children in your institution?

6. How many social orphans are there among the children in your institution?

   Among them:
   - children, whose parents are deprived of their parental rights in due course of law
   - children, whose parents are on the wanted list:
   - children, whose parents withdrew from their parental responsibilities:
   - children, whose parents are in detention centers:
   - foundlings:
   - children, whose parents' parental rights are restricted:
   - children, whose parents undergo long-term medical treatment:
   - children, whose parents are recognized as missing persons by the court:
   - children, whose parents are recognized as incapable by the court:

7. What types of alternative care are used in the practice of your institution
   - groups of Hope;
   - schools of foster parents;
   - efforts of Family Support Centers;

- cooperation with NGOs in searching for relatives, etc.
- other

8. How does your institution cooperate with NGOs that work on solving children's problems in the region?
   - joint efforts (please specify)

   - joint plans

   - rendering services (please specify)

   - other

9. How would you like to cooperate with such NGOs in the future?
   Your suggestions

Thank you for your cooperation!

Appendix 2

Mothers' questionnaire

1 block of questions

1. Your age:
   A. Younger than 18
   B. 19-35
   C. Older than 35

2. Ethnicity:
   A. Kazakh
   B. Russian
   C. Ukrainian
   D. German
   E. Tartar
   F. Other

3. Your education level:
   A. Higher education
   B. Secondary special education
   C. Secondary education

4. Your social status
   A. Student
   B. Unemployed
   C. Non-manual employee
   D. Private sector employee

5. Are you married?
   A. Yes
   B. No

6. Number of persons/relatives, who live with you in one apartment (house) (please specify)

7. Living conditions:
   A. Private apartment
   B. Private house
   C. Hired apartment
   D. Homeless
   E. Temporary accommodation (please specify)

8. How many children do you have, and please specify their ages?

9. What is your mean permanent income?

10. What kind of family did you grow up in:
   A. Two-parent family (with mother and father)
   B. One-parent family (with mother)
   C. One-parent family (with father)

D. One-parent family (with grandmother)
E. One-parent family (with aunt)
F. In children's home
G. Other

11. What kind of relationship did your family members have?
A. Good
B. Tolerable
C. Bad (rudeness, aggression, violence)
D. Other

12. How do you think did your mother treat you when you were a child?
A. caring too much
B. was demanding, too strict
C. not accepting, rejecting me
D. considerate, understanding
E. Other

13. In your childhood, you were closer to …
A. your mother
B. your father
C. your grandmother
D. nobody
E. other

14. Describe your mother in a few words? (What is she like?)

15. Describe your father in a few words? (What is he like?)

16. What kind of relationship did (do) your mother and grandmother have?
A. Very close
B. Good
C. Aloof
D. Conflicting
E. Break of relations

17. Have there been any cases of child loss in your family?
A. Died in infancy (whose child?)
B. Unborn: miscarriage, abortion (whose child?)
C. Child abandonment (whose child?)
D. Other cases (whose child?)
E. I don't know

18. Have anyone among your relatives abused alcohol:
A. No
B. Yes, please specify who

2 block

19. At what age did you start having sex?
    A. Under 16
    B. Under 18
    C. Since 20

20. This pregnancy is your:
    A. first
    B. second
    C. third
    D. fourth or the following

21. This childbirth is your:
    A. first
    B. second
    C. third
    D. fourth or the following

22. Have you ever used contraception methods?
    A. Yes
    B. No

23. Have you ever had any abortion?

24. Was this pregnancy planned?
    A. Yes
    B. No

25. Have you ever tried to end your pregnancy? What did prevent you from it?
    A. Lack of material resources
    B. Late term of pregnancy
    C. Contraindications due to your health status
    D. Other

26. Did this pregnancy occur as a result of rape?
    A. Yes
    B. No

27. Have you had any sexually transmitted diseases?
    A. Yes
    B. No

28. Do you have bad habits:
    A. Smoking
    B. Alcohol abuse
    C. Drug abuse
    D. No

29. How often did you visit your doctor during pregnancy?
    A. Regularly
    B. Not regularly

C. No visits

30. Did you prepare yourself for the childbirth?
A. Yes
B. No

31. Where did you deliver your child?
A. In the maternity clinic
B. At home
C. Other (please specify)

32. Who did you expect to support you in crisis?
A. My child's father
B. My parents
C. My relatives
D. My friends
E. Other

3 block

33. Your relationship with relatives?
A. Good
B. Bad
C. No communication

34. What was your relatives' reaction to your pregnancy and your intention to give birth?
A. Positive
B. Very negative
C. Neutral
D. They were insisting on ending the pregnancy even in the late stages
E. They were unaware of it

35. Have your relatives ever advised how to bring up your child?
A. Yes
B. No

36. What kind of relationship do you have with your child's father?
A. We live together
B. We communicate seldom
C. We don't communicate
D. I don't know who my child's father is

37. What was your relatives' reaction to your decision to place a child under the government care?
A. Disapproving
B. Supporting
C. No reaction
D. Unaware

38. Did your relatives want to bring up your child?
A. Yes

B. I don't know
C. No

4 block

39. What was the main reason of placing your child in the Infants' Home

40. What was other three subsidiary reasons (besides the main reason) of placing your child in the Infants' Home:
-
-
-

41. What was the most important for you at the moment of placing your child under the government care:
A. Studying
B. Successful career and work
C. To keep relationship with my partner
D. Money
E. Health
F. People's opinion
G. Other

42. When did you first think of child abandonment?
A. Immediately after I learned about pregnancy
B. During pregnancy
C. Immediately after giving birth
D. Some time after giving birth ( )

43. Did you have doubts about your decision?
A. Yes
B. No

44. Who influenced on your final decision?
A. Nobody
B. My relatives
C. My child's father
D. My friends
E. Specialists (Medical personnel in the maternity hospital, social workers, psychologists)
F. Others

45. Did you seek for other options to solve this problem?
A. If yes, what options
B. No

46. Have you ever thought of returning your child?
A. Yes, and what kind of support would you need in this case

B. No

47. If your child was with you now, what would be different in your life?

5 block

48. Please list the government agencies / organizations that supported you during pregnancy, during and after giving birth

49. How would you evaluate quality of the services rendered:
A. Good
B. Satisfactory
C. Dissatisfactory

50. What is the most important for you to achieve today:
A. Happy marriage
B. Family life
C. Bringing up good children and securing their future life
D. Other

51. Please list the government agencies / organizations that could prevent you from abandoning your child

52. What kind of aid or services could help you change this decision?
A. Professional advice (by a psychologist, a medical worker)
B. Material support
C. Temporary accommodation
D. Relatives' support
E. Support of Groups of Hope in the maternity hospitals
F. Other

Thank you for your response!

Information obtained from the questionnaire is confidential.
Using any specific information in scientific and practical purposes is allowed with assent of the family subject to confidentiality

Appendix 3

Relatives' questionnaire

1 block

1.How are you related to the child's mother?

A. Mother
B. Grandmother
C. Aunt
D. Other

2. Your age:

A. 30-45
B. 46-55
C. Older than 55

3. Your marital status:

A. Married
B. Single
C. Divorced

4. How many children do you have (their age and sex)

5. Ethnicity:

A. Kazakh
B. Russian
C. Ukrainian
D. German
E. Tartar
F. Other

6. Your education level:

A. Higher education
B. Secondary special education
C. Secondary education

7. Your social status

A. Unemployed
B. Non-manual employee
C. Private sector employee

8. Living conditions:

A. Private apartment
B. private house
C. Hired apartment
D. Homeless
E. Temporary accommodation (please specify)

9. What is your mean permanent income?

10.Do you have bad habits:

A. Smoking
B. Alcohol abuse
C. Drug abuse
D. No

2 block

11.What kind of family did you grow up in:
- A. Two-parent family (with mother and father)
- B. One-parent family (with mother)
- C. One-parent family (with father)
- D. One-parent family (with grandmother)
- E. One-parent family (with aunt)
- F. In children's home
- G. Other

12. What kind of relationship did your family members have?
- A. Good
- B. Tolerable
- C. Bad (rudeness, aggression, violence)
- D. Other

13.How do you think did your mother treat you when you were a child?
- A. caring too much
- B. demanding, too strict
- C. not accepting, rejecting
- D. considerate, understanding
- E. Other

14. In your childhood, you were closer to …
- A. your mother
- B. your father
- C. your grandmother
- D. nobody
- E. other

15. Describe your mother in a few words? (What is she like?)

16. Describe your father in a few words? (What is he like?)

17. What kind of relationship did (do) your mother and grandmother have?
- F. Very close
- G. Good
- H. Aloof
- I. Conflicting
- J. Break of relations

18. Have there been any cases of child loss in your family?
- A. Died in infancy (whose child?)
- B. Unborn: miscarriage, abortion (whose child?)
- C. Child abandonment (whose child?)
- D. Other cases (whose child?)
- E. I don’t know

19. Have you ever abandoned your child or children?

20. Does your child live in an institution (boarding school, children’s home, hospital)?

3 block

21. How could you describe your relationship with your daughter, granddaughter, niece?
    A. Very close, trusting, warm
    B. Good
    C. Aloof, cold
    D. Conflicting
    E. Break of relations
22. Are you aware of your daughter's, granddaughter's, niece's pregnancy?
    A. Yes
    B. No
23. What was your reaction to your daughter's, granddaughter's, niece's pregnancy?
    A. Positive
    B. Negative
    C. Neutral
    D. I offered help and support
    E. Other

4 block

24. Why do you think did your daughter /son abandon her/his child?

25. Do you want your daughter /son to bring up her/his son at home?

26. What do you think could be done to prevent child abandonment?

27. Do you think it is possible to change the mother's decision about abandoning her child?
    A. Yes
    B. No

28. Who do you think could influence on changing the mother's decision about abandoning her child?
    A. My child's father
    B. My relatives (please specify)
    C. Specialists (Medical personnel in the maternity hospital, social workers, psychologists)
    D. Others

29. What do you think should and could be done today to reunite the child with your daughter/ son?

Thank you for your response!

Information obtained from the questionnaire is confidential.
Using any specific information in scientific and practical purposes is allowed with assent of the family subject to confidentiality

Қосымша №1

Мамандарға арналған сауалнама

Сіздердің сауалнама сұрақтарына шынайы жауап берулеріңізді өтінеміз. Сіздерден алынған ақпарат өмірдің қиын жағдайында қалған отбасыларға ұсынылатын арнайы әлеуметтік қызмет көрсету сапасын жақсартуға мүмкіндік береді

1 блок Жалпы ақпарат

1. Аталмыш мекемедегі Сіздің жұмыс өтіліңіз?
A. 1-2 жылдан аз
B. 3-5 жыл
C. 5 жылдан астам (қанша жыл)

2. Сіздің ойыңызша баладан бас тартудың жиі кездесетін 3 себебі қандай?
-
-
-

3. Әдетте баладан бас тарту қашан болады?
A. Бала туылған кезде
B. Бір жылдан кейін
C. Басқасы

4. Соңғы 18 айдың ішінде Сіздің мекемедегі баладан бас тарту оқиғаларының саны қанша?

5. Әдетте баладан бас тарту қай жерде болады?
A. бала туу бөлімшесінде
B. нәрестелер үйінде (Дом ребенка)
C. жаңа туылғандар патологиясы бөлімшелерінде
D. басқасы

6. Аналардың отбасылық жағдайы
A. көбіне тұрмыста
B. көбіне тұрмыста емес

7. Аналарда зиянды әдеттер бар ма?
A. көп жағдайда шылым шегеді
B. көп жағдайда ішімдік ішеді
C. көп жағдайда нашақорлық заттар пайдаланады
D. зиянды әдеттер жоқ

8. Аналар (баладан бас тартқан) жүктілік мәселесі бойынша әртүрлі мамандар кеңесіне барды ма және жүктілік кезінде гинекологтың қабылдауына жүйелі бара ма?
A. көп жағдайда иә
B. көп жағдайда жоқ

9. Көбінесе баладан бас тартатындар
A. Бірінші рет бала туған әйелдер
B. Көп бала туған әйелдер

C. Бала әкесінің айтуы бойынша
D. Баланың әкесі (анасы өліп қалған жағдайда)
Д. Басқасы

10. Анасының баласын бірнеше рет тастап кеткен жағдайлар болды ма?
Көп жағдайда:
A. иә
B. жоқ

11. Баласын отбасына қайтару жағдайлары болды ма?
A. иә (санын көрсетіңіз)
B. жоқ

2 блок Бала денсаулығында проблема анықталған болған жағдайда

12. Баланың денсаулығында қандайда бір генетикалық проблема/ денсаулығында проблема болуы жиілігі қандай?
A. Жиі
B. Сирек

13. Ондай жағдайда анамен Нәрестелер үйінің мамандары, психологтар жұмыс істей ме?
A. Иә
B. Жоқ

14. Оған баладан бас тартуды ұсынады ма?
A. көп жағдайда иә
B. көп жағдайда жоқ

15. Баланы отбасына қайтару жағдайы болды ма?
A. Иә (санын көрсетіңіз)
B. Жоқ

3 блок Ата-аналармен байланыс

16. Ата-аналар Үміт тобындағы/Нәрестелер үйіндегі балаларына келу жиілігі қандай?
A. Көбіне аптасына 1 рет
B. Көбіне Айына 1 рет
C. Көбіне келмейді

17. Ата-аналар Үміт тобындағы/Нәрестелер үйіндегі балаларымен қанша уақыт қарым-қатынаста болады?
Көбінесе:
A. Қанша уақыт рұқсат етілсе
B. Үнемі асығып тұрады
C. 30 мин

18. Ата-аналар балаларына ойыншықтар мен киімдер әкеледі ме?
Көбінесе:
A. Иә
B. Жоқ

19. Анасы, туыстары психологиялық, әлеуметтік, заңдық көмектер алуға болатындықтары туралы жеткілікті мөлшерде ақпарттандырылған ба?
A. Иә
B. Жоқ

20. Үміт тобындағы/Нәрестелер үйіндегі балаларын алуға жоспарлап жүрген ата-аналар бар ма?
Олардың ойы бойынша қандай жағдайда баласын алып кетуге болады?
A. Иә, тұрғын-үй мәселесін шешкен кезде
B. Иә, отбасындағы қаржы мәселесі жақсарған кезде
C. Иә, жаңа отбасын құрған кезде
D. Иә, анасының туыстарының қолдау мен келісі болған кезде
E. Жоқ
F. Басқасы

4 блок Қызметтер

21. Қарағанды облысында баладан бас тартудың алдын алу үшін қандай механизмдер бар?

22. Сіздің көзқарасыңыз бойынша анасының (ата-аналарының) баладан бас тарту туралы анасының шешімін өзгерту үшін мамандардың (қандай мамандардың екенін көрсетіңіз) көмегі қай кезде тиімді болар еді?
A. Жүкті әйелдер кеңес алатын жерде
B. Перзентханада
C. Нәрестелер үйінде
D. Басқасы

24. Баладан бас тартудың (перзентханада/нәрестелер үйінде) алдын алу үшін қандай өзгеріс енгізу керек?
- денсаулық сақтау жүйесінде (жүкті әйелдер кеңесінде, перзентханада)

- қорғаншылық пен қамқоршылық органдарында

- еңбек және әлеуметтік қорғау министрлігі органдары арқылы жәрдемақы төлек жүйесінде

- арнайы әлеуметтік көмек көрсету жүйесінде, оның ішінде үкіметтік емес ұйымдарда (мысалы, қорларда, кеңес берулермен, баланың күндізгі ұстау жерлерінде)

- заң жүйесінде

Ынтымақтаса жұмыс істегеніңіз үшін алғыс айтамыз!

Қосымша

Мекеме басшыларына арналған сұрақтар блогі

1. Төмендегі кезеңдерде Сіздің мекемеде болған баладан бас тарту (бас тартумен түскен) оқиғалары саны қанша:
   - 2008ж. -
   - 2009ж. -
   - 2010ж. -
   - 2011ж. -

2. Төмендегі кезеңдерде Сіздің мекемеде қанша бала патронаттық тәрбиеге берілді?
   - 2008ж. -
   - 2009ж. -
   - 2010ж. -
   - 2011ж. -

3. Төмендегі кезеңдерде Сіздің мекемеде қанша бала қамқорлыққа берілді?
   - 2008ж. -
   - 2009ж. -
   - 2010ж. -
   - 2011ж. -
4. Төмендегі кезеңдерде Сіздің мекемеден қанша бала асырап алынды?
   - 2008ж. -
   - 2009ж. -
   - 2010ж. -
   - 2011ж. -

   Шетелдіктермен асырап алынғандар-
   Оның ішінде:
   шетелдік туыстарымен -
   шетелдік азаматтармен –
5. Сіздің тәрбиеленушілердің арасында жетім балалар саны қанша?

6. Сіздің тәрбиеленушілердің арасында «әлеуметтік» жетім балалар саны қанша?

   Оның ішінде:
   - белгіленген заңды тәртіпте ата-аналық құқығынан айрылған балалар
   - ата-аналары іздеуде жүрген балалар:
   - ата-аналары өз міндеттерін орындаудан бас тартқан балалар:
   - ата-аналары түрмелерде отырған балалар:
   - тастанды балалар:
   - ата-аналары ата-аналық құқығынан шектелген балалар:
   - ата-аналары ұзақ емдеу орындарында болғандықтан мекемеге орналастырылған балалар:
   - ата-аналары соттың шешімімен хабар-ошарсыз кетті деп танылған балалар:
   - ата-аналары соттың шешімімен әрекетке қабілетсіз деп танылған балалар дети,

7. Сіздің мекемеде отбасының балалмалы нұсқасы ретінде қандай жұмыс жүргізіледі
   - «Үміт» топтары
   - «Асырап алушы ата-ана» топтары
   - басқасы

8. Сіздің мекеменің аймақтағы балалар проблемасын шешумен айналысатын Қарағанды облысының ҮЕҰмен қандай іс-әрекеттер бар?

- біріккен іс-шаралар (қандай)

- біріккен жоспар

- қызметтер көрсету (қандай)

- басқа қызметтер

9. Болашақта ҮЕҰ бірлесе қандай жұмыс істер едіңіз? Сіздің ұсынысыңыз.

Ынтымақтастығыңызға рахмет!

Қосымша №2

АНАҒА САУАЛНАМА

Сұрақтардың 1 блогі

1. Жасыңыз:
   A. 18 жастан төмен
   B. 19-35 жас
   C. 35 жастан жоғары

2. Ұлты:
   A. Қазақ
   B. Орыс
   C. Украин
   D. Неміс
   E. Татар
   F. Басқасы

3. Біліміңізді көрсетіңіз:
   A. Жоғары
   B. Орта арнаулы
   C. Орта

4. Әлеуметтік жағдайыңыз
   A. Студент
   B. Жұмыссыз
   C. Қызметкер
   D. Жеке меншік иесіне жалданып жұмыс істеймін

5. Некеде тұрсыз ба?
   A. Иә
   B. Жоқ

6. Сізбен бірге бір пәтерде (үй) тұратын адамдар/туыстар саны (және нақты кім екенін көрсетіңіз)

7. Тұрғын-үй жағдайы:
   A. Жеке меншік пәтер
   B. Жеке меншік үй
   C. Жалға алған пәтер
   D. Тұрақты мекен-жайының болмауы
   E. Уақытша тұрғын -үй (нақты қандай тұрғын-үй екенін көрсетіңіз)

8.Қанша балаңыз бар және олардың жас мөлшерін көрсетіңіз

9. Өзіңіздің орташа тұрақты кірісіңізді көрсетіңіз

10. Сіз қандай отбасында тәрбиелендіңіз:
    A. Толық (әкеммен және анаммен)
    B. Толық емес (анаммен)
    C. Толық емес (әкеммен)
    D. Толық емес (әжеммен)
    E. Толық емес (тәтеммен)
    F. Балалар үйлерінде
    G. Басқасы

11. Өз ата-анаңыздың отбасындағы қарым-қатынасты қалай бағалар едіңіз?
    A. Жақсы
    B. Қанағаттанарлық
    C. Жаман (дөрекілік таныту, агрессия, күш көрсетулер болды)
    D. Басқасы

12. Сіздің ойыңызша анаңыз сізге бала кезіңізде қалай қарады?
    A. Шамадан тыс қамқорлыққа алды
    B. Талапшыл, шамадан тыс қатал болды
    C. Қабылдамады, теріс айналатын
    D. Қамрқорлық жасады, түсіністікпен
    E. Басқасы

13. Бала кезіңізде Сізге жақын болған адам
    A. Анам
    B. Әкем
    C. Әжем
    D. Ешкім емес
    E. Басқасы

14. Анаңыздың мінез-құлқына шағын сипаттама беріңізші (Ол кісі қандай еді?)

15. Әкеңіздің мінез-құлқына шағын сипаттама беріңізші (Ол кісі қандай еді?)

16. Анаңыз мен әжеңіздің арасында қандай қарым-қатынас болды?
    A. Өте жақын
    B. Жақсы
    C. Бір бірінен алыста
    D. Даулы
    E. Қарым-қатынастың ажырауы

17. Сіздің әулетте бала жоғалту, айрылып қалу жағдайлары болды ма?
    A. Жас кезінде қайтыс болған (кімде)
    B. Туылмаған балалар: түсік түсу, баланы жасанды жолмен алдыртып тастау (кімде)
    C. Балалдан бас тарту (кімде)
    D. Басқа жағдайлар (кімде)

E. Білмеймін

18. Сіздің туысқандарыңыздың ішінде алкогольмен зиян келтірген біреу бар ма:
A. Жоқ
B. Иә, нақты кім екенін көрсетіңіз

2 блок

19. Қандай жастан бастап жыныстық өмірді бастадыңыз?
A. 16 жасқа дейін
B. 18 жасқа дейін
C. 20 жастан кейін
20. Бұл Сіздің нешінші жүкті болуыңыз:
A. Бірінші
B. Екінші
C. Үшінші
D. Төртінші және одан да көп
21. Сіздің нешінші рет бала тууыңыз:
A. Бірінші
B. Екінші
C. Үшінші
D. Төртінші және одан да көп
22. Сіз контрацепция әдісін қолдандыңыз ба?
A. Иә
B. Жоқ
23. Жасанды түсік жасаттыңыз ба?

24. Осы жүктілікті жоспарладыңыз ба?
A. Иә
B. Жоқ
25. Сіз жүктілікті үзуге әрекет еттіңіз бе? Не кедергі болды?
A. Қаржының болмауы
B. Жүктілік мерзімінің үлкен болуы
C. Денсаулыққа кері әсер етуі
D. Басқасы

26. Осы жүктілік күштеу арқылы болды ма?
A. Иә
B. Жоқ

27. Сізде жыныстық жолмен берілетін аурулар болды ма?:
A. Иә
B. Жоқ

28. Зиянды әдеттеріңіз бар ма?
A. Шылым шегу

B. Алкогольдік ішімдікке әуес болу
C. Нашақорлық заттарды пайдалану
D. Зиянды әдеттерім жоқ

29. Жүктілік кезінде дәрігер қабылдауына жиі бардыңыз ба?
A. Үнемі
B. Үнемі емес
C. Барған емеспін

30. Баланың тууына дайындалдыңыз ба?
A. Иә
B. Жоқ

31. Баланы қай жерде тудыңыз?
A. Перзентханада
B. Үйде
C. Басқасы, көрсетіңіз

32. Кризистік жағдайда Сіз кімнен қолдау күттіңіз?
A. Балалның әкесінен
B. Ата-анаңыздан
C. Туыстарыңыздан
D. Достарыңыздан
E. Басқасы

3 блок

33. Туысқандарыңызбен қарым-қатынасыңыз?
A. Жақсы
B. Жаман
C. Қатынаспаймын

34. Туыстарыңыз Сіздің жүктілігіңізге және бала тууға деген құлшынысыңызға қалай қарады?
A. Оң көзқараста
B. Бірден қарсы
C. Бейтарап
D. Жүктіліктің кеш мерзімінде де жүктілікті бұзуды талап етті
E. Ештеңе білген емес

35. Туыстарыңыз баланы қалай тәриебелеу керектігі туралы кеңес берді ме?
A. Иә
B. Жоқ

36. Баланың әкесімен ара қатынасыңыз қандай?
A. Бірге тұрамыз
B. Сирек хабарласамыз
C. Хабарласпаймыз
D. Баланың әкесі кім екенін білмеймін

37. Сіздің баланы мемлекет қамқорлығына беру туралы шешіміңізге туыстарыңыз қалай қарады?

A. Кінәлады
B. Қолдады
C. Еш әрекет еткен жоқ
D. Олар баланы білген жоқ

38. Туыстарыңыз баланы тәрбиелеуге алғысы келді ме?

A. Иә
B. Білмеймін
C. Нет

4 блок

39. Сіздің баладан бас тартуыңыздың себебін көрсетіңіз

40. Негізгі себептен басқа қосымша тағы үш себебін көрсетіңіз

-
-
-

41. Баланы мемлекет қамқорлығына беру кезінде Сіз үшін басты нәрсе не болды:

A. Оқу
B. Мансапқа немесе қызметке ие болу
C. Сүйікті адаммен қарым-қатынасты сақтап қалу
D. Ақша
E. Денсаулық
F. Қорашаған адамдар көзқарасы
G. Басқасы

42. Баладан бас тарту ойы бірінші рет қашан пайда болды?

A. Аяғым ауыр екенін білген беттен
B. Аяғым ауыр кезде
C. Бала туғаннан бастап
D. Бала туғаннан біраз уақыттан кейін ( )

43. Баладан бас тарту туралы шешім қабылдау кезінде көңіліңізде күдік болды ма?

A. Иә
B. Жоқ

44. Сіздің баладан бас тарту туралы нақты шешім қабылдауыңызға кім ықпал етті?

A. Ешкім
B. Туыстарым
C. Баланың әкесі
D. Достарым
E. Мамандар (перзентхананың медицина қызметкерлері, әлеуметтік қызметкерлер, психологтар)

F. Басқалары

45. Сіз проблеманы шешудің басқа нұсқаларын іздедіңіз бе?
A. Егер оның шешу жолын іздеген болсаңыз, онда қандай?
B. Жоқ

46. Баладан қай жерде бас тарттыңыз?

47. Егер бала қазір Сізбен бірге болса, Онда Сіздің өміріңізде басқадай не болар еді?

5 блок

48. Жүктілік кезінде, бала туу кезінде және бала туғаннан кейін Сізге қолдау көрсеткен мемлекеттік органдарды/ұйымдарды атаңыз

49. Аталмыш қызмет сапасын қалай бағалар едіңіз:
A. Жақсы
B. Қанағаттанарлық
C. Қанағаттанарлық емес

50. Қазіргі таңда Сіздің армандарыңыздың ішіндегі басты орында:
A. Бақытты жұбайлар
B. Отбасылық өмір
C. Жақсы бала тәрбиелеп, оның болашағын қамтамасыз ету
D.Басқасы

51. Сіздің баладан бас тартудың алдын алу жұмысын жүргізе алатын мемлекеттік органдарды/ұйымдарды атаңыз

52. Баладан бас тарту туралы шешіміңізді өзгерту үшін Сізге қандай көмек немесе қызмет көмектесер еді?
A. Маманның кеңесі (психологтың, медицина қызметкерінің)
B. Материалдық қолдау
C. Уақытша тұрғын орын
D. Туыстарымның қолдауы
E. Перзентханалар жанындағы «Үміт тобының» қолдауы
F. Басқасы

Жауаптарыңыз үшін рахмет!

Сауалнамадан алынған ақпарат құпия болып табылады.
Ғылыми және тәжірибелік мақсатта отбасының рұқсатымен құпиялықты сақтай отырып, нақты ақпаратты пайдалануға болады

Қосымша №3

БАЛА ТУЫСТАРЫНА АРНАЛҒАН САУАЛНАМА

1.Баланың анасына қандай туыстығыңыз бар?
A. Анасымын
B. Әжесімін
C. Тәтесімін
D. Басқа

2. Жасыңыз:
A. 30-45 жас
B. 46-55 жас
C. 55 жастан асқан

3. Отбасылық жағдайыңыз:
A. Тұрмыстамын
B. Тұрмыста емеспін
C. Ажырасқанмын

4. Неше балаңыз бар (олардың жасы мен жынысы)

5. Ұлты:
A. Қазақ
B. Орыс
C. Украин
D. Неміс
E. Татар
F. Басқасы

6. Біліміңізді көрсетіңіз:
A. Жоғары
B. Орта арнаулы
C. Орта

7. Әлеуметтік жағдайыңыз
A. Жұмыссыз
B. Қызметкер
C. Жеке меншік иесіне жалданып жұмыс істеймін

8. Өмір сүру жағдайыңыз:
A. Жеке меншік пәтер
B. Жеке меншік үй
C. Жалдамалы пәтер
D. Тұрақты мекен-жайының болмауы
E. Тұрғылықты үйі уақытша (қандай)

9. Сіздің тұрақты табысыңыз қандай?

10. Зиянды әдеттеріңіз бар ма?
A. Шылым шегу
B. Алкогольдік ішімдікке әуес болу
C. Нашақорлық заттарды пайдалану
D. Зиянды әдеттерім жоқ

2 блок
11. Сіз қандай отбасында тәрбиелендіңіз:
A. Толық (әкеммен және анаммен)
B. Толық емес (анаммен)
C. Толық емес (әкеммен)
D. Толық емес (әжеммен)
E. Толық емес (тәтеммен)
F. Балалар үйлерінде
G. Басқасы

12. Өз ата-анаңыздың отбасындағы қарым-қатынасты қалай бағалар едіңіз?
A. Жақсы
B. Қанағаттанарлық
C. Жаман (дөрекілік таныту, агрессия, күш көрсетулер болды)
D. Басқасы

13. Сіздің ойыңызша анаңыз сізге бала кезіңізде қалай қарады?
A. Шамадан тыс қамқорлыққа алды
B. Талапшыл, шамадан тыс қатал болды
C. Қабылдамады, теріс айналатын
D. Қамрқорлық жасады, түсіністікпен
E. Басқасы

14. Бала кезіңізде Сізге жақын болған адам
A. Анам
B. Әкем
C. Әжем
D. Ешкім емес
E. Басқасы

15. Анаңыздың мінез-құлқына шағын сипаттама беріңізші (Ол кісі қандай еді?)

16. Әкеңіздің мінез-құлқына шағын сипаттама беріңізші (Ол кісі қандай еді?)

17. Анаңыз мен әжеңіздің арасында қандай қарым-қатынас болды?
A. Өте жақын
B. Жақсы
C. Бір бірінен алыста
D. Даулы

E. Қарым-қатынастың ажырауы

18. Сіздің әулетте бала жоғалту, айрылып қалу жағдайлары болды ма?
A. Жас кезінде қайтыс болған (кімде)
B. Туылмаған балалар: түсік түсу, баланы жасанды жолмен алдыртып тастау (кімде)
C. Баладан бас тарту (кімде)
D. Басқа жағдайлар (кімде)
E. Білмеймін

19. Сіз бұрын баладан немесе балалардан бас тарттыңыз ба?

20. Сіздің балаларыңыздың бірі жабық мекемеде тұрады ма? (интернатта, балалар үйінде, ауруханада және т.б.)?

3 блок

21. Сіз өз қызыңызбен, немереңізбен, жиеніңізбен, сіңліңізбен қандай қарым-қатынастасыз?
A. Өте жақын, маған сенім артады, жылы қарым-қатынаста
B. Жақсы
C. Бір бірімізден алшақпыз, суық
D. Келіспей қаламыз
E. Қарым-қатынасымыз үзілген

22. Сіз қызыңыздың, немереңіздің, жиеніңіздің, сіңліңіздің аяғы ауыр екендігін білдіңіз бе?
A. Иә
B. Жоқ

23. Сіз қызыңыздың, немереңіздің, жиеніңіздің, сіңліңіздің аяғы ауыр екендігіне қалай қарадыңыз?
A. Оң қатынаста
B. Теріс көру
C. Бейтарап
D. Көмек пен қолдау көрсетуді ұсынамын
E. Басқасы

4 блок

24. Сіздің ойыңызша Сіздің қызыңыз/ұлыңыз өз баласынан бас тартуына не себеп болды?

25. Сіздің қызыңыз/ұлыңыз баласын үйде тәрбиелегенін қалар ма едіңіз?

26. Сіздің ойыңызша баладан бас тартудың алдын алу үшін не істеу керек?

27. Сіз анасының баладан бас тарту шешімін өзгерту мүмкін деп есептейсіз б
A. Иә
B. Жоқ

28. Сіздің ойыңызша анасының баладан бас тарту шешімін өзгертуге кім ықпал ете алады?
A. Баланың әкесі
B. Туыстары (нақты кім?)
C. Мамандар (врачтар, психологтар, әлеуметтік қызметкерлер)
D. Басқалары.

29. Сіздің ойыңызша қызыңыз/ұлыңыз баласын қайтаруға не істеуге болады және ол үшін не қажет?

Жауап бергеніңізге рахмет!

Сауалнамадан алынған ақпарат құпия болып табылады.
Ғылыми және тәжірибелік мақсатта отбасының рұқсатымен құпиялықты сақтай отырып, нақты ақпаратты пайдалануға болады