Preventing 0 to 3 years old child abandonment

Modeling special social services in the Karaganda oblast

TECHNICAL HANDBOOK
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This handbook has been prepared under the project “Preventing 0 to 3 years old child abandonment. Modeling of special social services in the Karaganda oblast.”, implemented by the Public Association Center «Family» («Центр «Семья») and supported by UN Children’s Fund (UNICEF), the Government of Norway, UniCredit Foundation and ATF Bank. The opinions expressed in this publication are those of the authors and do not necessarily reflect the official view of the UNICEF Office in Kazakhstan, the Government of Norway, UniCredit Bank and the ATF Bank.

The handbook aims at describing and analyzing the evaluation of the Model for providing social services (hereinafter - Model), comparatively analyzing the regulating and legal acts and the economic benefits resulted from the prevention activities on child abandonment implemented as part of the project.

This program has been tested in health facilities in the cities of Karaganda and Shahtinsk, Karaganda oblast, and can be used as an algorithm for a social worker and a psychologist in health care sector in preventing the abandonment of children aged 0 to 3 years.

The manual is assigned for healthcare professionals, and can be used by experts in education, labor and social protection, non-governmental organizations and other professionals protecting the rights and interests of children.

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Alternative form of education for orphans and children left without parental care—this means the accommodation (placement) of children in the families of relatives or, in the absence of such a possibility, in host families (foster care / adopting family, adoption) taking into account the child’s needs and aiming at reducing the risk of placing the child in orphanages.

The state’s minimum social standards - the main indicators of children’s quality of life, including the minimum amount of social services, standards and norms established by the state.

De-institutionalization - a system of measures aimed at preventing the children, deprived of parental care, of being placed in care homes (institutions) and reducing the number of children in such institutions. De-institutionalization implies actions to prevent child abandonment, availability/development of support services for socially disadvantaged/vulnerable families, the development of alternative forms for children’s accommodation, ensure conditions in care institutions are close to family conditions and transform the care institutions into family support service, day care centers for children, resource centers, etc.

Children deprived of their family - in accordance with Article 20 of the Convention on the Rights of the Child, these are the children who are temporarily or permanently deprived of their family environment in connection with the death of parents, because parents refuse them, or due to relocation, or because they cannot remain in the family in their own best interests. These children are entitled to «special protection and assistance.» The state is obliged to provide social protection to such a child taking into account his/her cultural identity.

Children living in low-income families - children living in families that have incomes below the subsistence minimum.

Children in difficult situations – children who are in a situation recognized by law as the one, that objectively violates human activity, and that children cannot overcome on their own. This category includes orphans and children left without parental care; street children, including those with deviant behavior; children aged from 0 to 3 years, having limited opportunities of early psychophysical development; children with persistent body abnormalities due to physical and (or) mental disabilities; children with life restrictions resulted from socially significant diseases and diseases that pose a danger to others; children incapable of self-care due to diseases and (or) disability; children endangered by / victims of abuse, leading to social exclusion and social deprivation; children with no fixed abode; and children released from prison.

Children without parental care - children left without care because the only or both
parents have been restricted or deprived of parental rights, recognized untraceable, declared dead, acknowledged legally incapable (partially capable), imprisoned, avoid taking care of children or protecting their rights and interests, including the refusal of parents to take their child out of the educational or medical institution, as well as in other cases of lacking parental care.3

**Orphans** - children who have lost both or the only parent.6

**Children, vulnerable because of HIV / AIDS.** This concept includes children and adolescents under 18 years of age living with HIV and AIDS patients; children orphaned due to AIDS of the parents; vulnerable children, whose survival and well-being or development is threatened by HIV / AIDS.

**Legal representatives of the child** - parents, adoptive parents, guardians, foster parents, other substitutes, who in accordance with the laws of the Republic of Kazakhstan take care, educate, protect the rights and interests of a child.6

**Boarding school** - an organization that cares for orphans and children deprived of parental care, children with disabilities, in exceptional cases - for children from low-income families and families with many children, for children with antisocial behavior, children from villages where there are no appropriate schools. The system of education in boarding institutions supposes a team form of child care.3

**Institutionalization** includes all the situations that arise in the course of a child care within the institution applying team based rather than family-based care. The term «institutionalization» is used to refer to a boarding accommodation of a large number of children.

**Socially vulnerable family** - a family where the parents or legal representatives of the under aged kids do not perform their duties related to children’s education, training, maintenance and (or) negatively influence on their behavior.7

**Under aged (juvenile)** - Infancy ends and the legal adulthood starts at the age of 18, «except the cases when in compliance with national laws the adulthood starts at an earlier age» (UN Convention on the Rights of the Child, Article 1).

**Organizations protecting the rights of the child** - organizations rendering social support, providing social, medical, socio-educational, psychological, educational, legal services and financial assistance, as well as social rehabilitation of children in difficult situations, ensuring employment for these children when they reach working age. Such organizations include education authorities (custody and guardianship bodies), health care and social security, internal affairs, as well as their authorized departments.6

**Legal guardianship** - legal form of protecting the rights and interests of children under fourteen years of age, and persons recognized by the court as legally incapable.3

**Abandoned child (abandoned children)** - the child, whose parent(s) refused to take care of his further education, training, and material support by filing the appropriate
Patronage - a form of education when the child left without parental care is transferred to the care of a family under the contract concluded by the authorized state body and foster parents who have expressed their desire to take the child to the family.

Transfer of a child for care implies that the child is taken care of in another family, which is temporary in nature; it may continue, if necessary, until the child reaches adulthood, but it should not exclude the possibility of the child’s returning to his own parents or being adopted before the adulthood age.

Deinstitutionalization policy implies the number of children in residential care institutions is significantly reduced; a comprehensive system for supporting families is created; family type institutions are developed; orphanages are particularly transformed into family support services; for the children that cannot be transferred to the families conditions are created as close as possible to the family environment so that they live, taken care of and obtain education.

The right to reside in the family is realized through guardianship, wardship, and substitute family (patronage). This right includes the right for orphans and children deprived of parental care to reside in the home (biological) family, and in the absence of the latter, in a foster family suitable to personal needs of the child.

Foster children - children who are under the guardianship of the state or a private agency engaged in adoption and placement of children in foster care institutions, but being raised in adoptive parents’ families’ on a short, medium or long-term contract basis. These children are in foster care until they are reunited with their biological parents or prior to their adoption. Adoption can take place either by voluntary agreement of the biological parents, or after the court decision on termination of parental rights.

Child – a person under eighteen years of age (adulthood age).

Child (ren), left without parental care (parent), - children left without care because the only or both parents have been restricted or deprived of parental rights, recognized as missing, declared dead, acknowledged legally incapable (partially capable), imprisoned, avoid taking care of children or protecting their rights and interests, including the refusal of parents to take their child out of the educational or medical institution, as well as in other cases of lacking parental care and being in need to have necessary protection of their rights and interests envisaged by the laws of the Republic of Kazakhstan.

Orphan child - a child whose both or the only parent died.

Child with disability - a person under eighteen, having a health problem with a persistent disorder of body functions caused by diseases, injuries, their consequences, and defects, leading to restriction of life activity and the need for his social protection.

Family - «the basic unit of society and the natural environment for the growth and well-being of all its members and particularly of children» (Preamble of the UN
Convention on the Rights of the Child)

Social adaptation of the child - the process of active adaptation of children in difficult situations, to the conditions of the social environment by learning and perceiving the values, rules and norms of behavior accepted in society, as well as the process of overcoming the effects of psychological and (or) moral damage.

Social orphanage - a social phenomenon, caused by the presence in society of children without parental care because their parents were deprived of parental rights, recognized incapable, missing and so on «(Glossary of child rights protection, the UN Children’s Fund in Kazakhstan.)

Special social services - a set of services that provides a person (family) in a difficult situation with the conditions for overcoming the social problems and aimed at creating opportunities for them to participate in the life of society equally with the ones which other citizens have.

Adoption - legal form of transfer of the child (ren) to foster care on the basis of the court decision resulted in personal moral and economic rights and obligations, equated to the rights and duties of relatives by birth.
The handbook “Preventing 0 to 3 years old child abandonment. Modeling special social services in the Karaganda oblast.” is the result of cooperation between the Public Association Center «Family» («Центр «Семья») and UN Children’s Fund (UNICEF) supported by the Government of Norway, UniCredit Foundation and ATFBank, as part of implementing the UNICEF’s work plan with the Ministry of Labor and Social Protection (MLSP), the Ministry of Health (MOH), the Ministry of Internal Affairs RK (MOI), the Ministry of Justice (MOJ) for 2012-2013, as well as the pilot project «Five steps in implementing the integrated model for providing social services», implemented in the Karaganda oblast.

This manual describes and analyses the evaluation of the Model providing social services, comparatively analyzing the normative and legal acts and the economic benefits resulted from the prevention activities on child abandonment implemented as part of the project.

We thank the UN Children’s Fund UNICEF for supporting the project implementation and the development of this manual.

Implementation of this project would have been impossible without the contribution of government officials who participated in the project.

We also sincerely thank our colleagues for ensuring qualified work in Karaganda and Shahtinsk cities.

We want to thank the Karaganda Oblast Department for Child Protection and personally its Director Kiseleva I.B., the Karaganda oblast Health care Office and chief specialists of the Department for motherhood and childhood Rumyantseva E.M, and Dyusembaeva N.I. for their constructive cooperation and support to the core group implementing the project at the local level.

We hope that the results of this project and the Model of social services developed by the project will have an impact on the construction of an effective system of early detection of families and children in difficult situations, to provide them with timely assistance and, as a consequence, will serve as prevention of child abandonment and social orphanage.
Introduction

One of the main tasks of the social policy of the Republic of Kazakhstan is to reduce the number of children in residential institutions.

The Republic of Kazakhstan recognizes as indispensable the child’s right to grow up in a family, to have a family that ensures his normal development; it is recognized at all levels be it domestic or regulatory legislative levels. However, in practice recognition often remains a declaration, and the progress is still insignificant. Unfavourable conditions for the child’s life, antisocial behaviour of parents, including child abuse, low prestige of the family environment are the main reasons for abandonment or separation from biological parents.

For a number of years an increasing number of children, deprived of their right to live and grow up in a family, has been observed; this is one of the indicators of a systemic crisis reflected in the contradiction between the need to ensure adequate development for every child and unequal opportunities many families have.

Currently, public institutions are home for more than 40,000 children that deprived of the right to grow up in a loving family environment – this is the highest number per capita in the Central/Eastern Europe and CIS region. Each year more than 2,000 children are left without parental care and placed in state care institutions. Many of them are abandoned because of disability, and that kind of children is placed into a mental or psychiatric hospitals. However, a key factor is that such high levels of child institutionalization result from poverty or other socio-economic factors, and in no way they are connected with the protection of children from abuse. It is noteworthy that putting children into residential care is still considered the norm and is a «default» measure. This problem is only aggravated by the increasing socio-economic inequality.

According to foreign experts visiting Kazakhstan 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. The system used the placement of children without parental care in the closed type care institutions while providing social services to families was not sufficiently developed. International research and practice show that the situation of children living in state residential institutions is a matter of concern; institutionalization, regardless of the fact that it is made with the best intentions, hinders spiritual, physical, emotional and social development of children. Many children living in residential institutions in Kazakhstan spend their infancy, childhood and youth there, losing contact with their families. Children who come from the institutions at the age of 18 cannot get a job, live in poverty, are in conflict with the law, and are at risk, being vulnerable to exploitation such as child trafficking and sexual violence.

At the same time, one must admit that over the past decade significant changes have taken place in the socio-economic life of our country and they have definitely applied to motherhood and childhood. Deficiencies in the system of social protection and child protection mechanisms have been discussed in several reports [6, 7]. The Government of Kazakhstan has committed itself to reform the system, and this process is currently underway. The Law of the Republic of Kazakhstan «On special social services» as of December 29,
2008, № 114-IV and the Code of the Republic of Kazakhstan «On Marriage (Matrimony) and Family» were enacted thus representing a common legal framework for the development of social protection of children in difficult situation. The government has been developing the methods of material incentives for guardians (trustees), including those for foster parents. Since 2010 the guardians of children with disabilities have begun to receive benefits; since 2011, the guardians of children without parental care, have also started to receive benefits. Kazakhstan has achieved good results by some indicators of children’s welfare.

There is a high birth rate and a low level of child labor and marriages of minors in the country. However, statistics on children left without parental care, and the number of deprivations of parental rights is disappointing. A large number of children are still placed in institutional care. Therefore, the introduction of the Model for special social services to prevent abandonment of children aged 0 to 3 years, following the example of a pilot project in the city of Karaganda and Karaganda oblast, is one of the most urgent and significant social problems faced by our society today. It is a timely qualified support for families in crisis situations that will reduce the growth of child abandonment and increase the effectiveness of preventive measures.
1. Timeliness of the Program development

Child abandonment, his isolation from the family and from family upbringing is a serious problem existing nowadays in Kazakhstan, and in particular, in the Karaganda oblast.

In 2008, Department of Education of the Karaganda oblast - revealed 6282 orphans and children left without parental care; in 2009 the figure accounted for 5291; in 2010, 2011 and 2012 the figure made respectively 4772, 4717 and 4715 children. As a rule, orphans make only 23% of the total number of identified children, the rest include the children whose parents are deprived of their rights, have limited rights and that are wanted, etc. These children fill up orphanages and infant orphanages, hence the number of children in the institutions remains largely unchanged or decrease insignificantly. Based on the situation described, it can be concluded that the placement of a child to a family has to be done at the stage when the child has already been placed in the Public institution of care, rather than at the prevention stage. This is confirmed by a large number of terminations of parental rights in the oblast and a large number of children living in socially vulnerable families.

Another risk factor affecting the trend of institutionalization of children is a large number of children living in poor families that do not receive targeted social assistance and thus remain in a situation of distress.

One of the sources contributing to social orphanhood in the Karaganda oblast is newborn child abandonment. Today we have to state that this problem came to the level where the number of abandonments exceeds the capabilities of a substitute care system, and most of the abandoned children in the maternity hospitals first become the inmates of infant orphanages, or so called children’s homes, and subsequently orphanages, thus replenishing the category of orphans.

Leaving the child immediately after birth seems no less, and in some cases even more disastrous for the child, than his removal from the family at an older age. It is in his infancy the child exercises the highest rate of development; during this period he obtains the greatest amount of knowledge and skills, and the incoming information is increasing and complicating the structure of the brain, creating a base for further development of the child and largely defining it. This requires for a loved person to be always next to the baby being in emotional contact with the child. In this regard, keeping the biological family of the child capable of providing care about him is strategically important. This kind of activity certainly requires a comprehensive study of the child abandonment phenomenon and the development of scientific and practical models of its prevention.
As part of the project “Research of the causes of 0 to 3 years old child abandonment in the Karaganda oblast», 2011, the research group of NGO Center «Family» («Центр «Семья») conducted a series of interviews and surveys with managers and specialists in education, health care, and guardianship authorities in order to identify the causes of child abandonment, as well as to analyze the situation among women at risk of abandonment. The materials obtained during the interviews with those agencies, mothers, who had abandoned their child, and their relatives, have been analyzed.12

The analysis of situations in which mothers abandoning children found themselves revealed the causes of child abandonment usually include a combination of the following factors in different variations:

- out-of-wedlock birth;
- lack of housing, employment, education, income generation, registration of documents;
- lack of support on behalf of the child’s father, parents or other loved ones;
- fear of publicity and public condemnation;
- birth of a child with developmental disabilities (Down syndrome, other forms of diseases or malformations);
- HIV infection of the mother;
- Mother’s vulnerability (vagrancy, drug addiction, alcoholism, etc.).

Having studied individual specifics of mothers, we have obtained the following model of the social portrait of a mother abandoning her child:

<table>
<thead>
<tr>
<th>Age:</th>
<th>Education:</th>
</tr>
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<tbody>
<tr>
<td>19 - 35 years old (64,4%)</td>
<td>higher (14,7%)</td>
</tr>
<tr>
<td>elder than 35 years old (34,1%)</td>
<td>vocational (29,4%)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Social status</th>
<th>Average income</th>
</tr>
</thead>
<tbody>
<tr>
<td>unemployed (22,2%)</td>
<td>maximum income - 20,000tenge,</td>
</tr>
<tr>
<td>employee (19,7%)</td>
<td>minimum income – 5,000 tenge</td>
</tr>
<tr>
<td>work for hire (58,1%)</td>
<td>These data confirm that the mothers really experience financial difficulties.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living conditions</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>availability of owned housing (7,8%)</td>
<td>1 child (31,3%)</td>
</tr>
<tr>
<td>absence of permanent housing (92,2%)</td>
<td>2 and more (68,7%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital status</th>
<th>This information is confirmed by the specialists.</th>
</tr>
</thead>
<tbody>
<tr>
<td>married (12,4%)</td>
<td>84,2% note that mothers are not married.</td>
</tr>
<tr>
<td>not married (87,6%)</td>
<td></td>
</tr>
</tbody>
</table>

The data obtained showed that in general, females surveyed have had more than one child. As experts noted that not only primiparous, but also multiparous mothers have recently been abandoning their children.

Quite often the reason for child abandonment was associated not only with real difficulties, but also with the woman’s perception of her insolvency and inability to overcome the life’s challenges.

Thus, the study found that most of these abandonment reasons are often of a temporary character and completely avoidable with adequate support provided to mother and child in two directions:
1. Social and legal support (employment assistance, financial support, shelter);
2. Psychological support (psychological, psychotherapeutic assistance).

Analyzing the above mentioned trends and factors, on the initiative and with the support of UNICEF, the Government of Norway, UniCredit Bank and ATF Bank, the NGO Center «Family» («Центр «Семья») implemented a pilot project «Preventing 0 to 3 years old child abandonment. Modeling special social services in the Karaganda oblast.» The project was implemented from 01/04/12 to 31/03/13. As a part of the project, the NGO «Center «Family» has developed and tested the Model of providing social services for the prevention of child abandonmentaged 0 to 3 years in Karaganda and Karaganda oblast.

For validation of this program medical institutions in contact with the women at risk of 0 to 3 years old child abandonment were selected. These included out-patient clinics providing medical services to woman during pregnancy and after childbirth, maternity homes, where the child abandonment takes place and the infant orphanage, where children are placed with the intention of subsequent abandonment.

Thus, for validation of the program two maternity hospitals, two out-patient clinics, and two orphanages were selected in the city of Karaganda. In Shahtinsk one maternity hospital and one out-patient clinic were selected.

Karaganda city was selected as a regional center, where the relationship of child abandonment problems and their possible solutions was possible to trace as much as possible through the whole chain of interactions: out-patient clinic – maternity hospital–infant orphanage.

Shahtinsk was selected as one of socially adverse cities; it is composed of four commuter villages Shahan, Novodolinsky, Dolynka and Northwestern village. Dolinka houses «Strict regime prisons» and «Open prisons - free settlements”; Novodolinka has an Orphanage. These localities are inhabited by families, representing the risk of social distress caused by the problems of housing, employment, and infrastructure deficit.

All of the above factors determined the choice of Karaganda as a pilot site.

The following principles laid the basis of providing social services as part of the developed program:

• The principle of ensuring the rights of the child;
• The principle of keeping the child within the family and preventing his separation from the family;
• The principle of social justice, i.e., the availability of social services, regardless of the user’s origin, social status, gender, and religious affiliation;
• The principle of providing special social services in the immediate vicinity to the place of residence of a family and a child;
• The principle of rapid intervention in the situation associated with a high degree of risk to life and health of the child;
• The principle of an integrated approach to the user’s identity and his family.

The objective of the program is to create a unified system of work, by combining medical institutions, government agencies and organizations involved in the process of avoiding and preventing the abandonment of children aged 0 to 3, as well as to establish the mechanisms / algorithms of interaction between these structures.
2. Elements of the special social service Model for preventing 0 to 3 years old child abandonment

The elements of the developed program included medical facilities, government agencies and organizations that based on the interaction are able to work for preventing abandonment of children aged 0 to 3.

1. Out-patient clinics
2. Maternity hospitals
3. Infant orphanages
4. NGO «Center «Family» - a Mobile group
5. Public institutions providing social services to the population

For the purpose of implementing and testing the Program, a specialist was appointed to the selected institution by the order of a health care authority of the Karaganda oblast. The specialist was in charge of taking records of the signals with the risk of abandonment and communicating the signals to the Mobile Group of the NGO Center «Family». These specialists included: gynecologists providing health services during pregnancy, regional clinic pediatricians, working with the category of families having children aged 0 to 3 years, neonatologists in maternity wards and social workers at infant orphanages, who interact with the families in the process of temporary placement of a child in the department of «Hope».

Additionally, mini-presentations of the project were conducted at each institution to familiarize the professionals with the Program of preventing child abandonment, with the diagnostic criteria of the families at risk of 0 to 3 years old child abandonment; instructions have been given on communicating the signals to the responsible specialist of the institutions and then to the Mobile Group of NGO Center «Family».

Thus, the groups, the project activity was targeted at, include:

1. Experts of healthcare institutions: social workers, psychologists, medical staff of out-patient clinics, nursing homes and infant orphanages.
2. Pregnant women and mothers finding themselves in difficult situations, doubting the need in the child’s birth or in adopting a born child from medical institutions bringing him to the family.
3. Family, relatives, mothers who are in difficult situations.

As at this point public institutions that provide social services to the population have no unified mechanism for effective cooperation in solving problems of preventing the child abandonment, the responsibility for solving the problems of mothers at risk has often been shifted from one institution to another, the Mobile Group under the Center «Family» has become a key element in this model. The Mobile Group included four social workers, two psychologists and a project coordinator, experienced in using modern technologies of work with families at risk.

To implement and support the project Center Family, a system of social partners was created, that consisted of the representatives of institutions necessary for the Project implementation. Their interaction was built through the meetings of the Working Group and individual interdepartmental consultations.
### 3. Program milestones

The program includes five phases of work, each having implemented certain tasks:

**Step 1. Identification of women at risk with the threat of child abandonment**

**Step 2. Prompt response to a signal of possible abandonment**

**Step 3. Accompanying the case and monitoring the situation in the family**

**Step 4. Completion of family support, closing the case**

**Step 5. Monitoring the situation in the family in the period after the closing of the case**

#### Step 1. Identification of women at risk with the threat of child abandonment

**To identify women and mothers at a risk group by the specialists of health care institutions**

**Taking record of the intention or the fact of child abandonment**

**Communicating the signal to the Mobile Group of Center “Family”**

**Step 1: Specialists of medical institutions identify women, mothers at risk with the threat of child abandonment:**

Identification of women (families) with the risk of 0 to 3 years old child abandonment in health care facilities (out-patient clinics, maternity hospitals) is performed by various specialists: medical personnel, social workers, and psychologists. The goal of each employee was to identify as early as possible women planning or forced to abandon their child, to clarify possible causes and circumstances of the intended abandonment and inform professionals authorized to record and communicate signals on abandonment intention to the MG of NGO Center « family ». It should also be noted that information about the families at risk could come from other sources: a family member, general public, representatives of institutions or organizations that come into contact with this family or a child (law enforcement employees, Attorney General, NGO etc.). Information about the child and his family could be obtained by a personal appeal, by phone or in writing.

At this stage, the experts of the institutions have dealt with cases where women either publicly declared child abandonment or did not openly talk about the intention to abandon the child, but there were social and psychological factors that could lead to the forced abandonment. Therefore, to efficiently organize the work on identifying families at risk the following documents and forms have been developed: “Guide for Professionals in maternity hospitals”, “Guide for Professionals in out-patient clinics”, “Guide for professionals in antenatal clinics on early prevention of child abandonment including diagnostic criteria (Annexes № 1,2,3). Accounting for these criteria allows professionals to timely detect the threat of child abandonment and promote operational response.
To prevent child abandonment and provide necessary support the following categories of women (families), posing a risk of 0 to 3 years old children abandonment have been identified:

1. In the maternity ward:
   • Women who abandon a child, openly declaring refuse;
   • Women at risk who do not openly declare abandonment.

2. In Out-patient clinics:
   • Pregnant women who intend to refuse after the birth of the child and talk openly about their intention;
   • Pregnant women at risk (i.e., they do not openly speak about the intention to abandon the child, but medical, social and psychological factors available may lead to abandonment);
   • Risk group families with children aged 0 to 3 years.

3. Infant orphanages:
   • Mothers, who temporarily placed their child in the infant orphanage of «Hope» office and who do not openly declare their intention of abandonment.

Step 2: Intention or the fact of child abandonment is registered

Having identified women (family) with the risk of abandonment, the specialists of medical institutions pass information to the specialist of the medical institution responsible for receiving, recording and communicating the signals to Mobile Group services.

For professionals recording signals “Instructions on receiving and communicating signals to Mobile Group (Appendix № 4) have been developed, as well as the “Logbook to register signals with the «signalling sheets» (Appendix №5), which were drawn up in accordance with the type of the institution: Out-patient Clinic, Maternity, Infant orphanage. They contain information about the family: mother’s name, date of birth of mother and child, residence address, the main reason for the abandonment risk, etc.

Step 3: Communicating the signal on detected cases to the Mobile Group of NGO Center “Family”

Upon receipt, and detection of the risk of child abandonment, the specialist of medical facility in charge, communicates the signal to the Mobile Group Service of the Center “Family” (hereinafter -MG) on the phone
**Stage 2: Rapid response to signal of possible child abandonment**

**Objective:** Rapid response of MG specialists to a signal of possible mother or family's abandonment of the child aged 0 to 3 years, assessment of the abandonment risk.

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**Step 1: Mobile group service receives and registers the signal obtained**

MG specialist, responsible for receiving and recording the signal, recorded the cases, received by the health facilities, in the Logbook for Mobile group professionals to record signals (Annex No 6).

Each case has been recorded on a separate signaling sheet where the date and time of receipt, and contact details of women were indicated. The specialist, who received the signal, evaluated the incoming signal and determined the urgency of visiting the family.

If the signal was obtained from the maternity hospital or out-patient clinic, where a high risk of child abandonment / withholding the child from the family was revealed, Mobile group left for visiting the woman within 1-3 hours on receipt of the signal. If the signal was not classified as an emergency, the Mobile group specialists (social worker and psychologist) went to the location of women within 1-3 days.

For each revealed case the responsible specialist or “case manager” was assigned out of Mobile group NGO Center “Family “staff members.

**Step 2: Primary assessment of the family situation**

For primary assessment of the situation in the family, as a rule, the case manager (social worker) and a psychologist visited the site of a woman’s location (the hospital or the residence).

First of all, their task was to establish a trusting relationship and to make an initial assessment of the family.

In case of a pregnant woman, the main task was to identify true causes of intentions or risk factors that may lead to child abandonment.

If the meeting was held in the hospital, the specialists immediately started working on changing the decision to abandon the child.
In case of a family having a child aged 0 to 3 years, the main objective was to study the risk factors, evaluate the possibility for finding the way for a child to be with his mother and ensure his security.

To determine the degree of risk a Memo for a social worker to assess risk factors for child was developed (Annex № 7), which includes:

- assessment of risk factors in the family (the risk factors associated with meeting the needs of the child for the development in the family and the risk factors associated with the immediate environment of the family);
- assessment of risk factors associated with the decision to keep the child in the family (neglecting basic interests and needs of the child, physical abuse, psychological (emotional) abuse;
- risk assessment scale, which determines the degree (level) of the risk according to the description.

In case when an initial assessment revealed high risk situations and security threats to the child, the case manager immediately contacted the project coordinator to inform and agree on further action. After that, as a rule, case manager appealed to the City Department of custody and guardianship and the case was transferred to the specialists of the City Department to take urgent measures to protect the child (withdraw the child from family and temporarily place him at the infant orphanage).

Mobile group specialists then took this case for supporting upon the family consent and signing the contract on cooperation with the family.

In case when Mobile group specialists identified situations at medium or low level of risk to the child, the cases were transferred to the support of the Mobile group in operation mode.

The case manager of the case recorded all the information gathered in the Primary assessment form of the pregnant woman’s family or the Primary assessment form of the family having a child aged 0 to 3 years. Each form was followed by the Conclusion and the Decision of the specialists either to support the family or to close the case (Annex № 8).

The case was filed when:

- The incoming signal from the medical facility met the criteria of risk groups (high, medium, low), and this information has been confirmed;
- Woman (mother of the child) and / or her immediate surroundings agreed to cooperate with MG specialists on resolving the family issues and keeping the child in the family.

A Contract for family support was then concluded with the woman and / or her family including the start date of entering into an agreement (Annex № 9).

At the stage of the primary assessment of the situation with the child and the family, the case may not be filed and the woman / family have not entered into the support process. Usually, it was a situation where:
Stage 3. Supporting the case and monitoring the family situation

Objective: planning and monitoring the social and psychological support rendered to the family based on complex assessment of the family situation.

Step 1: Integrated assessment of the situation and needs of a child and a family

Following a decision on opening the case, a comprehensive assessment of the family situation was done. The purpose of comprehensive assessment was an in-depth study of the situation in the family and the family’s ability to provide adequate conditions for child care and development. The assessment analyzed strengths (resources) of parents and those of their immediate surroundings, as well as the problems that have led or may lead to the forced abandonment of the child.

For a comprehensive assessment of the situation in the family, the Mobile group specialists (social worker and psychologist) used various sources of information. These were: the child’s parents, extended family members, neighbors, specialists of the out-patient clinics, maternity hospital staff, the staff of the orphanage, representatives of social protection and law enforcement bodies, non-governmental organizations or other organizations that have provided support to the child and his family. Information collected by social workers and psychologists from different sources, was entered into the form of «Comprehensive assessment of the family situation,» which like the «Primary assessment form,» was developed in 2 forms: for a pregnant woman’s family and for families having a child aged from 0 to 3 years (Annex № 10).
Comprehensive assessment provides detailed and accurate information about the family, the child’s developmental needs, the ability of parents or guardians to provide adequate care for the child, and to identify potential risks to the baby. It was usually completed within 6 weeks. Social worker and a psychologist discussed the findings of the comprehensive evaluation with the pregnant woman and her family, as well as with the parents / guardians, or other person responsible for the child (for example, an employee at the infant home if the child is placed in the institution as the last resort option). As a rule, all information received is confidential and may be provided, if necessary, only to specialists or agencies that were involved in rendering support to this family.

**Step 2: Planning actions for changing an intention or a decision to abandon the child**

On the basis of a comprehensive assessment of the family and the problems identified, the Mobile group case manager develops an individual family support plan, which includes:

- A description of the identified problems (medical, social, psychological);
- Planned activities aimed at eliminating / minimizing the problems identified;
- Recommendations for professionals, interagency structures and institutions that need to interact in the process of assistance in resolving the problems of the family;
- An indication of the planned timing of the plan and those responsible for providing the services.

Individual family support plan was agreed and approved by the project coordinator and entered into the Logbook of medical, social and psychological support to families (Annex № 11).

Involving mothers and families in the planning process, i.e. in the work aimed at keeping the child in the family, is a prerequisite for effective Individual support plan. Social worker attracted the family to joint planning of activities and tasks that the family had to decide for getting out of the situation.

**Step 3: Implementation of the Individual Plan of family support**

Manager of the case supporting the family was the person responsible for the implementation of the Individual Plan of family support. It was he who organized and, if necessary, attracted interagency structures to address the identified problems, and also supervised the process of obtaining services by woman/family.

Further, all the work carried out by Mobile group specialists to provide services to the family was reflected in the «Logbook of medical, social and psychological support to the family» and particularly in the «Implementation Plan» table which is a part of the Individual plan of family support where a date and content of the activity (activities and their purpose), the findings and results of this work were indicated.
Procedure of visiting the family’s place of residence by a social worker is based on expediency and the necessity. Initial 2-3 months the social worker visited a pregnant woman/mother and child weekly, and after the expiry of this period once in 2 weeks, as well as when it was necessary.

If the child was placed in an infant home as the last resort option, the Mobile group social worker contacted by phone with a social worker at the institution (in which the child was placed), and also continued to meet with the family at their residence at least once a month until the child was in the institution.

In some cases, the expert could have daily meetings with the mother, for example, in the maternity clinic, for a period of one week.

**Step 4: Monitoring the situation in the family and the revision of the Individual Plan of family support**

At the meetings of Mobile group under NGO Center «Family», the case manager and the project coordinator held monthly monitoring of the Individual Plan for family support. These meetings were supposed to assess the results of the Plan’s objectives, analyze the effectiveness of the actions taken as part of the tasks. The monitoring results were recorded in the «Logbook of medical, social and psychological support to the family», specifically in the table «Contents of activity / current monitoring», which is also a part of the individual plan of supporting the family.

Taking a decision on further action to support the family depended on the results of monitoring.

In case of positive dynamics, the Individual family support plan continued to be implemented without adjustments.

In case when social services have not resulted in positive changes in the family, the Individual family support plan was revised to identify the reasons (difficulties) and the action plan was adjusted.

If, despite the efforts made to assist the mother and the family to get out of difficult situations, it was not possible to solve the problems of the family and the child with the available resources, and if the actions of a mother (family) contradicted the interests of the child and did not meet his security when staying in the family, information about the case and the work undertaken was formally passed by a registered mail to the City department for the custody and guardianship to perform the child protection activities within the established competence.
Stage 4: Completion of family support and closing the case

Objective: taking decision on completion of the family support and closing the case on the basis of a comprehensive assessment of changes in family situation.

Step 1: Evaluation of the Individual Plan of family support

Manager of the case supporting the families was a person responsible for the implementation of the Individual Plan of family support and assessment of the dynamics of changes in the family. In case when evaluating the changes in medical, social and psychological support to the family case manager faced difficulties in deciding whether to close the case or continue support, then such a case was brought for the discussion of Mobile group and the project coordinator. Group discussion and evaluation of the services obtained by the family allow to outline new kinds of services for families, or to take a decision to close the case.

Step 2: Closing the case

The decision to close the case was taken at the regular Mobile group meeting on the monitoring and revision of the Individual Plan of family support.

The case was closed if:
- individual family support plan has been implemented; the child remained in the family, the risk of abandonment has been eliminated, the mother (family) met the basic needs of the child in accordance with his age;
- family was in a situation of relative stability, the parents formed an ability to care for the child, the conditions for optimal development of the child in the family have been created.

Experience gained during the work with this model showed that depending on the complexity of the problems, the family could in average be followed (accompanied) from 1 month to 1 or more years depending on the complexity of the situation in the family.

After closing the case, the case manager informed family members and other persons involved about where and how they can get help in case the circumstances are changed.
Stage 5. Monitoring the situation in the family in the period after the case has been closed

Objective: assessing the stability of positive changes in the family after the main stage of family support has been completed.

Step 1: Evaluation of the Family monitoring plan

After closing the case at stage 4, the case manager, who led the family case, develop plans to follow-up monitoring of the family for a period of 3 to 6 months, depending on the specific situation. During this time, the case manager made phone calls to the family, and once a month visited the family at home. The purpose of this process is to watch how the family independently resolves the current tasks, to what extent it is self-sufficient, whether there is a manifestation of the problem recurrence, and whether the situation has not worsened for a child.

Step 2: Closing or opening the case

A decision to close the case, based on the previously mentioned criteria, could be one of the solutions in the evaluation of the family monitoring plan.

If the problems relapsed, the case of the child was resumed and once again went through all stages of the case with a detailed analysis of the consequences of renewed problems.

At the final stage of the project implementation, all of the information and conclusions about the Mobile group’s work with the family was transferred to the out-patient clinics, specifically to the Department of Prevention and psychosocial care, where social workers and psychologists took the patronage of the family.
4. Interagency cooperation

1. Algorithm of joint actions

As has already been noted, in 2011 the NGO Center «Family» conducted a study in Karaganda city and Karaganda oblast which revealed multifactorial causes affecting the child abandonment by mothers. In addition to studying the causes of child abandonment in the Karaganda oblast, the study included questions concerning the availability and effectiveness of the mechanism of interagency cooperation to prevent child abandonment.

According to the survey only 17.2% of specialists (among 156 respondents from departments and institutions of health, education, labor and social security) indicated that such a mechanism is available and it is presented in the form of individual disparate events. For example: consultations, conversations in maternity hospitals, in family support centers «Koldau» (Support) under the orphanages; assistance in obtaining documents for getting benefits; temporary registration of children in orphanages, and infant orphanages.

The absolute majority of survey participants, 88.5% in average, could not specify a mechanism for the prevention of child abandonment. Some of them noted that «there is no effective mechanism, it does not work»; «everything is separate, there is no uniform system of interaction»; «conversation and just chats with mothers, abandoning their children does not help, there is no effective mechanism», «no system of training for mothers», «child abandonment problem has not been studied.»

The answers of mothers participating in the survey show that assistance to families in difficult situations is almost inexistent. 54.7% of women found it difficult to answer the question «List the government agencies and organizations that supported you during pregnancy, during and after childbirth» and they were not able to list them. Those who responded, as a rule, indicated one organization. Among them were: the social security bodies, Maternity hospital, Guardianship bodies, infant orphanage, outpatient clinic, or local Administration. In conversations women said that they did not have enough information about the state bodies and organizations that provide assistance to families in difficult situations.

Thus, the results of the study showed the absence of interagency system working with women (families), planning or forced to abandon their child. The efforts of individual agencies, organizations and services are scattered and have unsystematic character, there is no practice of interdisciplinary teams; infrastructure services for this target group has not been created; there is no prolonged system of social support to women at-risk, those having children aged from 0 to 3 years and as a consequence, there is no the practice of detecting women in «at risk» group.

Based on this, development and testing a mechanism for interdepartmental social, medical and psychological support to women (families) in a difficult situation with the threat of abandonment has become one of the objectives of
the project “Preventing 0 to 3 years old child abandonment. Modeling special social services in the Karaganda oblast.”

Implementation of this task started with the creation of infrastructure - a system of social partners, required for the Project implementation and for entering into agreements for joint activities.

To do this at the beginning of the project, a meeting was held involving the Working Group with the representatives of local authorities, specialists of the Department for Child Protection, Department of Education, Department of Health, the Public Security Department of Internal Affairs, Department of employment and social programs of the Karaganda region. At the meeting of the working group all the experts were informed about the aims and objectives of the project; steps for its implementation and cooperation were outlined.

Let’s consider how professionals of the NGO Center «Family” interact with various agencies during the 3 main stages.

**Stage 1. Identification of women at risk with the threat of abandonment**

At this stage cooperation with specialists in the outpatient clinics, maternity hospitals, and infant orphanages was established. The specialists in the institutions were tasked to identify women planning or forced to abandon the child and communicate the signal to the Mobile group NGO Center «Family». Organization of interaction of health facilities is described in more details in Chapter I.

**Analysis of the results of cooperation (interagency interaction)**

1. Medical staff and the specialist working in the maternity hospitals, responsible for communicating a signal, worked exactly in accordance with an algorithm developed under the Model.

Due to quick and coordinated work of maternity hospitals and Mobile group out of 30 signals received in 13 cases it has become possible to prevent abandonment (in all these cases, the woman was not registered for pregnancy in the antenatal clinic).

2. In outpatient clinics women (families) in risk groups were revealed by the gynecologists, pediatricians, and community nurses.

Antenatal specialists (gynecologists), focusing on the criteria of the Memo card, have gradually been involved in the identification of pregnant women at risk. This is evidenced in the statistics: in Q1 six women were revealed, in the 2nd quarter – 12, in Q3 - 11. Total number of signals received from the antenatal clinic made 31 (in 5 cases pregnant woman declared child abandonment, in 26 cases - pregnant women belonged to the group at risk).

Timely communicated signals and organized support of the families resulted in the following: 23 children are brought up in their biological families, one child in a foster family, in five cases, pregnant women have not yet given birth, in one case the interaction with the woman was lost and in one case there was a child abandonment.

Pediatricians faced difficulties with the identification of a risk group families having children from 0 to 3 years. They were primarily focused on the category of...
large and poor families. In this regard, out of 49 signals received after the primary assessment of the situation in the family, in 16 cases, the Mobile group specialists stated that there was no risk of child abandonment. There have also been cases where the family has not lived in specified address (8 cases).

Mobile group specialists often had to take the initiative themselves (to call, to visit the outpatient clinic and talk to the head departments and doctors) to motivate them for identifying families at risk.

3. **In infant Orphanages** an interaction was often instable and ineffective. Informing the Mobile group on the cases of placing the child to «Hope» group was not always done on time (a few days later), which affected the performance. Long separation of a child with his mother weakened the affection between them (especially if the child is a newborn or breastfed); it took Mobile group specialists much more time and effort to motivate a woman to desire and to take actions to return the child.

The work on the signals when the child has been staying in the infant orphanage for more than six months and his mother has not visited him was ineffective. Mobile group specialists travelled to the specified addresses, but as a rule, the women no longer lived at these locations.

Despite the difficulties of working with families in crisis, out 26 reported cases, 8 children were returned to the families. In 18 cases, the child still remained in infant orphanage either because his mother (family) had no desire or ability to return the child to the family (8 cases-31%), or the location of the mother was unknown (8 cases-31%) or woman lives in another region (2 cases-7%).

4. During the project implementation, only one signal received from the Department of custody and guardianship of Karaganda was registered; it reported about a difficult situation in a family where urgent action was required to keep the baby in the family. The interaction was clearly not enough. In our view, at this stage the interaction of the Department of custody and guardianship and the professionals dealing with the prevention of child abandonment should be a key. It is this cooperation in cases of complex financial situation of the family, the lack of mother and / or child’s identity documents can prevent the child of being placed in infant orphanage or at least reduce the time the child spent in the institution.

**Step 2. Rapid response to signal of a possible abandonment**

At this stage, Mobile group experts of the NGO Center «Family» established cooperation with the experts of the Ministry of Internal Affairs, Department of custody and guardianship in a situation of high risk to child safety.

The specialists in these institutions were tasked to assist the Mobile group professionals supporting women at risk.
As soon as the Mobile group receives the signal or a primary assessment of the situation posing a high security risk for the child has been performed, the case manager contacts the specialist of the Ministry of Interiors (in this project, we worked with a senior inspector to protect women from violence) to obtain more information about the family. For example: whether a mother or a father of the child violated law; whether there were the facts of deprivation of parental rights in the past; whether the family has ever been registered with the police, etc.

If the initial assessment of the family situation detected a high risk of child abandonment, the Mobile group specialist contacted the Department of custody and guardianship, juvenile inspector and informed them of the need to take urgent action to address the child’s safety. In our experience, the Department of custody and guardianship not always rapidly responded to such a signal obtained by the phone, and the inspector could not take any action without their permission. The absence of an approved Protocol with a clear algorithm of joint actions of the department of custody and guardianship and juvenile inspectors in emergency situations makes it possible not to be responsible for failing to take action.

The option to submit a written application for the measures to be taken, as the social workers in outpatient clinics do, takes a lot of time, which may not be available for urgent action to protect the child.

At this stage the Mobile Group specialists accompanied women to the Department of custody and guardianship to provide information about the situation of women (family) and to obtain an official permission for a mother to visit the child in the infant orphanage:
- In case of mother’s temporary abandonment of the child in the hospital;
- In cases where the child was placed in infant orphanage by an act of the police.

These actions were aimed at restoring or enhancing communication between mother and child, which can subsequently facilitate the reintegration of the child into the family.

**Step 3. Accompanying the case and monitoring the situation of the family**

When conducting a comprehensive assessment of the case, the case manager interacted with the specialists of the outpatient clinics, maternity homes, and infant orphanages for getting more information about the family.

After a comprehensive assessment of the situation in the family, a Mobile Group specialist identified problems the solution of which required to organize interaction with various departments.

**Department of Health and medical institutions**

In identifying medical problems the case manager acted in cooperation with the specialists from medical institutions and experts from the Health Institutions of Karaganda Oblast (Department of Maternity and Childhood).

In the outpatient clinics the following issues were addressed jointly with a regional pediatrician: medical examination and diagnosis, getting free baby food, attachment to the clinic; information assistance when registering the child’s disability. The issues addressed jointly with regional gynecologist included medical examination issues and contraception.
Experts from the Health Institutions of Karaganda Oblast helped to arrange patronage for a mother with a breast fed baby, who moved to the satellite town; they ensured the opportunities for the mother to attend a newborn baby in the infant orphanage (the woman had no documents) and breastfeed him.

If the child was in the infant orphanage, the case manager interacted with the experts of the institution to get information on how often the child’s mother visits the baby and what way she interacts with the child to prepare for his reintegration into the family.

**Department of Migration, Administrative Police of the Department of Interiors**

The mother, father and child’s lacking legal documents (identity card, birth certificate, registration) is one of the most frequently encountered problems in the family.

The work was not coordinated with the Office of the Migration Police. In this regard, Mobile group specialists had difficulties in addressing documentation, as it was not possible to get expert information support, as in the migration police there was no officially fixed person, who we could seek advice from and who could help in dealing with difficult situations.

Help provided by the inspectors of the migration police and inspectors in the district police was reduced to giving out the list of documents that need to be collected for recovering the identity card, or for obtaining the citizenship in the Republic of Kazakhstan. If in some cases the family was not able to provide the necessary documents from the list, the experts in the field, either were not able to explain what to do next, or just sent them to other institutions. For example, there occurred difficulties in cases when no relatives, or teachers were found to confirm the identity of a person in the absence of a birth certificate; in the absence of funds to pay the fine, etc.

**Social Adaptation Centre for persons with no fixed abode**

To address issues of registration, without which it is impossible to get identity documents and allowances, MG specialists collaborated with the Karaganda urban center for social adaptation of persons who have no fixed abode, where the women were helped to get temporary registration for 3 months.

**Citizen Service Center (CSC), National Benefit Paying Centre (NBPC)**

In case the family has identity documents, and residence permits, MG social workers interacted with the government agencies such as: CHS (Citizen Service Center) on addressing the issue of getting other necessary documents and obtaining various certificates; NBPC (National Benefit Paying Centre) for processing aids and allowances.

**Commission on Juvenile Justice and protection of their rights under the Akimat of October district of the Karaganda city**

At the initial stage of the project, when considering difficult cases, close collaboration with the October Akimat of Karaganda city was supposed since most of the medical institutions involved in the project, as well as place of residence for most socially vulnerable families at risk, have been located in the October district of Karaganda. This practice did not take place for several reasons - family problems could only be considered at regular meetings of the
Commission on Juvenile Justice and protection of their rights (hereinafter - the Commission), and the situation required immediate intervention, or in addressing the problems the Commission faced similar constraints like those faced by the Mobile Group - lack of housing, documents.

**Department of Education**

When you contact the Department of Education to address the problems related to education of pregnant minors (denial of school attendance in connection with pregnancy, and at the change of residence – denial to enroll a pregnant female) the Project assisted in restoring the opportunity for young moms to continue school education.

Also the Project assisted an orphanage graduate to be accepted to the House of youth. She found herself in a difficult situation - a lonely, pregnant, homeless and having no formal employment. However, in the future, the placement of pregnant orphanage graduates to the House of youth can be difficult, due to the fact that those who live there must pay a monthly rent. A lonely woman giving birth to a child, cannot live on one benefit, without additional support, because she will need to pay the rent, plus support the child and herself.

**The city department of custody and guardianship (GorOOiP)**

If it was necessary to formalize the custody of the child, the case manager sent or personally accompanied the representatives the family to the city department of custody and guardianship. After that the specialists of the custody and guardianship worked with the family, providing information about the list of documents required for registration of custody. If the child was in the infant orphanage then the parents were issued permission to visit him.

Interaction with the city department of custody and guardianship on the temporary placement of the child in the orphanage, when his mother found herself in a difficult life situation, has not caused any difficulties. In such cases, case manager, together with the woman, addressed to the department of custody, where he briefed the department staff on the family situation; after that the expert of the custody department had a talk with the child’s mother and helped her to submit an application for temporary placement of a child in the infant orphanage. Difficulties occurred when the woman was planning to return the child to the family. As a rule, it was delayed for a long time, because the mother had to provide a list of documents (which nobody had informed her about), on the basis of which the decision was taken on returning the child. Mobile Group specialists, when previously faced with situations where the return of a child to the family was delayed due to the collection of documents, would inform the woman about the documents she needed to collect. However, the list of these documents has often been changed and supplemented with new requirements. Thus, the absence of a single list of documents on the basis of which the decision to return the child to the family and lack of timely information about it (when placing a child in the orphanage) did not allowed to reduce the child’s stay in the infant orphanage.

Mobile group specialists assisted in placing the child in the House of Hope. Since the House of Hope is an institution designed for 25 children, not always
there is an opportunity to place a child there. There are other restrictions for families wishing to place a child in the institution like a woman raising a child alone and having no her own housing. Case manager previously contacted the director of the House of Hope to get information on availability of seats. All subsequent work on collecting the documents and formalizing the child in the House of Hope was organized and supervised by the director, including coordination of activities with GorOOiPand obtaining referrals to the facility.

**Department of employment and social programs of Karaganda**

To address employment issues the Project interacted with the Department of employment and social programs. Case manager sent a woman or her family members to the department of employment, where they were suggested a few job options selected in accordance with their education and skills. In case they had no profession (specialty) they were offered training courses to further employment.

The difficulties arose in selecting the vacancies for women having small children, as they needed a part-time job; also it was difficult to find jobs working at home.

### 2. Progress in interagency cooperation

Despite significant progress in interagency cooperation observed in the course of implementation of this project, it has become obvious the need to develop a unified Protocol on interagency cooperation in the health, social and psychological area for preventing abandonment of child aged from 0 to 3 years. Such a Protocol will allow to establish the role of government agencies and their subordinate institutions in solving the problems related to these areas, the methods for identifying, evaluating, coordination, and monitoring the cases of families with children aged up to 3 years in situations of risk.

**This protocol should be based on the following principles:**

a) the principle of participation envisages the involvement and cooperation of responsible parties at all stages of interagency cooperation in order to protect the rights of the child;

b) the principle of transparency, according to which the parties involved in the process, cooperate for preventing child abandonment based on clear and accessible algorithm;

c) the principle of effectiveness, according to which the responsible parties involved in the identification, evaluation, coordination, solution and monitoring the problems of families and children at risk;

g) the principle of professionalism and responsibility, according to which the parties shall take reasonable steps and are responsible for actions taken (not taken);

d) the principle of an integrated approach to the needs of children and families, according to which all the specialists involved provide a comprehensive approach to the problems of health, development and protection of the child;

e) the principle of consistency, which includes an assessment of inter-agency cooperation mechanism through the analysis of quarterly (annual) reports on the implementation of the mechanism of inter-sectoral collaboration;

g) the principle of decentralization, providing a clear distinction between the functions and responsibilities of entities involved at various administrative levels.
II. Assessment of modelling of special social services

1. Case studies and analysis of the program testing results coupled with defining the positive and negative effects

In the period from 01/04/12 to 31/03/13 the Model Mobile group of NGO Center “Family” was tested to deter and prevent abandonment of children aged 0 to 3 years. Mobile group specialists organized work to address the problems identified in the supported families. For the Karaganda region this work was organized as part of the piloting a five-step models of providing social services.

Introducing the Models made it possible to achieve positive results in:

• testing the mobile groups’ activities in supporting the women and families at risk;
• organizing the system of training for social workers in health systems;
• creating conditions for social health workers to realize the need of their efforts to prevent child abandonment from 0 to 3 years;
• and most importantly, reducing the cases of child abandonment by women (families) at risk, pregnant women having stated their refusal and families accompanied by MG experts (in the maternity hospitals and clinics covered by the project).

Statistics of the project implementation:

Out of 136 signals registered by Mobile Group service, in 93 cases it has become possible to prevent child abandonment and keep the child in the family (this makes 68.4% of the total number of signals obtained). In other cases, the situation is as follows: the child in a foster family - 1 case (0.7%); abandonment - 33 cases (24.3%); child temporarily placed in the orphanage - 3 cases (2.2%). Remaining - 6 cases (4.4%) relate to pregnant women from the outpatient clinic: in 1 case communication with a woman lost, in 5 cases, women were still pregnant.

First of all we would like to consider the cases where, due to timely and effectively provided social services, positive dynamics was achieved and the baby was kept in the family. Conventionally, such cases can be divided into the following groups:

• Social service consists of psychological help and support, search for the relatives from the extended family and work to establish contacts of the woman with her relatives trying to find resources within the family;
• Social services, where it is first necessary to equip a mom with legal knowledge, to help collect necessary documents (child benefits, documents for the apartment, etc.), teach «parenting» and provide psychological support;

Chart No4. Results of Mobile Group’s project work

- Child in the family
- Child is abandoned
- Child is in foster family
- Child is temporarily in infant home
- Pregnant women
Examples of the first group of cases:

To keep a child in the family the project provided psychological assistance to women (family) so that to solve her internal contradictions, supported and assisted the mother in restoring contacts with extended family and find support from the relatives, family and environment. It was necessary to find a contact with a woman, declaring the abandonment, provide her with systematic services, allow the temporary placement of a child to a group of «Hope» in the infant orphanage so that the mother is employed and her financial problems are resolved.

**Elena E., 35 years old**

*Signal on child abandonment came from the Regional Perinatal Center in Karaganda. The woman refused to feed and take care of a child as she decided to leave the child in the care of the state. During the primary assessment the Mobile group specialists revealed that the woman is not married, and has a 15 year old daughter, born in the first civil marriage, who lives with her father.*

*Before the birth of her second child Elena E. worked informally, lived in a rented apartment with a second civil husband. Pregnancy was unplanned, the child’s father escaped when learned about the pregnancy. The woman did not attend the antenatal clinic and hid the pregnancy from relatives.*

*In this case the main objective of Mobile group specialists was to change the mother’s decision to refuse the child by providing timely support. A primary psychological care resulted in improving the emotional state of the woman.*

*The woman also received information about the procedure for registration of the birth certificate and receipt of child benefits. After some time, Elena decided to take the child back, but at the same time she realized that having the child she would hardly survive alone, without the support of relatives and scarce funds. Financial problems, homelessness and fear to tell the relatives of the child’s birth, had stopped her from making a final decision. The woman was asked to temporarily place her child to the orphanage into the «Hope» group. All this time Mobile group psychologist worked with the woman to overcome feelings of fear and to inform the relatives of the child's birth. As a result, timely organized activities during the first 2 weeks after the child birth, the mother took the child to the family. Elena later will say: «Thank you for I have not made the biggest mistake of my life ...»*

*Currently Elena E. resides with the child in her mother’s place; her mother supports her, and the child’s birth certificate has been issued as well as the child allowances.*

Another case where a professional social and psychological support helped to keep the baby in the family.

**Alexandra B., 23 years old**

*The signal was received from the City Hospital № 1 of Karaganda that the pregnant woman on late term (34 weeks) wants to terminate the pregnancy, and says that she does not need a child.*

*MG specialists checked the address to identify the true causes of possible child abandonment, examine the situation and help resolve the situation in favor of keeping the child in the family.*

*Alexandra would not let the specialists into the apartment, but agreed to talk at the entry. She said that she lived with her 2-years-old son, mother, elder sister and her husband. Her first son was born out of wedlock and she does not maintain any relations with the kid’s father. She said “I was not aware of the second pregnancy; I thought that it was the cyst. Having learned about the pregnancy, despite a long term, I have decided to interrupt it. “The elder sister asked to keep the child and after*
Examples of the second group of cases:

In these cases, Mobile group specialists in cooperation with the guardianship authorities were able to provide social support to the family (mother) in the form of assistance to establish contacts with relatives, assistance in preparation of documents for benefits, mother’s immersion to learning environment of «Parenthood,» which led to positive results and keeping the child in the family.

**Tatiana O., ‘22**

Signal of a dysfunctional family having a 5 months old child came from the outpatient clinic in Shatinsk. Medical staff was concerned with the fact that the mother was not properly caring of the child, he was behind in weight and physical development. They noted that at the doctor’s check-ups the mother rudely treated him (there was no emotional contact between mother and child). There were occasions when she left the child at home alone or with a drunken father. In this case, the city pediatrician informed the Department of Guardianship to take measures and limit parental rights.

MG specialists checked the place of residence of the family for security risk assessment of the child, where they learned that Tatiana lives with the child and her alcohol addicted father in a 2-room apartment. The apartment was clean, but there was no electricity (cut off due to debt). Mother with her baby had a private room, where there was a cot, a changing area, a corner with toys and child’s belongings. The woman explained the reason for the child’s slow weight gain saying that the child has a food allergy to free baby food, and she cannot afford better nutrition, because of lack of money. The family lives only on the income of the father (1500 tg. a day), some of which her father spends for drink. She was not getting the child benefits as had not timely obtained a residence permit. During the consultation, the experts confirmed the view of the health workers about the absence of emotional closeness between mother and child. As a result of the first meeting, an agreement was signed on cooperation with Mobile group and the first steps to address the problems identified have been outlined.

Joint actions were agreed between the MG specialists and the representatives of the Department of custody and guardianship on family protection and support.

Relatives were interviewed, which resulted in father’s permission for being registered at his residence, and she was able to get a child allowances, Tatiana’s cousin agreed to buy baby food.

Consultations on the formation of social skills on fund distribution allowed the woman in a month to start repaying the debt for electricity and water. She regularly visited the outpatient clinic the healthy baby office and
Having considered the cases with a positive outcome, we must recognize that in some of the cases it was not possible to solve the problem and keep the baby in the family. What hindered to solve the problems?

Examples of the group of cases where the child was not kept in the family.

It is noteworthy that the team identified the problems difficult to be solved with the resources of the Public Organization: housing problems, lack of jobs (part-time) for women with little children, the lack of free of charge night nurseries and kindergartens, some families (women) had no documents for getting a job and it was impossible to recover the documents in a short time. Here is an example of this category of cases.

Irina T., 32 years old

Signal on child abandonment came from the Regional obstetric, gynecological center in Karaganda. From the conversation with a hospital nurse the following information was received: a woman was delivered without documents, she had no prenatal records, and as the main reason for refusal she stated difficult financial situation, no one to look after the newborn to make a living.

At the first meeting Irina was depressed, crying all the time, she said that she abandons the child because of a difficult situation, which does not allow her to take him from the hospital. She is not married and has a 6 years old child. She broke up with the unborn child’s father. Working in the shoe repair shop, she has unstable earnings. Neither the woman herself, nor her daughter had documents or a residence permit. She has no relatives in Karaganda. Temporarily lives with her daughter at the friend’s place. As a result of work carried out by MG specialists, the woman decided to temporarily place the child in the infant orphanage until she resolves the issues with documentation and lodging.

First of all it was necessary to resolve the issue for the mother to have access and visit the child in the orphanage because it was important to form a maternal attachment. The difficulty resulted from the lack of the documents entitling her to do so. The chief doctor of the orphanage granted her visitation rights.

After discharge from the hospital there was a question of housing, because her friend refused her to stay, so Tatiana with her daughter had to live in the same place where she worked - in a shoe box. Mobile group specialists studied the options for possible accommodation (from hostels to rented apartments, rooms), but the payment for the accommodation was high. After consultations aimed at rapprochement with the child’s father, the woman made attempts to contact him, and he invited her to live together in his home.

Then the paperwork started. As the woman never received identification, the Migration Police provided her with a list of documents that need to be collected to obtain a form for citizenship; Irina did not have a single document from this list. Following actions were taken:

- To receive the document identifying her previous address the district police recommended to apply to Citizen Service Center, however she can order it, but to get it she must have an identification document (other options were not offered);
To restore the certificate of education, several trips were undertaken to the satellite city since Irina had studied there; as a result a confirmation was obtained about her being studied at the school, but the certificate was not found.

To provide a document confirming her relationship with her mother, the woman called her mother on the phone (she lives in another city, a mother and daughter do not communicate), the mother refused to come, and Irina herself could not go there (no ID and funds). Other relatives who can confirm the identity of Irina were not found.

The woman also was notified of the payment of penalty for late registration, she had no money to pay for it.

Difficulties in collecting the documents arose due to lack of clear guidelines (established mechanism of action in this kind of difficult situations by the services responsible for documentation), i.e. a competent support of the case in the matters of documentation was required.

Protracted process with registration of identity document influenced on resolving other problems: housing, employment, benefits, birth certificate, an opportunity to receive medical care for both mother and child, and most importantly the return of the youngest child to the family.

Throughout the whole support process the woman was provided with psychological support and help in different situations (conflict relationships with civilian husband, unstable emotional condition, loss of job).

But all this was not enough, the woman’s motivation began to gradually decline, she started to cancel the meetings due to illness or work, or did not respond to phone calls. She stopped visiting the baby in the orphanage. And then refused the Mobile group’s support.

Analyzing these cases, it should be noted that in order to social services be effective, it is necessary that local agencies provide and allocate such types of financial assistance as social apartments (or family hostel), nursery-gardens (or at least a group within children institutions) with the child staying there around the clock, ensure a certain number of places where mothers with young child could be employed.

But apart from the above identified major problems (mainly financial) the project has identified other causes for «not solving» or restrictions - factors hindering the development of preventive activities on child abandonment. These problems (constraints) can be divided into four main types:

- Lack of well-functioning and effective interaction between the structures involved in solving the problems of prevention of child abandonment;
- management related «not solvings», delays, shifting responsibility for solving the problems of families, and mothers at risk;  
- «inconsistencies» in regulatory framework, gaps in the legal acts relating to the system of children’s rights protection at the national and local levels;
- lack of services for families and children in difficult situations.

There is no a single and clear mechanism for interaction with public authorities in the prevention of child abandonment, a unified action protocol is not available: these reasons are described in detail in Part I of the manual. As for the «inconsistencies» in the legal framework, they often lead to inefficient action to prevent child abandonment, prolong the duration of the child’s stay in the facility or limit the possibility of mother and family members to visit the child and, as a consequence, destroy the unstable maternal affection. All this leads to the conclusion that it is mandatory to review certain legal acts relating to the protection of children’s rights.
2. Analysis of the regulatory framework

Regulatory framework for the protection of children’s rights can be divided into the following levels:

- International
- National
- Local (Regional)

To provide effective assistance to families and mothers at risk Mobile group specialists used the following legal framework:

**National level:**


**National level:**

- Code of RK on Marriage (Matrimony) and Family as of 26.12.2011
- Code of RK on People’s health and the health care system, amended and added as of 10.07.2012
- Code of RK on Administrative Offences as of 10.07.2009
- Law of RK «On Education» as of 24.10.2011
- Law of RK «On special social services» (amended and added as of 10.07.2012)
- Law of RK «On social, medical and educational support for children with disabilities» dated 11.07.2002, amended and added as of 27.07.07
- Law of RK «On prevention of juvenile delinquency and prevention of child neglect and abandonment» as of 9.07.2004 amended and added as of 27.07.07
- Law of RK «On state targeted social aid» as of 17.07.2001 amended and added as of 27.07.07
- Law of RK «On State benefits for families with children» dated 28.06.2005 amended and added as of 28.06.05
- Law of RK «On state social disability, survivor and age benefits in the Republic of Kazakhstan» dated 16.06.1997, amended and added as of 27.07.07
- Order of the Minister of Health of the Republic of Kazakhstan (MoH) as of October 30, 2009 № 630 «On approval of the standard for providing social services in health»
Order of the Minister of Health of the Republic of Kazakhstan as of March 16, 2009 № 134 «On approval of the qualification requirements for social workers in health care and the rules of their certification»

MoH RK of December 20, 2011 № 907 «Guidelines for the organization of the social worker in the health sector

Order of the Minister of Health of the Republic of Kazakhstan as of 20 December 2011, № 907 «Guidelines for the organization of the activities of a social worker in the health sector.

Regional level:

Regulation on the Commission on Juvenile Justice and protection of their rights
Rules for the organization of activities in infant orphanages, Rules for visiting a child placed in the orphanage
Regulation on the Centres for Adaptation of minors.

1. Analysis of basic legal documents, used in the health care system, aimed at protecting the rights of children and preventing abandonment of 0 to 3 years old children

Analysis of the results of introducing the developed Model allowed us to formulate a number of conclusions. Regulatory framework should be, first of all, changed in terms of the information (the case) management: who communicates information and to whom the information is communicated, what authority and who personally leads the case until it is completely closed. As it was already mentioned and proved by the Model, timely communicated information and systematic work of the competent authority supervising a family or a woman trapped in a difficult situation enhances the effectiveness of prevention activities on child abandonment. This also leads to reduction in the number of 0 to 3 years old children placed in the institutions for children deprived of parental care. Therefore, it is necessary to work on changing the mechanism of obtaining information (case) and work with it until the situation is resolved.

The activities in this direction is impossible without changes, additions and revision of the legal framework related to the activities of social health workers (in terms of action to prevent child abandonment), reorganization of the activities in infant orphanages and the revision of the legal framework concerning the protection of the rights of mother and child.

1. The regulatory framework related to the activities of social health workers includes the Law of the Republic of Kazakhstan dated December 29, 2008 № 114-IV «On special social services»; the Orders of the Ministry of Health № 7 as of 05.01.2011, «Regulations on the activities of health care organizations that provide outpatient care»; № 630 as of October 30, 2009 «On approval of the standard provision of social services in health»; № 907 as of 20 December 2011 «Guidelines for the Operation of a social worker in the health sector.»
Analyzing the regulations mentioned above, we can come up with several key findings:

- Social worker in health system is a person providing special social services; “special social services include the provision of general services in the form of information, consultation, and mediation” (the Law «On special social services»). This formulation shows that a quite large range of services is defined. The services may include obtaining information on the child (newborn) and/or a family in crisis situations which is at risk of child abandonment, communicating such information to authorized officials and accompanying/supporting the families of these categories until the situation is resolved.

- Standards for providing social services, Guidelines for social workers in health systems do not indicate the mechanism of getting and communicating information (case) about the child, the family in a crisis situation (who a social worker receives information from for further evaluation and work, and how much time the social worker has to assess the situation, whom of the officials it is necessary to convey information to in a particular case, etc.).

- It is not indicated what situation involving the family (child), a social worker should describe as a crisis or emergency and act immediately.

- There is no clear designation of who and how provides social support to the family. There is the only clear indication of the mechanism for assessing the need for special social services, the timing of the assessment (10 days) and the transfer of conclusions for taking the decision to the local executive authorities who should come up with the decision in 3 days. In fact, social workers in health care system, do not use this mechanism, they are guided by a special decrees of the Minister of Health № 630 and 907.

The Law of RK «On special social services» has a clear indication of difficult situations, which is «... a person (family) may be recognized as being in a difficult situation for the following reasons:

1) orphancy;
2) lack of parental care;
3) neglect of minors, including deviant behavior;
4) reducing the early psycho-physical developmental needs of children from birth to three years;
5) persistent abnormalities in the body due to physical and (or) mental disabilities;
6) limitation of vital functions due to socially significant diseases and diseases that pose a danger to others;
7) inability to self-service due to old age, due to diseases and (or) disability;
8) abuse, which led to social exclusion and social deprivation;
9) homelessness (persons of no fixed abode);
10) release from prison;
11) registration at Probation Office under penal inspection.
This formulation makes it clear that the situation of a mother (family) with the risk of child abandonment is not considered as a difficult life situation. Therefore it is necessary to expand the wording and add to it in point 3 «neglect of minors, failure to meet the basic needs of the child nutrition, warmth, clothing and medical care».

It is suggested to clarify the definition of an emergency for a child: «In cases where there is a high risk of harm to life and health of the child:

1) orphancy;
2) lack of parental care;
3) abuse, violence;
4) dissatisfaction with the child’s basic needs for food, warmth, clothing, medical care

the situation should be considered as an emergency and the responsible bodies should act immediately to ensure the safety of the child, then notify the guardianship authorities and law enforcement agencies. In justified cases, where it is necessary to remove the child from the family, they should be guided by Article 82 of the Code of the Republic of Kazakhstan «On Marriage (Matrimony) and Family

The project has identified the constraints for the actions of social workers. The Law of RK «On special social services» clearly shows a mechanism for obtaining social services by a family trapped in a difficult situation «... The person (family) in a difficult situation seeks the provision of social services in the community by submitting a written application.... «»In the interest of the person (family) in difficult situation, having indicated the reasons for which a person (family) does not apply on their own, the application for social services may be submitted by:

1) one of the adult members of the family;
2) guardian (trustee);
3) Mayor of the settlement, aul (village), aul districts;
4) the person by proxy in accordance with the civil legislation of the Republic of Kazakhstan.

The cited extracts show that, if the family (person) cannot or is reluctant to appeal (in writing) for getting a service, such a family (child) can stay out of the spotlight and activity of a social worker providing social services. The social worker himself cannot apply on behalf of the family to seek services. We suggest expanding the list of persons: «In the interest of the person (family) in difficult situation, having indicated the reasons for which a person (family) does not apply on his own, the application for social services may be submitted by:

1) one of the adult members of the family;
2) guardian (trustee);"
3) an official acting on social support of the family (in cases where the issue of the power of attorney cannot be applied in accordance with the civil legislation of the Republic of Kazakhstan (no documents certifying the identity of the person who is in a difficult situation);

4) Mayor of the settlement, aul (village), aul districts;

5) a person by proxy in accordance with the civil legislation of the Republic of Kazakhstan.

Needs assessment for special social services should be carried out in accordance with Article 14 of the Law «Assessment and identification of needs for special social services”

1. Providing social services is based on the assessment and determining the need for special social services a person (family) in a difficult situation has. The need is determined by a social worker, expert in assessing and determining the need for special social services.

See: Rules of the assessment and determining the need for special social services.

In their activities, health social workers are not guided with the approved and mentioned above Rules of Assessment and determining the need for special social services, they rather apply Guidelines and Annexes approved by the Order of the Minister of Health № 907. To ensure compliance there is a need to make changes in some parts of the Guidelines for organizing the activities of social workers in health sector.

We can suggest the following wording to article 18. Functional responsibilities of the social worker to provide social assistance in the health sector

«1) an overall assessment of the social situation of the child and his family with the obligatory home visits and determining a package of social services, agreed with a specialist in social work in health and health care workers (in accordance with Annex 4 of the Approved Rules for the assessment of needs in special social services);

2) formation of the following target groups to provide them with social services (based on an assessment of the social situation of a child and a family):

- Families, with severe social vulnerability (drug, alcohol, gambling addicted parents);
- Low-income families (families with a low level of subsistence);
- Limitation of life of parents; (I do not understand what that means)
- Mother (family) with the risk of abandonment;
- Teenage mothers;
- Persons with self-destructive behavior among children and adolescents, as well as those after suicide attempts;
- Persons exposed to domestic violence(children and adolescents, women, men);
- Persons with limited abilities, including children, adolescents, persons with disabilities;
- Women of reproductive age with extra genital diseases, including those having absolute contraindications to child bearing;
- People over 70 years old and elderly single people aged over 60, including those incapable of self-care due to old age and due to diseases;
• Patients with mental disorders, cancer, HIV-infected;
• Patients with chronic diseases often apply (more than 3 times a month) for medical care to primary care physicians and for emergency assistance;
• Persons who are released from prison;
• Persons of no fixed abode.

This kind of distinction of target groups will facilitate accounting and recording the needs of children.

The list of functional responsibilities, article 8, indicates «inform the immediate supervisor on progress, emerging issues, joint decisions»; we suggest the following revisions «8) Inform the immediate supervisor of the needs assessment, the conclusion, the services rendered, emerging issues, joint decisions on further integrated social support to a family (by competent professionals), monitoring of the changes. «Those changes can be offered to be included in the section related to the functional responsibilities of social workers at the level of health care organizations that provide inpatient care, rehabilitation treatment and medical rehabilitation, palliative care and nursing and health care organizations operating in the field of HIV/AIDS.

As for the monitoring of social services provided by social workers, not only quantitative but also qualitative indicators must be taken into account. If only the quantitative indicators are accounted, it will lead to a formal attitude and unwillingness to record them, and later to respond to cases of social disadvantage, as they will obviously result in decreased indicators. In point 27.5 the wording «reducing the level of institutionalization (placement of a child aged 0 to 3 years in the medical and social institutions like care homes, boarding schools and infant orphanages)» should be changed to «the number of cases of keeping a child from 0 to 3 years in a family at risk of abandonment.

Particularly noteworthy is the Order of the Minister of Health of the Republic of Kazakhstan dated October 30, 2009 № 630 “On approval of the standard provision of social services in the field of health”. In this Order services are defined as follows:

«10. Special social health services are provided to a person (family) in a difficult situation and include a complex of affordable, special social services provided at the level of an individual or a family and society by:

1) counseling (individual or group);
2) active visits, surveillance and home care (nursing and social support);
3) assistance (counseling) on the «hotline»;
4) creating support groups, providing trainings, working with action teams, and groups of self-help and mutual aid. «

We offer to review this item and present it as follows: «10. Special social health
services are provided to a person (family) in a difficult situation and include a
complex of affordable, special social services provided at the level of individuals,
families and communities by:

1) informing and counseling (an individual or a group, on the «hotline»);

2) social support (active visits, supervision and help to overcome difficult
situation);

3) creating support groups, conducting group targeted meetings with action
teams, groups of self-help and mutual aid.

The standard clearly defines the types and directions of social services. Project
experience shows that social and legal work is most time-consuming and causes
difficulties and barriers. The law defines as follows:

«5) social and legal services include providing legal education, information and
legal assistance, counseling, and social and legal protection on health services
and health care issues and human health.» Social workers are engaged in
activities related to documentation of persons without documents; contribute
to obtaining benefits, alimony, placing in queues for housing, etc.

Therefore, we propose to edit the item and put in in the following wording:
«5) social and legal services include providing legal education, information and
legal assistance, counseling, and social and legal assistance and protection to
overcome difficult situations.» Evaluating these labor-intensive activities and
the level of legal knowledge of social workers, as well as their limited powers, we
offer to establish the Center of Social Work under the Department of Health,
the staff of which, along with social workers, would include lawyers having
professional legal education. In addition, based on the implementation of the
Project, the following Model of actions for social workers in the health system
is admissible.

• The social worker identifies families and children in difficult situations
by getting information about the case from a variety of sources: from the
families themselves, medical personnel and education professionals, law
enforcement and public guardianship agencies, etc.

• Conducts needs assessment, guided by the terms outlined in the Law on
special social services (within 10 days), except in an emergency, when the
assessment of the situation is carried out after an immediate response.

• Together with the family and other professionals, as appropriate, develops a
plan to support the family, formalizes queries and conclusions in the course
of family support. Where appropriate, a social worker connects the family
to resources of the Center of Social Work (required specialists: a lawyer,
a psychologist, as this work will be done faster and more efficiently by the
Center’s specialists, especially in the initial stage of introducing the Model).
Social worker continues to supervise the case, monitors social support,
evaluates family dynamics in getting out of difficult situation.

• In the process of evaluation and monitoring the families, Center specialists
provide consulting and professional supervision; contribute to the
development of social health professionals. Center staff can initiate the
process of writing and nominating projects necessary to address the problems
of families in difficult situations, as well as to coordinate the work of non-
governmental organizations that promote the advancement of children and
families in difficult life situation.
2. Analysis of basic legal documents aimed at protecting the rights of children and the prevention of 0 to 3 years old child abandonment, used in the education system and at the level of local authorities.

The main document at national level relating to the protection of children’s rights is the Code of the Republic of Kazakhstan on Marriage (Matrimony) and Family, № 518-IV LRK as of December 26, 2011. According to this document the responsibility to protect children is entrusted to the two government bodies: «the body performing the functions of custody and guardianship» and «the authorized body to protect the rights of children”. It should be noted that when confronted with situations that require immediate assistance to protect the rights of the child it was impossible to clearly define what state body should treat these cases. During the project implementation Mobile Group specialists faced 12 cases of this type including: 3 cases where it was necessary to the immediately remove the child from the family; 5 cases where the question of returning the child to the family was not properly addressed; 4 cases of unjustified ban on meeting with a child, etc.

According to Article 115 (a): protection of the rights and interests of orphans and children left without parental care, is the responsibility of the authorized body to protect the rights of children of Kazakhstan and other public bodies within their competence. Such vague formulation leads to the lack of clear direction and mechanism of interaction in the protection of children’s rights, and sometimes to shifting responsibility from one body to another. This becomes the main problem identified which hampers timely solution of families (women) issues.

It can be concluded that the responsibility for the coordination and enforcement actions to prevent and respond to violations of children’s rights should be clearly assigned to a single authority. Based on the project implementation experience and the analysis of the causes hindering the prevention activities on child abandonment, we can offer the option of such a single body - the body to protect the rights of children (now the Office for the Education). In such a case the functions of the Office for the Protection of Children’s Rights should be revised.

Possible functions:
Regional Child Protection Authority (Department for the Education) shall have the following functions:

a) Coordinate activities to identify and address cases of harm to children and protect the interests of children in this group;
b) Create conditions to ensure a range of services for children at risk, including preventive services, rehabilitation and reintegration services for children temporarily or permanently deprived of their families;
c) Coordinate services on custody and guardianship;
d) Create conditions for training of foster parents, educating prospective adoptive parents and adopters;
e) Coordinate the activities of the regional commission for minors and protect their rights;
f) Coordinate and support services and provide assistance to graduates of residential care institutions

Article 67 (3) of the Code of RK «On Marriage (Matrimony) and Family» (hereinafter the Code) requires attention and revision concerning information about the threat to life and health of the child and about the functions of the organization acting as the custody and guardianship. The Code states that the guardianship authorities must «take the necessary measures to protect the legitimate rights and interests,» that is not clear enough and in practice may be reduced only to providing advice to citizens (or organization), diverting this information to some other institutions (in best case to the police), or, in general, be ignored.

The following case would serve an example.

**Olga S., 33 years old.**

Signal to the Mobile Group came from the City Hospital № 1, Karaganda, due to the fact that a woman having a baby ignored planned visits to the district doctor and pediatrician. In the past, this family experienced the death of a 4-month-old baby who died from the injuries obtained under unrevealed circumstances. The family was put under control in the clinic as socially vulnerable because parents were in risk group.

At the time of addressing to the Mobile Group, the administration of the outpatient clinics had already compiled and sent applications to the «Department for the Protection of Children’s Rights», the October district branch of the Ministry of Interior of Karaganda, October district Akim’s office describing the situation and asking to take emergency measures, as children were in a dangerous situation.

Mobile group specialist was not able to reach the juvenile inspector by phone and then, together with a social worker and a nurse, arrived in the address indicated. They have found that a rented studio apartment is a home for Olga S., her civil husband and children (9 years, 4 years, and 4 months; the eldest child of 11 lives with his grandmother), also the landlady, her partner and a nephew. Living conditions are insanitary. Mother was drunk. The kids were hungry, no food. The neighbors said that the children are neglected; they wander, eat what they find in the trash. «Olga had been warned about the responsibility and the need for changing the lifestyle. She was suggested to temporarily place the children to the Department of «Hope» orphanage, she refused, and promised that everything will change.

The visit two days later revealed that the situation has deteriorated. At the time of the visit Olga was not drunk, but there were three strange men in alcoholic intoxication. It was again difficult to reach the juvenile inspector by phone. Police patrol was summoned, which initially did not want to take any action; only after having been shown the signed petitions, they called a juvenile inspector who took a woman with children in the Guardianship station. Mobile group specialist additionally called the Guardianship to see what action was taken on this occasion, where he was told that the information on this case has just been received from the juvenile inspector, and they will consider it to decide what to do.

Having contacted the project coordinator we decided to clarify the situation on the action taken at the request of the Department for Child Protection. When we called there we got the answer that the letter was received, and the Guardianship has been informed. As a result, the mother with the children was kept at the station until the evening. They went home after the mother has written her consent to voluntary placement of children in the orphanage. Only the next day the juvenile inspector came together with the representative of the Guardianship and took custody of children: younger kids were placed in an infant orphanage and a 9-year-old girl in the center for temporary isolation, adaptation and
This article maybe reformulated as follows:

Having received information that a child living or staying on its territory suffers or will probably harm the health or life, the organization serving as the custody and guardianship should provide the necessary security for the child, hold or initiate a comprehensive assessment of the situation of the child and family and take appropriate measures to protect the rights and welfare of the child.

Article 75 of the Code also requires revision and amendments; it refers to the most common way to protect children whose parents do not fulfill their duties, and this method is termination of parental rights. In the course of project implementation the MG specialists faced the fact that the guardianship authorities did not always have the opportunity to fully investigate the family situation, resources and needs, and the law enforcement agencies by their own have initiated legal proceedings for termination of parental rights, and it was not always wise.

Therefore, the primary responsibility of the guardianship authorities should be to provide safe care for the child, preferably in the family. Then the organization should carefully assess the situation of a child and a family to determine what support they need. And only then, when all attempts to keep the child in his biological family have been tried and proved ineffective, deprivation (restriction) of parental rights should be considered. It is therefore reasonable in Article 82 of the Code to clearly articulate powers and actions of the guardianship to withdraw (confiscate) the child from the family and place him in an emergency. A specialist of guardianship bodies, having grounded information on harm or possibility of harm to the child’s health or life, may withdraw the child from the family and place him in temporary space (for no more than 72 hours) (for example, to foster/visiting family). For further informed decisions on the child’s return to the family or extended family or in exceptional cases, to the institution. Moreover, the child’s parents should be allowed to have contact with the child, if it is not dangerous and consistent with its best interests.

It is necessary to pay special attention to point 2 of this article, existing in the Code today, which regulates the guardianship bodies «and says “... provide temporary placement of the child and within seven days after the local executive body issues the act on child’s removal from the family, to apply to the court claiming the limitation or deprivation of parental rights. «This obligation of guardianship makes virtually impossible for a child to return to the family (at least in the next few days), that harms children’s interests, in terms of limiting contacts with parents and leads to its institutionalization. Therefore, we once again emphasize the need to amend Article 82 of the Code relating to cases of emergency removal of children.

Article 76 (1) of the Code reads «..... the case of deprivation of parental rights are considered at the request of one of the parents or other legal representatives, bodies or organizations entrusted with the duty to protect the rights of minors, as well as at the claim of the prosecutor ...». 
It is necessary to amend Article 76 (1) of the Code ... the only organization that can apply for the termination of parental rights may be an organization that performs the functions of custody and guardianship. Decision on termination of parental rights must be taken at the court hearing, where the parents of the child may be present in order to be able to challenge the petition. These changes of the Article may contribute to the establishment of interaction with the newly formed Center for Social health system. Social workers will clearly know that in cases of threats to the safety of children they should immediately seek for only the guardianship authorities’ help.

1. The amendments entail changes in other legal acts.

Revisions should be made in the Law of the Republic of Kazakhstan «On prevention of juvenile delinquency, prevention of child neglect and abandonment» (Article 9) and the Model Regulations of the Juvenile Commission and the protection of juvenile’s rights N 789 dated 11 June 2001. These regulations are appealing the concept of «juvenile», which means «a person who has not reached the age of majority.» This does not mean specifically, what age the Act and the Regulations refer to. The concept of «juvenile» does not exclude the fact that the Commission performs its functions with respect of children aged 0 to 18 years, although in practice the Commission is not involved in taking care of children under 7 years of age (before school).

Model Rules designate the following functions of the Commission:

... 3) identify and socially rehabilitate the juveniles that that found themselves in a hazard to their life and health, identify the parents or other legal representatives, who do not fulfill their responsibilities for the upbringing, educating, providing maintenance of minors, protecting their life and health, and adversely affecting the normal physical and moral development of minors, or abusing them

5) in the prescribed manner appeal to the court for protection of rights and legitimate interests of minors (in practice these petitions are concerning deprivation of parental rights that should be excluded);

6) submit suggestions to the guardianship authorities on supporting minors in need of help from the state and those found themselves in a difficult situation;

7) take measures to ensure the protection of minors from physical and mental violence, all forms of discrimination, sexual and other exploitation, as well as of the involvement of minors in antisocial acts.

In practice, the Commission is mainly concerned with the issues of school-age children regarding their illegal behavior (deviations), missing the classes and dysfunctional families of these children; mainly social school teachers prepare materials for the Commission.

If we keep the integrated approach, the Commission should modify the approach and expand its functions. If such a proposal has an understanding of local authorities, then it will be necessary to revise the authority and competence of the Commission. At the moment, under the current Regulation, the Commission has insufficient expertise to work for the prevention of child abandonment from 0 to 3 years.

2. Analysis of the problems of families accompanied and supported by MG specialists can also suggest changes to the regulations relating to the management
rules for children in infant orphanages: «The Regulations on the activities of the infant orphanages in the Republic of Kazakhstan» (hereinafter referred to as the Regulations).

Based on the practice of MG specialists, there are cases when children (0 to 3 years) are taken away from disadvantaged families by law enforcement representatives. After the removal, the children of this age are placed in infant orphanages, paragraph 11. Of the Regulations reads:

«11. Infant orphanage accepts:

1) orphans;

2) children of single mothers (fathers); (if you leave this category, it is necessary to clarify - the criterion for placing the child in the orphanage may include that the existing one parent cannot provide adequate standards of living, education and development of the child, and the second parent does not exist)

3) abandoned children;

4) deserted children;

5) children whose parents have been deprived of parental rights by the court;

6) children, taken away from the parents by the court;

7) children of parents duly recognized as incapable;

8) children whose parents are recognized in court as missing;

9) children in hospital, not requiring an examination or treatment, and not taken by parents or responsible persons, after repeated reminders;

10) children, of one or two parents who cannot afford to educate them (because of health problems, due to the long departure, due to imprisonment, detained in custody during the investigation);

11) children with mental and physical defects of development regardless of the presence of both parents;

12) children born out of wedlock, from primiparous mothers’ - as well as in pp.2, if this category is left, it is necessary to clarify - the criterion for placing the child in the orphanage may be that the mother cannot provide adequate standards of living, education and development of the child, and the second parent does not exist.

Under this regulation children placed in the infant orphanages must meet one of these criteria. And most often the children are placed with the status “children taken away from the parents by court”, though they are delivered from the family and are taken away in an emergency, when there is a threat to their life and health is observed precisely at the moment. The fact that the children are taken away by the court decision further harms their interests: prevents their parents of visiting them, their term of staying in the institution is not clearly defined, children stay in institutions for a long time, the parents lose the motivation to take the child to the biological family, as it is complicated.

For ensuring the children’s rights the situation could be resolved in the following way: the children to be placed in the orphanage with the status of the children
temporarily placed to the orphanage by the specialists of the guardianship in emergency circumstances (as suggested above for no more than 72 hours), and then transferred individually or jointly with their mothers to Crisis department in the support group for mothers or office of “Hope”.

Thus, we can justify the need for structural changes in the infant orphanages. Existing Regulations states: «7. In the structure of the orphanage four types of units (groups) are created:

1) Branch (group) «Hope» with the number of students not exceeding 13;
2) Branch (group) for healthy children with the number of students not exceeding 13;
3) Branch (group) for sick children whose diseases are treatable, with the number of students not more than 10;
4) Branch (group) for children with profound developmental disabilities, with the number of pupils of no more than 8 to ensure the safety and comfort of children.

As needed several similar branches can be created.

Based on the project results we suggest that in order preventive work on the child abandonment to be more efficient, two more branches should be established within the orphanage: Crisis Support group for mothers with a temporary residence (up to 1 year) with the child (for mothers who in the future will be able to raise the child in the family). The Crisis Group should work with parents, trapped in a difficult situation, to find resources for coping the difficulties and upbringing the child in their own family, to educate parents about parenting skills, etc.; the Branch with a day care for children (0 to 3 years). The functions of this branch should be directed to the supervision and education of children up to 3 years on the principle of the kindergarten-nurseries. At this time, the mother of the child could work and maintain the child in the family. A program for mothers / parents can be also developed under the branch of the transformed infant orphanage.

Besides, it is needed to introduce amendments and supplements to the Provisions on who can apply for being placed in the “Hope”:

«37. Branch of «Hope» is designed for first-borns (firstborn twins), born out of wedlock by nulliparous women. The branch also accepts children whose mothers were convicted and are serving a term of not more than 3 years in prison. The inmates of «Hope» orphanage are on full state support. “In practice of family support there are cases where a mother is forced to place in an orphanage not only the first but also the subsequent children, what should be considered when making changes to the Regulations.

In her desire to visit her child (ren), a mother often encounters different prohibitions and obstacles; the experts of the orphanage do not allow visits for various reasons: it is necessary to get permission from the guardianship bodies and of the law enforcement agencies, she needs to gather various information and references etc. This widens the mother-child relationship gap and stimulates the subsequent abandonment. Although «... The purpose of the department» Hope «is to prevent social orphanage. In order to protect the rights and interests of mother and child, the conditions for mom’s regular confidential communication with the child are created» While the mother can be with her child in the group premises.

It should be noted that the normative database lacks the rules governing the impossibility of visits the children by their mother (except the cases of alcohol
intoxication or violations of internal regulations), so we can assume that there is a need for adopting the Regional Rules for visiting the orphanages. Here is an example of such Regulations:

Upon entering the Infant orphanage it is absolutely necessary to get registered in a journal at the front door security staff. After that, a staff representative brings a child in a designated room. Rendezvous with the child as much as possible can be carried out in the fresh air (inside the territory of the orphanage), which also must have a specially equipped place.

Having taken a child from the group (a staff member), parents are fully responsible for the life and health of the child until his return. In order to prevent accidents involving children during meetings with parents - the latter should be instructed on how to behave in the orphanage. It is forbidden to exit with children outside the territory of the orphanage, and violate the children’s day regimen and the therapeutic process.

A parent is required to come to a meeting with a child in a healthy sober and neat state. Persons with symptoms of infectious disease (cough, runny nose), as well as those having socially unacceptable (dirty, unkempt) look are not allowed to rendezvous with the child (at this visit). In case, the person having the signs of intoxication has been identified, the administration has the right to examine the person using a breathalyzer and reveal the level of intoxication, as a result the report is drawn up, according to which the parent is denied the opportunity (at this visit) to visit the child.

It is forbidden to visit the orphanage together with the children under 14 years of age. Do not feed the baby during a visit (unless breastfeeding). Video shooting or making photo of children in the orphanage can only be made if approved by the orphanage.

Parents are required to comply with health-protective regime in the orphanage, respect the recommendations of medical and educational personnel. In case of failure to comply with the requirements and rules of conduct of the parents in the infant orphanage, the parents may be denied the opportunity to visit the children.

In approving these Rules and Regulations special attention should be paid to the creation of conditions for continuing the breastfeeding of infants under the provision of special facilities, determining hours when a woman can breastfeed her child and compulsory work of a specialist with her. These rules should be aimed at ensuring the safety of the child and other children, as well as at strengthening the emotional relations between mother and child.

As for the activities of infant orphanages aimed at preventing child abandonment, in the moment it is difficult to consider it effective and, therefore, it is necessary to deeply revise the reorganization of their activities. At this point, according to the Statute:

«... The main objective of the infant orphanage is to educate and provide health care for orphans and children left without parental care, children from primiparous mothers, born out of wedlock, as well as children with deficiencies in mental and physical development.

35. The main functions of the orphanage are:
1) bring up children on the principles of security and protection of individual rights of the child, his freedom of individual development, organic connection with the ethnic culture and tradition, and inadmissibility of all forms of discrimination;

2) provide medical care for children under the guaranteed volume of free medical care with the introduction of the method of integrated management of childhood illnesses;

3) ensure current medical surveillance of children in accordance with the annex № 3 attached to this Regulation;

4) organize preventive medical examinations of children.

In this embodiment, the functions do not contain the task, reflecting the prevention of social orphanhood. There is a need to review the functions of the orphanage in the direction of the child’s reintegration into the family. There is a need to consider wider activities of infant orphanages, given that ensuring the rights of the child means ensuring his rights to grow up in his family. Thus, it is necessary to introduce a service provided by social workers and psychologists of the infant orphanages including the work with the family, with the mother and extended family in order to find resources to overcome the difficulties for raising a child to the biological family. The educational and health-improving work with children is held by medical and teaching staff, while as for social work with the family and the child’s mother there is a need to change the number of specialists working in the orphanage and clearly define duties of social workers and the psychologists in infant orphanages.

According to the Regulations currently «.... 4) it is a Board of Trustees, not the orphanage specialists that monitor the effectiveness of the services rendered, who provides moral, psychological and practical support to mothers whose children are brought up in the orphanage, in solving any problems they have, including assistance in employment and education; the main focus is done on nulliparous mothers, for the early return of their child to the biological family. This requires revision. In general, extensive functions of the Board of Trustees are puzzling. After all it is an advisory body, which cannot provide systemic professional work with mothers and families, which in this case is necessary. In addition, the Regulations also need to be amended in part addressing the issues of returning the child to the mother. The issues of returning the child to the mother are currently more clearly defined only in relation to children temporarily placed in orphanages. They are applicable to all children, as all children should temporarily be placed in the care home for children. «... 22. Returning children temporarily placed in the orphanage to their parents or persons in loco is done at their request. Extension of stay in the orphanage is done by an official order of territorial health authorities on the basis of a new agreement. «

Particularly noteworthy are the powers of the Board of Trustees regarding the issues of returning children to the family, and adoptions, etc. The Board of Trustees takes part in «5) in taking decisions regarding the return of the child to mother or mother’s legal representatives» ... There is a need for clear guidance on the role of the guardianship authorities in this matter, not of the Board of Trustees in infant orphanages, which is a consultative body and can only give recommendations, in addition in practice, this creates additional obstacles for returning the child to the family after a temporary stay and a list of documents, reasonable and justified by the interests of the child.
3. Analysis of scientific and methodological support

To study the problem of child abandonment in the Republic of Kazakhstan, the existing legal documentation and the mechanism of activity of the bodies working in the field of prevention of 0-3 years old child abandonment, the project has analyzed scientific and methodological support rendered by social workers. In total, the project has studied over 40 various sources presented in the bibliography. The analysis of the scientific and methodological support provided by social workers reveals the following documents currently used:

- Case management in social work at the local level (handbook for health care, education and social protection), edited by UNICEF, Astana, 2012
- Collection of legislative acts regulating relations in the field of protection of the rights of children left without parental care, edited by the Ministry of Education and Science of Kazakhstan, the Committee for Child Protection of Kazakhstan, Astana, 2011
- Methodological Guidelines on the issues of juvenile neglect, homelessness and delinquency and protecting the juvenile’s rights, edited by the Ministry of Education and Science of Kazakhstan, the Committee for Child Protection of Kazakhstan, Astana, 2011
- International Code of Ethics for Social Work
- Methodological Operation Guidelines for a social worker in the field of health (MOH Order number 907)

Analyzing the methodical sources we can say that they all aim at helping professionals working with socially vulnerable children and families. The strength of the Case management methodological guide for social work at the local level is an accessibly described approach to the assessment. But this approach for the child’s needs assessment is somewhat different from the requirements for evaluation specified in the Law of RK «On special social services.» And according to guidelines it is the child’s needs assessment a social worker is responsible for. It is necessary that in the reference Manual of the social worker has a clearly spelled out procedure for evaluation of social services taking into account the needs of the child.

Collecting legal acts and their interpretation in a Collection or a Directory is an important methodological tool for a social worker. The Collections available today (for example a Collection of legal acts, regulating relations in the field of protection of the rights of children without parental care) are outdated, many laws have been amended and besides they were originally collected, for other specialists, not including regulatory legal acts of the health system. None of the Guidelines contain a clearly developed system for monitoring and evaluation of social services. In this regard, the question arises what measurable indicators, except quantitative ones identified in the Methodological Recommendations for social workers of the health system (and they relate to effectiveness of a social worker, not the service) should specialists base on.

Psychological aspect is an important aspect of the social worker’s activity,
but these experts do not have basic psychological knowledge and do not own methods of training work, required by the responsibilities. It is important that manuals written in accessible language and practicable with a large amount of psychological information are developed and produced.

Based on the analysis of the available documentation, while developing the Model, the NGO Center «Family» has developed the registration documents, standard contracts, accounting documentation to support the family.

To the beginning of the project the Center «Family» has developed the following documentation to work with the case – Primary assessment form, Comprehensive assessment of the situation in the family, Logbook of Social and psychological support, Agreement on cooperation with the family (for more details, these documents are considered in section 1 of the Manual).

In the course of collaboration with health experts to launch the Model, the project team encountered difficulties in identifying a group of mothers / families with the risk of abandonment of a child from 0 to 3 years. To this end, special guides and memos for healthcare professionals have been developed:

- Guide for social workers with the criteria to identify mothers with risk of abandonment;
- Guide for social workers to assess the risk of leaving a child in the family;
- Guide for professionals in antenatal clinics with the signs and criteria of pregnant women’s behavior in difficult life situation or in a state of psychological crisis;
- Memo for obstetrics specialists.

These memos helped the professionals in identifying women at risk of abandonment to be guided by clearly defined criteria of abandonment risk, based on the facts existing in reality both in clinics and hospitals (see Annexes №№1, 2, 3, 7).
III. Conclusions and recommendations

Analyzing the results of the Project in introducing the Model of special social services to prevent 0-3 years old child abandonment, we can draw the following conclusions and recommendations:

1. Developed and tested model showed the effectiveness of social support to families (women) in difficult life situation, in terms of prevention of 0 to 3 years old child abandonment.

2. Improving the effectiveness in preventing child abandonment is possible if the legal framework concerning the protection of children’s rights is changed and improved.

3. For greater efficiency of social health workers in preventing child abandonment, it is necessary to develop a common protocol of interagency actions in medical, social and psychological area on preventing 0 to 3 years old child abandonment. The Protocol will allow establishing the role of government agencies and their subordinate institutions in solving problems related to this field, methods for identifying, evaluating, coordinating and monitoring the cases of families with children aged up to 3 years in situations of risk.

4. To improve the efficiency and effectiveness of the Model in the real world there is a need to develop a clear list of documents required for returning the child to the family and to inform mothers about it. This list should be reasonable and low-cost (in terms of both finances and time) for this category of families.

5. Social support rendered to a problem family should be comprehensive, involving specialists of the guardianship authorities, law enforcement, and social protection bodies coordinated by the Center for Social Work.

6. At the initial stage of the model’s work there is a need to organize the work of the Center for Social Work at the Department of Health. Center for Social Work under the healthcare Office should be responsible for methodological, educational and professional supervisory support of social workers and psychologists in the health system.

This activity can be performed both in the public system, and by involving NGOs through the mechanisms of state social order. On the basis of experience, the Center “Family” can serve as a resource for training and professional supervision of the social workers and psychologists, with the subsequent transfer of these functions to government agencies.

7. To improve the effectiveness of social health care workers the following mode of work can be offered. The role of social worker in health system is reduced to:
   - obtaining information about the family in difficult situations (case) from the medical staff, the public, and guardianship bodies;
   - conducting a qualitative assessment of needs, guided by the terms outlined in the Law of RK on special social services (within 10 days), except in an emergency when there is a need to respond immediately;
- paperwork to give an opinion and when needed to provide comprehensive support to the family. If necessary, the social worker can use and involve the resources of the specialists from the Center for social work under the Department of Health: including lawyers, psychologists, supervisors and social workers etc. The social worker supervises the case until it is closed completely.

Having involved the Center specialists, the social worker monitors social support case, estimating the family progress in getting out of a difficult situation; he records the results in the accompanying documents and submits the package for auditing (supervision) to the Center for Social Work. The Center for Social Work at the Department of Health assumes coordinating, educating, counseling and supervising role for social workers in health system.

8 It is necessary to develop and introduce a system for enhancing capacities of social workers in health sector, consisting of refresher courses and training workshops for the development and deepening of knowledge by involving experts from scientific and public organizations specializing in social and psychological work. The Center for Social Work under the Department of Health coordinates this work at the local level; this will make the courses more applicable and will take account into local educational resources of non-governmental organizations, their experience and educational needs of social workers.

9 To provide social workers with practical methodological material, it is necessary to compile methodical collections - manuals for social workers with a focus on children’s rights and prevention of child abandonment.

10 To increase the effectiveness of prevention of 0 to 3 years old child abandonment it is necessary to change the work mode of infant orphanages changing their focus on support services to mother and child.

11 To ensure greater efficiency of social workers in health care system, it is necessary to develop a mechanism to monitor the provision of social services and to introduce it in the system of providing services to families in difficult life situation.

At present it is difficult to identify a single body that would be able to take over the function of monitoring the provision of special social services, as these services are provided by organizations of different subordination–Ministry of labor and social protection, the Ministry of health, Ministry of public education. Specifics of different social services vary, and, respectively, the procedure for single monitoring is complicated. At the initial stage of introducing the Model we can talk about the development of procedures for monitoring the services provided by social workers in health care system and suggest that such monitoring may be entrusted to the Centre of Social Work. In addition, independent monitoring can be carried out with the involvement of non-governmental organizations by involving competent professionals.
Conclusion

Abandonment of a child - is a complex social phenomenon that has become extremely important nowadays. Findings and generalizations drawn from the project lead to the conclusion that the old system of state social protection for orphans aimed at «treatment» of effects not only does not lead to a decrease in their number, but also creates extremely negative consequences.

Due to the growth of people who suffer from alcoholism, drug addiction, mental illness and desocialization and criminal personalities, single-parent families, which are the main contingents supplying institutions for orphan children, there is a progressive deterioration of the genetic characteristics of these children.

Over the years of restructuring as a result of the impoverishment of huge number of people, «unwinding» of the usual moral standards, as well as growth of prostitution, alcoholism and drug abuse among women of childbearing age, the number of cases of child abandonment sharply increased, not only in hospitals but also in the early years of a child’s life. This problem is particularly acute in large cities and industrialized areas.

Features formed over a long period of social consciousness in terms of acute negative attitude towards a mother, forced to give up her child, often determines deep traumatic state for her refusal situation, especially in hospitals, where the parent is under enormous pressure from the staff forcing her to change her decision; this does not contribute to improving the solution of this problem.

However, the logic of the analysis of the project results says that the main reason for the low efficiency of social protection of children should be sought deeper than among the problems and shortcomings lying on the surface. It seems that the main reason for the ineffectiveness of the system is determined by the absence of the normal functioning state legal system, coordinated interaction of bodies and agencies responsible for various aspects of the state system of prevention (inter-ministerial level), as well as specialists of different professions (professional level).

In this connection it is necessary to mention the preventive aspect in working with dysfunctional families, to speck on the development and implementation of special techniques for such work, the involvement of civil sector to create conditions for a family to overcome difficult life situation. Past experience has confirmed the necessity to establish city Family Support Centers and implement the programs aimed at early marital trouble and further social and psychological support to these families, the involvement of non-governmental organizations in addressing this problem.

Opening the Centers for Social Assistance under Health Administrations will allow for a unified process to protect the rights of children, starting with the identification of family trouble to achieving a positive outcome for the child (back to the family, placing to a family) and further monitoring of his destiny, to use every opportunity to develop a successful future of the child.

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 formal or depend on grants, while other organizations, in performing the state social order, carry out the same type and not always effective events, and many projects are designed for a short term. In addition, the range of services offered by them is not
sufficient to address the issues of institutionalization of children. In this regard, there is a need to examine and ensure the long-term programs developed and implemented.

It is also necessary to mention the implementation of more effective models for working with disadvantaged families which have high risk of being deprived of parental rights. Work should be done on early identification of such families in order to timely intervene and having combined the efforts of all services designed to protect the rights and interests of a child, to help avoid cases of children’s placement in boarding institutions.

The Model to provide social services, developed and tested by the project, shows the effectiveness of social support to families (women) in difficult life situation, in terms of prevention of 0 to 3 years old child abandonment. Furthermore, since the fundamental principle of this model was to identify families at high risk of abandonment within the primary health care, in the long term, this model can be used as a basis for solving problems in providing preventive social services, jointly undertaken by health and social workers, and psychologists in health care institutions.

The developed Protocol of interagency cooperation and introducing the model of special social services to prevent 0 to 3 years old child abandonment, will allow to timely provide expert support to families in crisis situations, and as a consequence reduce child abandonment, as well as increase the effectiveness of preventive measures.
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Annex №1
Guide for Professionals in maternity hospitals

GUIDE
FOR PROFESSIONALS IN MATERNITY HOSPITALS ON PREVENTING CHILD
ABANDON IN THE CITY OF KARAGANDA AND KARAGANDA OBLAST

The task of each employee of a maternity hospital is at early stages to detect women planning / forced
to abandon a child, identify possible causes for and circumstances of child abandonment and inform a
specialist authorized to record and communicate child abandonment signals.

There are two criteria for identifying:
- A woman openly declares her decision to abandon the child and her decision is sustainable;
- A woman expresses uncertainty about her intention to take the child from the hospital
(It is important that in identifying women at risk of abandonment, it does not matter, whether she has
signed a waiver or not yet).

When performing current duties there is a need to pay attention to the signs, indicating a high probability
of abandonment:
- Women’s direct statements on the intention to abandon the child;
- Woman expresses uncertainty about her intention to take the child from the hospital;
- The patient arrives without a passport or confused in information about herself, or refuses to answer
questions about herself;
- The patient arrives without health documents and a preliminary examination data;
- The patient arrives in a state of alcohol or drug intoxication;
- The patient is reluctant, confused to tell her place of permanent residence;
- The patient refuses to see her newborn baby or feed him;
- The patient tends to escape from the hospital;
- Relatives or friends do not come to visit the patient;
- The patient’s age is under 18 years old;
- The patient is in depressed state;
- The patient gave birth to a child with disorder in development;

In addition, employees of the institution can become aware of the circumstances which, in combination
with the above features allow referring a woman to a group at risk of giving up a newborn:
- emotional, mental, personal problems and disorders in patients, including - psychological and social
«immaturity»;
- problematic drug and/or alcohol abuse by the patient or members of her immediate family
environment;
- socially dangerous disease of the patient (HIV, hepatitis B and C, tuberculosis ¬ les, etc.);
- sudden loss of health by patient or her relatives;
- availability of confirmed information about the abandonment / intention for the child abandonment
in the past.

Not all women who have indirect evidence and circumstances attributing them to the group at risk, will
surely abandon the child, so it is better to refrain from prejudice towards these patients and discriminatory
statements against them.

Any employee of the institution can identify the patient at risk. His task is to immediately inform the
specialist in the agency responsible for getting the signal and communicating it to the “Mobile Group”
experts.
Annex №2
Guide for Professionals in out-patient clinics

GUIDE
FOR PROFESSIONALS IN OUT-PATIENT CLINICS
ON PREVENTING CHILD ABANDONMENT IN THE CITY OF KARAGANDA AND KARAGANDA OBLAST

The task of out-patient clinic personnel is as early as possible to identify women planning / forced to abandon a child, identify possible causes for and circumstances of child abandonment and inform a specialist authorized to record and communicate signals on the intention of child abandonment to the prevention service «Mobile group» or a social worker in the out-patient clinic.

The main signs, indicating a high probability of abandonment -
Neglect of the child's needs - a systematic inability or unwillingness to provide basic needs of the child for food, clothing, medical care, protection and affection.

Particular signs indicating a high probability of abandonment:
• Women's direct statements on the probability to abandon the child;
• Information on the difficult financial situation in the family (mother's to child care, the child’s father does not work);
• Woman’s depressed state during doctor’s visit, lack of interest in the child’s health (eg, lack of vaccinations);
• The child’s pathology;
• Lack of child care (children are not well-groomed, hungry).

While visiting the patient at a residence, the out-patient clinic staff may learn of the circumstances that, as a rule, combined with the signs above, suggest the possibility of abandonment:
• emotional, mental, personal problems and disorders in a patient, including psychological and social “immaturity”;
• mother’s age is under 18;
• problematic use of alcohol and / or drugs by the patient or nearest-family members;
• socially conditioned diseases of patients (HIV, hepatitis B and C, and tuberculosis, etc.);
• sudden loss of health by the patient or her relatives;
• lack of adequate child care (parents abandon children unattended and without food for a day or two or more);
• conditions in the house is a threat to safety of the child (asocial situation);
• there are acts of domestic violence In the family, which have a direct and serious threat to the physical and / or emotional condition of the child;
• apartment is in unhygienic condition which is life-threatening for children living there;
• parents have disabilities and their state of health prevents them of taking care of their children, they themselves needed outside help;
• availability of confirmed information about the case / intention of the child abandonment in the past.
Annex №3

Guide for Professionals in antenatal clinics

GUIDE
FOR PROFESSIONALS OF ANTENATAL CLINICS
ON PREVENTING CHILD ABANDONMENT IN THE CITY OF KARAGANDA AND
KARAGANDA OBLAST

The task of antenatal clinic personnel is as early as possible to identify women planning / forced to abandon a child, identify possible causes for and circumstances of child abandonment and inform a specialist authorized to record and communicate signals on the intention of child abandonment to the prevention service «Mobile group» or a social worker in the out-patient clinic.

Signs indicating a high probability of abandonment:

- Women’s direct statements on the probability to abandon the child after birth;
- Woman’s attempts to independently terminate a pregnancy;
- Pregnancy was the result of coercion or sexual violence;
- The patient is not registered in the antenatal consultation, but showed up to terminate the pregnancy at late term;
- Depressed during the doctor’s visit, lack of interest in the fetus and in pregnancy;
- Availability of fetal pathology.

While visiting the patient at a residence, the antenatal clinic staff may learn of the circumstances that, as a rule, combined with the signs above, suggest the possibility of abandonment:

- emotional, mental, personal problems and disorders in a patient, including psychological and social «immaturity»;
- age under 18 years old;
- problematic use of alcohol and / or drugs by the patient or her nearest family members;
- socially conditioned diseases of patients (HIV, hepatitis B and C, and tuberculosis, etc.);
- sudden loss of health by the patient or her relatives;
- availability of confirmed information about the case / intention of the child abandonment in the past.
Annex №4

Instructions on receiving and communicating a signal

INSTRUCTIONS
FOR THE PROFESSIONAL, RESPONSIBLE FOR REGISTERING
AND COMMUNICATING THE SIGNAL

1. Registering the cases identified by the specialist of medical institution

The specialist responsible for processing and communicating the signal, within 30 minutes, fills out a Signal sheet with the information received and records the case in the “Logbook to register the signals”.

2. Communicating signals to the service for prevention of child abandonment – Mobile Group of NGO Center «Family».

Responsible specialist communicates the received signal by a telephone message or by telephone, preferably within 1-3 hours after the detection of the case.

The time when the signal was received and communicated to the Mobile Group service is fixed in the “Logbook to register the signals”.

**Annex №5**

*Logbook to register the signals for health care facility professionals*

**LOGBOOK TO REGISTER SIGNALS FOR HEALTH CARE FACILITY PROFESSIONALS**

Infant orphanage ____________

**SIGNAL SHEET № _______**

Date of filling out: _______________________________________________________________

<table>
<thead>
<tr>
<th>Name of child’s mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s date of birth (date, month, year of birth)</td>
</tr>
<tr>
<td>Identification card (№, issued when and by whom)</td>
</tr>
<tr>
<td>Registered address:</td>
</tr>
<tr>
<td>Actual address:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Name of child:</td>
</tr>
<tr>
<td>Child’s date of birth:</td>
</tr>
<tr>
<td>Date of child’s placement to the infant orphanage:</td>
</tr>
<tr>
<td>Reason for child’s temporary placement to the Infant orphanage:</td>
</tr>
<tr>
<td>Date and time of communicating the signal to Mobile Group service</td>
</tr>
</tbody>
</table>

Reporter: ______________________________________________________________________

Chief doctor: ___________________________________________________________________

*Mobile Group «Center Family» tel. 8 (7212) 972-303*
**SIGNAL SHEET № _______**

Date of filling out: _______________________________________________________________

<table>
<thead>
<tr>
<th>Name (of a pregnant woman):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s date of birth (date, month, year of birth)</td>
<td></td>
</tr>
<tr>
<td>Identification card (№, issued when and by whom)</td>
<td></td>
</tr>
<tr>
<td>Registered address:</td>
<td></td>
</tr>
<tr>
<td>Actual address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>Term of pregnancy:</td>
<td></td>
</tr>
<tr>
<td>Declared reason for intention to abandon/assessment of real situation in the family (risk factors):</td>
<td></td>
</tr>
<tr>
<td>Date and time of communicating the signal to Mobile Group service</td>
<td></td>
</tr>
</tbody>
</table>

Reporter:____________________________________________________________________  
(Name, signature)

Chief doctor:____________________________________________________________________
(Name, signature)

*Mobile Group «Center Family» tel. 8 (7212) 972 – 303*
### SIGNAL SHEET № ______

<table>
<thead>
<tr>
<th>Name (of child’s mother)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s date of birth (date, month, year of birth)</td>
</tr>
<tr>
<td>Identification card (№, issued when and by whom)</td>
</tr>
<tr>
<td>Registered address:</td>
</tr>
<tr>
<td>Actual address:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Name of a child:</td>
</tr>
<tr>
<td>Date of child’s birth /age:</td>
</tr>
<tr>
<td>Child’s sex:</td>
</tr>
<tr>
<td>Assessment of real situation in the family (risk factors):</td>
</tr>
<tr>
<td>Date and time of communicating the signal to Mobile Group service</td>
</tr>
</tbody>
</table>

**Reporter:**

(Title, signature)

**Chief doctor:**

(Title, signature)

*Mobile Group «Center Family» tel. 8 (7212) 972-303*
**SIGNAL SHEET № ______**

**Date of filling out:** ________________________________________________________________

<table>
<thead>
<tr>
<th><strong>Name (of a woman who gave a birth to a child)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Identification card (№, issued when and by whom)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Registered address:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Actual address:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Telephone:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Availability of prenatal records:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of delivery:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Child’s sex:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of child abandonment:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Declared reason for abandonment/risk factors:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date and time of communicating the signal to Mobile Group service</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Reporter:** ____________________________________________________________

(Name, signature)

**Chief doctor:** __________________________________________________________

(Name, signature)

*Mobile Group «Center Family» tel. 8 (7212) 972-303*
Annex №6
Logbook to register signals for Mobile Group professionals

LOGBOOK
TO REGISTER SIGNALS FOR MOBILE GROUP PROFESSIONALS

SIGNAL SHEET № _______

«_____»____________ _____г.
Date/time of filling out

_______________________________________________________________________________

Name (of mother, who temporarily placed her child into the infant orphanage)
«_____»____________ _____г. «_____»____________ __________г. __________________
Mother’s date of birth  child’s date of birth  child’s sex

Identity card №___________________ issued:________________________(When, who issued)
Registered address:_____________ street_____________building________apartment______
Actual address: ________________ street_____________building________apartment______
Telephone:______________________________________
Reason for temporary placement of the child to infant orphanage: ___________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Name of Mobile Group specialist: __________________________________________
_______________________________________________________________________________

Signature of Mobile Group specialist   ______________________
SIGNAL SHEET № ______

«_____»___________ ______г.
Date/time of filling out

_______________________________________________________________________________

Name (of pregnant woman)

«_____»___________ ______ г., _________г.
Date of birth date of expected delivery

Identity card №___________________ issued:________________________(When, who issued)

Registered address:_____________ street_____________ building________apartment______

Actual address: ________________ street_____________ building________apartment______

Telephone:______________________________________

Declared reasons for intention to abandon /Assessment of real situation in the family (risk factors): _______________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Name of Mobile Group specialist: __________________________________________

_______________________________________________________________________________

Signature of Mobile Group specialist   ______________________
SIGNAL SHEET № ______

«____» ___________ ______г.
Date/time of filling out

_______________________________________________________________________________

Name (of child’s mother)

«____» ___________ __________ «____» ___________ __________ __________

Mother’s date of birth  date of child’s birth

child’s sex _________

Identity card №___________________ issued:________________________(When, who issued)

Registered address:_____________ street_____________building________apartment______

Actual address: ________________ street_____________building________apartment______

Telephone:______________________________________

Assessment of real situation in the family (risk factors):_________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Name of Mobile Group specialist: __________________________________________

_______________________________________________________________________________

Signature of Mobile Group specialist   ______________________
SIGNAL SHEET № ______

«____»___________ ______г.
Date/time of filling out

_______________________________________________________________________________

Name (of woman given birth)

«____»___________ «____»___________
Date of birth  date of delivery

Child’s sex__________________

Identity card №___________________ issued:________________________(When, who issued)

Registered address:___________________________ street __________ building________ apartment______

Actual address:___________________________ street __________ building________ apartment______

Telephone:______________________________________

Declared reasons for abandon/ risk factors: __________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Name of Mobile Group specialist: __________________________________________________

_______________________________________________________________________________

Signature of Mobile Group specialist ______________________

________________________________________

Signature of Mobile Group specialist

__________________________
Annex №7

Memo for a social worker to assess risk factors for child

MEMO

FOR A SOCIAL WORKER ASSESSING RISK FACTORS FOR A CHILD IN THE FAMILY

The main principles of the assessment of risk factors by a specialist are objectivity, professionalism and reliance on really existing facts

ASSESSMENT OF RISK FACTORS IN THE FAMILY

<table>
<thead>
<tr>
<th>Risk factors associated with the child's developmental needs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically unhealthy;</td>
<td>Brother / sister of the child has a disability;</td>
</tr>
<tr>
<td>Mentally unhealthy;</td>
<td>Developmental delay;</td>
</tr>
<tr>
<td>Disability;</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk factors of the family and environment:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically unhealthy;</td>
<td>Domestic violence in the present;</td>
</tr>
<tr>
<td>Mentally unhealthy;</td>
<td>Domestic violence in the past;</td>
</tr>
<tr>
<td>Living with HIV;</td>
<td>Lack of housing;</td>
</tr>
<tr>
<td>Disability;</td>
<td>Problems with housing;</td>
</tr>
<tr>
<td>Alcohol abuse;</td>
<td>Problems with obtaining official documents (identity card, residence, birth certificates, etc.)</td>
</tr>
<tr>
<td>The use of drugs;</td>
<td>Poverty;</td>
</tr>
<tr>
<td>Lack of work;</td>
<td>The lack of a stable income;</td>
</tr>
<tr>
<td>Criminal experience of the parent (s) / service of sentence;</td>
<td>The loss of a family member in the recent past;</td>
</tr>
<tr>
<td>Parent (s) rose in boarding institutions;</td>
<td>Resettlement in the recent past;</td>
</tr>
<tr>
<td>In the past parents abandoned of children or the children were taken away by the decision of the local authorities;</td>
<td>Illiteracy;</td>
</tr>
<tr>
<td>Parents’ divorce;</td>
<td>The parent’s intention to abandon the child;</td>
</tr>
<tr>
<td>The conflict between the parents / family;</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>
### ASSESSMENT OF RISK FACTOR FOR KEEPING THE CHILD IN THE FAMILY

#### Basic interests and needs of the child neglected

<table>
<thead>
<tr>
<th>Needs of a child in eating, physical and psychological security, and development are insufficiently met;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of proper care and supervision;</td>
</tr>
<tr>
<td>Child’s need in medical care is inadequately provided;</td>
</tr>
<tr>
<td>The child in intentionally harmed;</td>
</tr>
<tr>
<td>Family conflicts, alcohol, drugs used by parents have emotional and traumatic impact on the child</td>
</tr>
</tbody>
</table>

#### Physical violence

Physical violence includes child’s intentional physical injury or trauma hit by parents or persons substituting them and unrelated to the accident.

**Obvious signs of physical abuse:**

| A child has various injuries, damages of any organ of the body; |
| Wounds and bruises obtained in different time, on different parts of the body (e.g., on the chest and back); |
| Parents refuse of medical care, and give contradictory evidence about the origin of damage. |

**Indirect signs of physical abuse:**

| Fear of parents; |
| Fear or depression when the adults try to take the child on hands; |
| Vividly expressed fearfulness of the child; |
| Fearful reaction to the cry of other children; |
| Inadequate behavior of the child in new situations and with new people; |
| Vividly expressed fear of adults; |
| Extremes in the child's behavior - from excessive aggressiveness to indifference; |
| Fear of physical contact with adults (eg, touch); |
| Signs of physical and mental neglect, with no adequate explanation; |
| Child’s abuse animals, toys. |

#### Psychological (emotional) violence

Psychological violence is expressed in parents’ inability to express affection, love and care for the child, ignoring the need for a safe environment, support and communication.

**Indicators of psychological abuse:**

| Reluctance of the adult to comfort a child who really needs it; |
| Shifting the entire responsibility for what happens to the child; |
| Open (not hidden) hatred and aggression towards the child; |
| Identification of the child with the unloved and hated relative. |
### RISK ASSESSMENT SCALE

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Child's needs are not met, leading to serious problems in a child's development. Parent (s) is unable to provide the child with adequate care and does not seek to do so. Multiple risk factors are present; the family does not have a social support network. The history of the family has an experience of an alternative care or temporary removal of the child from the family. It is suspected or confirmed a child abuse or mistreating.</td>
</tr>
<tr>
<td>Medium</td>
<td>Child's needs are not met, which creates problems in child's development. Parent (s) demonstrating a willingness to provide adequate care for the child, but have a limited ability to do so. There are several risk factors or unexpected changes in family circumstances create considerable difficulties in the family. Social support network is limited. Furthermore, there may be concerns about the potential abuse of a child or mistreatment.</td>
</tr>
<tr>
<td>Low</td>
<td>Child's needs are insufficiently met that could potentially cause problems in child's development. Parental potential is there, but there is one or more risk factors that in case of further hardship situation may worsen. Weak social support network. Risk of a child abuse or mistreatment is low.</td>
</tr>
<tr>
<td>No risk</td>
<td>No risk</td>
</tr>
</tbody>
</table>
### Annexe №8
Primary assessment form

Outpatient clinic/Maternity hospital/Infant orphanage

**PRIMARY ASSESSMENT FORM**

1. Name of the child:  
2. Date of birth:  

3. Name of mother:  
4. Age, social status:  

5. Name of father:  
6. Age, social status:  

7. Residence address:  
8. Availability of elder children:  

9. Who the family lives with:  
10. Risk factors indicated in the signal sheet:  

11. Assessment of real situation in the family  
Risk factors related to child’s needs:  

Risk factors of the family and the environment:  

Risk factors of leaving the kid with mother (in the family):  

**Conclusion (Analysis of information obtained during primary assessment based on facts):**  

Date of filling out:  
Name of MG social worker (signature)  
Name of the MG psychologist (signature)
Out-patient clinics №______

**PRIMARY ASSESSMENT FORM**

1. Name of a pregnant woman:
2. Age, social status:

3. Gestational term:
4. Expected date of delivery:

5. Name of the future child’s father:
6. Age, social status:

7. Residence address:

8. Availability of elder children:

9. Who the family lives with:

10. Risk factors indicated in the signal sheet:

11. Assessment of real situation in the family
   Risk factors of the family and environment:

**Conclusion**
(Analysis of information obtained during primary assessment based on facts):

Date of filling out:

Name of Mobile Group social worker (signature)
Name of the Mobile Group psychologist (signature)
Annex №9

Contract for medical, social and psychological support to families

CONTRACT

FOR MEDICAL, SOCIAL AND PSYCHOLOGICAL SUPPORT OF A PREGNANT WOMAN IN DIFFICULT LIFE SITUATION

I ____________________________________________________________
(surname, name, patronymic in full)

Year of birth ___________________________________________________________________,

Residing at the address: __________________________________________________________________________

Confirm my consent to transfer prenatal records/information to the Mobile Group experts for medical, social and psychological support.

I agree for home visits of the Mobile Group experts and a social worker.

Signature of the client: ________________________________

Date: ____________________

Signature of Mobile Group expert ________________________________

Date: ____________________
CONTRACT
FOR MEDICAL, SOCIAL AND PSYCHOLOGICAL SUPPORT OF A WOMAN AND A CHILD IN DIFFICULT LIFE SITUATION

I _____________________________
(surname, name, patronymic in full)
Year of birth ____________________________

Residing at the address: ____________________________

Confirm my consent to transfer prenatal records/information to the Mobile Group experts for medical, social and psychological support.
I agree for home visits of the Mobile Group experts and a social worker.

Signature of the client: ____________________________
Date: ______________

Signature of Mobile Group expert ____________________________
Date: ______________
Comprehensive assessment of the family situation

Outpatient clinics/Maternity hospital/infant orphanage

COMPREHENSIVE ASSESSMENT OF THE FAMILY SITUATION

1. FAMILY INFORMATION
1. Name of the child assessed:
Date of birth (date, month, year):

2. Availability of other children (name, age, social occupation):

3. Name of the child’s mother:
Age (date, month, year of birth):
Education:
Profession and place of work (reason for unemployment):

4. Name of the child’s father:
Age (date, month, year of birth):
Education:
Profession and place of work (reason for unemployment):

5. Registered Address:
Locality_________ Street ________ Building _______________ Apartment__________

6. Address of permanent residence:
Locality_________ Street ________ Building _______________ Apartment__________
Telephone________

7. Marital status:

8. Who currently lives together:

9. Evaluation of living conditions:
- Occupied dwelling space ________ м², consists of ____ rooms
  And (indicate the floor, facilities available)
- Living conditions (dilapidated housing, requires repair, isolated or communal apartment, etc.)
- Material and household wealth (available furniture, household items; minimal number of
  household items available; there is no necessary furniture; nothing of most necessary)
- The sanitary condition of the apartment (satisfactory, unsatisfactory)
- Conditions and upbringing of children available (separate room, toys, clothing, food, bedding, etc.)

10. Information on the family incomes:
- mother: ________ (tg.)
- father: ________ (tg.)
- other sources of income (indicate what kind of sources, including the allowances obtained):

11. Family history:
- Genogram
- Family history (important events in the family, specifics of the relationship)
12. The family’s strengths:
- Description of the resource potential of the pregnant woman:
- Description of resources of the closest entourage:

2. ADITIONAL INFORMATION ABOUT FAMILY (INFORMATION OF MEDICAL STAFF)
1. Health condition of the child assessed (pathology in development):
2. Type of feeding:
3. Regularity of visits to outpatient clinics:
4. Mother’s attitude to child:
5. Attitude of other family members to the child:
6. Health status of family members (if there are diseases such as HIV, hepatitis B and C, tuberculosis, sexually transmitted diseases, etc.):
7. Use of alcohol and/or drugs by the mother or other family members:

3. MAIN PROBLEMS OF THE FAMILY
1. Risk factors identified during primary assessment of the family:
2. Family problems from the point of view of parents
   - mother:
   - father:
3. Family problems, identified by the specialists (underline what is needed)
   Medical:
   - child’s diseases:
   - pathology in child’s development;
   - Irregular visits to children’s doctor, failure to fulfill the recommendations of the pediatrician;
   - lack of mother’s skills to take care of child;
   - Health problem in mother (other family members)
   - HIV in child’s mother (other family members)
   - Child mother’s chemical addiction to (alcohol, drug):
   - chemical addiction in other members of other family (specify who has and what kind of addiction)
   - Rejection of contraception;
   - other:

   Social:
   Ignorance of the legitimate rights of the client or \ and the inability to use them (what)
   Lack of legal documents:
   - identity card (who lacks?)
   - registration (who lacks?)
   - Birth certificate of the child
   - Lack of owned home
- Severe housing conditions:
- dilapidated housing;
- housing does not meet sanitary standards.

**Difficult financial situation:**
- mother lacking job (specify why);
- lack of jobs by other family members (specify why);
- low income of the family

**Difficulties in obtaining government-guaranteed benefits:**
- child benefits
- targeted assistance
- free baby food

**Inaccessibility of social infrastructure to the target group:**
- complexity of placing to kindergarten
- to House of Hope
- Other:

**Psychological:**
- lack of interest in the child and willingness to take care of him;
- pregnancy was the result of coercion or sexual violence;
- depressed emotional state;
- emotional and volitional disorders (lack of interest, initiative, low motivation to problem-solving, laziness);
- low self-esteem;
- behavioral disorders (including stealing, lying, escaping home, suicidal behavior);
- mental illness;
- loss (death) of close people;
- problems in relationships with family, children (conflicts, violence);
- lack of family support (broken relationship with his own mother, father, child, close relatives);
- no other resource of social contacts;
- no idea about the features of child development and education;
- psychological and social immaturity of the mother (teenage mothers);
- other:

Date of opening the case:___________

Date of closing the case:___________

Name of social worker/case manager (signature)

Name of the psychologist (signature)

Name of medical specialist (signature)
COMPREHENSIVE ASSESSMENT OF THE FAMILY SITUATION

1. FAMILY INFORMATION

1. Name of a pregnant woman:
   Age (Day, month, year of birth):
   Education:
   Profession and place of work (reason for unemployment):

2. Gestational age and expected date of delivery:

3. Name of the child’s father:
   Age (Day, month, year of birth):
   Education:
   Profession and place of work (reason for unemployment):

4. Availability of other children (name, age, social occupation):

5. Registered Address:
   Locality__________ Street _________ Building _________ Apartment______

6. Address of permanent residence:
   Locality__________ Street _________ Building _________ Apartment______

   Telephone

7. Marital Status:

8. Who currently lives together:

9. Evaluation of living conditions:
   - Occupied dwelling space ______ m2, consists of ____ rooms
   And (indicate the floor, facilities available)
   - Living conditions (dilapidated housing, requires repair, isolated or communal apartment, etc.)
   - Material and household wealth (available furniture, household items; minimal number of household items available; there is no necessary furniture; nothing of most necessary)
   - The sanitary condition of the apartment (satisfactory, unsatisfactory)
   - Conditions and upbringing of children available (separate room, toys, clothing, food, bedding, etc.)

10. Information on the family incomes:
   - mother: ________ (tg.)
   - father: ________ (tg.)
   - other sources of income (indicate what kind of sources, including the allowances obtained):
11. Family history:
- Genogram
- Family history (important events in the family, specifics of the relationship)

12. The family’s strengths:
- Description of the resource potential of the pregnant woman:
- Description of resources of the closest entourage:

2. ADDITIONAL INFORMATION ABOUT THE FAMILY (INFORMATION OF MEDICAL STAFF)

1. First visit to female consultation (prenatal clinic):
2. Previous pregnancies, course, outcomes:
3. Regularity of visits to gynecologist:
4. Emotional state during visit to doctor (depressed, lack of interest of the fetus, pregnancy, et.):
5. The presence of fetal pathology:
6. Health of family members (whether there are diseases such as HIV, hepatitis B and C, tuberculosis, sexually transmitted diseases and other.):
7. Use of alcohol and/or drugs by the mother or other family members:

3. MAIN PROBLEMS OF THE FAMILY

1. Risk factors identified during primary assessment of the family:

2. Family problems from the point of view of future parents
   - future mother:
   - future father:

3. Family problems, identified by the specialists (underline what is needed)
   **Medical:**
   - pathology in the development of the fetus:
   - Irregular prenatal visits, failure to fulfill the recommendations of the gynecologist;
   - Health problem in pregnant women (other family members)
   - HIV in pregnant women (other family members)
   - Pregnant women’s chemical addiction to (alcohol, drug):
   - chemical addiction in other members of other family (specify who has and what kind of addiction)
   - Rejection of contraception;
   - other:
   **Social:**
   Ignorance of the legitimate rights of the client or and the inability to use them (what)
   Lack of legal documents:
- identity card (who lacks?)
- registration (who lacks?)
- Birth certificate (who lacks?)
- Lack of owned home
- Severe housing conditions:
  - dilapidated housing;
  - housing does not meet sanitary standards.
Difficult financial situation:
- Mother lacking job (specify why);
- The lack of jobs by other family members (specify why);
- Low income of the family
Difficulties in obtaining government-guaranteed benefits:
- Child benefits
- Targeted assistance
- Free baby food
Inaccessibility of social infrastructure to the target group:
- complexity of placing to kindergarten
- to House of Hope
- Other:
Psychological:
- Lack of interest in the fetus, pregnancy;
- The fear associated with the upcoming birth of a child;
- Nurturing extramarital / unwanted pregnancy;
- Pregnancy was the result of coercion or sexual violence;
- Depressed emotional state;
- Emotional and volitional disorders (lack of interest, initiative, low motivation to problem-solving, laziness);
- Low self-esteem;
- Behavioral disorders (including stealing, lying, escaping home, suicidal behavior);
- Mental illness;
- Loss (death) of close people;
- Problems in relationships with family, children (conflicts, violence);
- Lack of family support (broken relationship with his own mother, father, child, close relatives);
- No other resource of social contacts;
- No idea about the features of child development and education;
- Psychological and social immaturity of the mother (teenage mothers);
- Other:

Date of opening the case:___________
Date of closing the case:___________
Name of social worker/case manager (signature)
Name of the psychologist (signature)
Name of medical specialist (signature)
**Annex №11**

Logbook of medical, social and psychological support to families

**LOGBOOK**
OF MEDICAL, SOCIAL AND PSYCHOLOGICAL SUPPORT TO FAMILIES

**INDIVIDUAL PLAN**
For medical – social-psychological support of a family

Family:
Address of residence:
Date:

<table>
<thead>
<tr>
<th>№</th>
<th>Family problem</th>
<th>Activity (form of work)</th>
<th>Responsible specialists</th>
<th>Terms of implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

II Social

III Psychological

### Implementation of Individual Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Content of activities / current monitoring</th>
<th>Conclusions/results</th>
</tr>
</thead>
</table>

### Plan for subsequent monitoring

<table>
<thead>
<tr>
<th>Date</th>
<th>Objectives</th>
<th>Content of activities</th>
<th>Conclusions/results</th>
</tr>
</thead>
</table>

Case manager/social worker:    /NAME/    /Signature/  

Project Coordinator:    /NAME/    /Signature/