



Modelling for Integrated Child Protection System in Kazakhstan

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The United Nations Children's Fund (UNICEF) in the Republic of Kazakhstan

Astana, 010000

10-a Beibitshilik Str., block1

Tel.: (+7 7172) 321-797, 322-969

Fax: (+7 7172) 321-803

Web-site : www.unicef.kz

e-mail: taderkhina@unicef.org, skhudaibergenov@unicef.org

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Typeset and layout: Liliya Nenasheva



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*prepared for UNICEF by Carolyn Hamilton,
and Jonathan Watkins,
international experts,
University of Essex United Kingdom*

Contents

<i>Part I</i>	<i>4</i>
1. Introduction	5
2. Background	6
3. Defining child protection:	7
4. Targeting children in need of protection	9
5. Identification of children in need of protection: referral mechanisms	12
6. Procedure once an allegation of suspected abuse is made	17
7. Confidentiality	24
8. Classification of children for educational and pension purposes: the PMPC and the MSEC	25
9. Services for children	26
10. Planning child protection services	27
11. Child protection at central government level	28
12. A local level integrated child protection pilot scheme	30
13. Revision of budgets and cash flows to augment preventative work	36
14. A legislative base for the pilot project	37
<i>Part II</i>	<i>38</i>
15. The Law on Specialised Social Services, lessons and gaps	39
<i>Part III</i>	<i>42</i>
16. Development of the social work curriculum	43
<i>Appendices:</i>	<i>46</i>
Table 1. Child Protection Basic Indicators	48
Table 2. Karaganda University Social Work Curriculum	50
Agencies consulted for this assessment	55

Part I



1. Introduction

This report reviews current child protection procedures in Kazakhstan. The Terms of Reference for this report required that the author put forward recommendations for:

- a) A local level integrated child protection system
- b) The nature, form and location of a possible pilot project to deliver an integrated child protection service
- c) Strengthened child protection at central government level
- d) An evaluation of pilot specialised social services in a number of areas to determine lessons learnt
- e) A change to the current social work curricula

A consultant from the Children's Legal Centre visited Kazakhstan from the 2nd to 13th April 2010, and spoke with a range of agencies, bodies and individuals listed at the end of this document. The Centre also had the benefit of being able to read a range of reports on child protection, the funding of services and the administration of services. This report does not seek to repeat the work already undertaken by a number of experts, but to build upon it. For more information about the current workings of the child protection system, reference should be made to these reports, which are listed at the end of the report.

2. Background

Kazakhstan, like other Central Asian States, achieved its independence in 1991. Again, like other ex-Soviet States, Kazakhstan continues to operate a child protection system that is still largely based on the pre-1991 Soviet model. It relies heavily on institutionalisation and has an under-developed children's services sector. The child protection system's shortcomings and the mechanisms by which child protection is delivered have been commented on in a number of reports. However, the Kazakh Government has committed to reform, a process already evident in the Law on Specialised Social Services. This law provides a general framework for developing services to protect vulnerable children. The Government is also in the process of revising the Family Code.

Statistics¹ show that Kazakhstan has the 86th highest under-5 mortality rate out of 193 States. Although Kazakhstan is nowhere near the top rank for infant or under -5 mortality rates, and has improved the survival rate for children under the age of 5 significantly over the past two decades, it still has a considerable distance to go to reach the level of developed States. In 1990, the under-5 mortality rate was 60 per thousand, but by 2008, this figure had dropped to 30. Similarly, infant mortality rates (for children under the age of 1 year old) dropped from 51 per thousand in 1990 to 27 in 2008. In comparison, France had an under-5 mortality rate of 4 per thousand and an infant mortality rate of 3 per thousand in 2008.

Kazakhstan fares well on some indicators of child well-being. It has a high rate of birth registration and a low level of child labour and child marriage. However, UNICEF statistics in 2008² show that 52% of children from 2-14 had experienced psychological or physical punishment. While this rate may be regarded as not dissimilar to that of many other countries, nonetheless it is a matter of concern.

¹ http://www.unicef.org/rightsite/sowc/pdfs/statistics/SOWC_Spec_Ed_CRC_TABLE%201.%20BASIC%20INDICATORS_EN_141309.pdf. See tables at the end of the Report.

² Ibid.

3. Defining child protection:

In Kazakhstan, the term ‘child protection’ is used as a generic term to cover any support and welfare services provided to children as well as the administrative processes associated with the arranging, monitoring, funding and delivering of those services.

Since the introduction of the UN Convention on the Rights of the Child (CRC) the general understanding of the term ‘child protection’ has been narrowed. Article 19 of the CRC defines child protection for the purposes of the CRC. It requires that States take

‘all appropriate legislative, administrative, social and educational measures [to] protect the child from all forms of physical or mental violence, injury or abuse³, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child’.

The UN Guidelines for the Alternative Care of Children⁴ supplement Article 19 provides more detailed provisions on how child protection should be managed and delivered in States.



³ There are four major categories of child abuse: neglect, physical abuse, psychological/emotional abuse, and child sexual abuse. Child neglect is where the responsible adult fails to provide adequately for various needs, including physical (failure to provide adequate food, clothing, or hygiene), emotional (failure to provide nurturing or affection), educational (failure to enroll a child in school), or medical (failure to medicate the child or take him or her to the doctor). Physical abuse includes kicking, shoving, hitting, slapping, punching, burning, bruising, pulling ears or hair, choking or shaking a child, and other ways of inflicting pain or injury such as poisoning (perhaps with harmful drugs or alcohol), drowning or smothering. Child sexual abuse occurs when an adult or older adolescent abuses a child for sexual stimulation, and includes asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure of the genitals to a child, displaying pornography to a child, actual sexual contact against a child, physical contact with the child’s genitals, viewing of the child’s genitalia without physical contact, or using a child to produce child pornography. Emotional abuse is the hardest to define, but usually includes; name-calling, ridicule, degradation, destruction of personal belongings, torture or destruction of a pet, excessive criticism, inappropriate or excessive demands, withholding communication, and routine labeling or humiliation.

⁴ Resolution adopted by the General Assembly [on the report of the Third Committee (A/64/434)] 64/142, 20 November 2009.

At present, the delivery of what is termed ‘child protection services’ in Kazakhstan is carried out at local level by the Department of Child Protection, the Guardianship Authority, the Police Department of Minors and the Commission on Juvenile Affairs and the Protection of Minors. Legislation gives all of these bodies powers in relation to children in need of protection. At central level, there is not a single Ministry holding responsibility for child protection. The Ministry of Education, the Ministry of Internal Affairs, the Ministry of Labour and Social Protection (MLSP), the Interdepartmental Commission on Juvenile Justice and Protection of their Rights and the National Commission on Child Protection all play a role in ensuring delivery of child protection services.

The review of the present system by the

author indicates that local child protection services in Kazakhstan are fragmented across a number of bodies and tend to be of a passive rather than pro-active nature. The system waits for children to present themselves rather than undertaking active identification of children. For instance, children are mostly presented to the Guardianship Authority by parents, seeking assistance mainly because of poverty, family breakdown, family death or inadequacy. Services tend to be offered on the basis of the financial need of the family rather than the needs of the child.

Neither the local Departments on Child Protection nor the Guardianship Authority is able to offer what would generally be considered an effective child protection service. Both offer only a limited service that does not meet the standards set out in the UN Guidelines on Alternative Care. There are a number of reasons for this, including a lack of training, a lack of capacity and resources and an inadequate legal framework within which child protection operates.

There is little information sharing between hospitals, doctors, schools and pre-school providers and the Guardianship Authority about children suspected to be at risk of abuse, neglect and exploitation. This is partly due to the lack of any referral systems in most local areas. Where referrals are made, the lack of training, low expectations that children should be protected from harm, the lack of mechanisms and the low level of local capacity all contribute to inadequate follow up of children about whom there are concerns. So although there are a relatively high number of children in the child care system, it is not clear that they are the children who are at risk of abuse, exploitation or neglect. It is likely that many children remain unidentified and at risk.

4. Targeting children in need of protection

This report recognises that many children in the community would benefit from support and welfare services. However, it takes the view that child protection services should prioritise on identifying and protecting the small group of children in the population who are at risk of suffering abuse, exploitation and neglect from their family or community in the terms set out in Article 19 CRC. Not only does the CRC require that this group of children should be provided with protection, it is also widely recognised that prioritisation of this group is at the heart of best professional practice in established and successful child protection systems.

Diagram 1 below illustrates the different ‘tiers’ of children in any State. Children regarded as falling within the first tier are those defined in Article 19 of the CRC: children at risk of suffering abuse, exploitation and neglect to whom the State owes a duty of protection. Active child protection measures need to be available to address the needs of this group of children. The Diagram also sets out what should be the initial response of child protection services. This group of children should be regarded as the priority group for any child protection service. Where there are limited resources, these should be focused on this group of children.

Children in the second tier would benefit from extra support and welfare services (rather than protective services) to enable them to thrive and reach their potential. Such services would enrich their lives rather than protect them from harm. If resources, both financial and human, are available, the State should offer a range of support services through the local child protection system, primarily as a preventive measure, and to support the upbringing of children by their natural family. Such services can also ensure that these children do not fall into Tier 1 at a later date. Children falling within Tier 2 include, for instance, children living in poverty, children with disabilities, children whose parents are sick or single parent families.



Which children?

What to do?

Children whom the state must protect from physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. Article 19 UNCRC.

Child protection services should identify children at risk, investigate and assess needs. Take action to protect from harm. Create care plans. Monitor, coordinate, review plans.

1st tier

Children who are in need because of disability or poverty and who would benefit from services but who do not need immediate protection from significant harm.

Child protection services, with other ministries and bodies, may choose to provide enabling services in the community.

2nd tier

Children who do not have additional needs and who just needs standard state services.

Services to be provided by relevant ministries: Schools, healthcare, playgrounds, libraries, sport centres and clubs.

3rd tier

In general, the children in the third tier do not need special measures of protection, but they do need basic services, including health and education. The provision of such services is not a ‘child protection’ issue, but rather the responsibility of a range of ministries and departments.

As a result of reviewing relevant reports and materials, and conducting a series of interviews, this report concludes that Kazakhstan does not, at present, engage in targeting its child protection services to Tier 1 children. Rather, its resources are dissipated amongst all groups of children. Child protection does not focus on identifying children who are suffering or who are at risk of suffering abuse, exploitation and neglect, and providing the services that children need to ensure they are adequately protected. Indeed, many members of the Department of Child Protection consider child protection to be primarily about assisting families with preparing documents so that they can claim financial support. Similarly, staff spoken to in the Ministry of Labour and Social Protection (MSLP) appeared to consider that child protection is about ensuring that families have access to pensions and allowances to which they are entitled. While, the reduction of poverty through the provision of benefits and pensions is important, it cannot alone provide protection to children at risk of abuse, exploitation and neglect.

Recommendations

- *The Government should develop a child protection policy which clearly sets out that child protection services should be primarily targeted at children who are at risk of abuse, exploitation or neglect within the meaning of Article 19 CRC.*
- *Child protection services must give priority to children at risk of abuse, exploitation and neglect. Where resources are limited child protection services should be focused on this group of children.*

5. Identification of children in need of protection identified: referral mechanisms

Referrals of children who are thought to have suffered or to be at risk of suffering abuse generally come from multiple sources, including health services, schools, pre-schools, youth groups and to a lesser extent, from members of the public.

Health referrals

Evidence from interviews indicates that very few child protection referrals are being made by health services (doctors, hospitals and nurses). For example, the Chief Paediatrician at the Semey Hospital stated in interview that only 2 or 3 of the 6,500 children (0.04%) seen in the paediatric unit last year were referred because it was suspected that the child was suffering from abuse or neglect, or non-accidental injury. This is a surprisingly low number of children. In comparison, Northampton, a UK town of similar size to Semey, but with a lower percentage of children in the population, refers about 160 children a year to child protection services, half of whom are in need of hospitalisation as a result of the abuse, and half with less severe injuries resulting from abuse.

Evidence provided indicates that there is, as yet, little training for doctors and nurses that would assist them to identify and recognise non-accidental injury in children, shaken baby syndrome or other forms of abuse. It is virtually unheard of for doctors to undertake a skeletal survey of a child who presents with a bone fracture, severe bruising or burns, and there does not appear to be a requirement to carry out a post mortem, or an enquiry on a child who has died, to ascertain the cause of death. In addition, when making a decision on whether a child is suffering from abuse, a doctor or a hospital is unlikely to know if the child who is presented for treatment has already been the subject of concern or investigation by the police or the local child protection body.

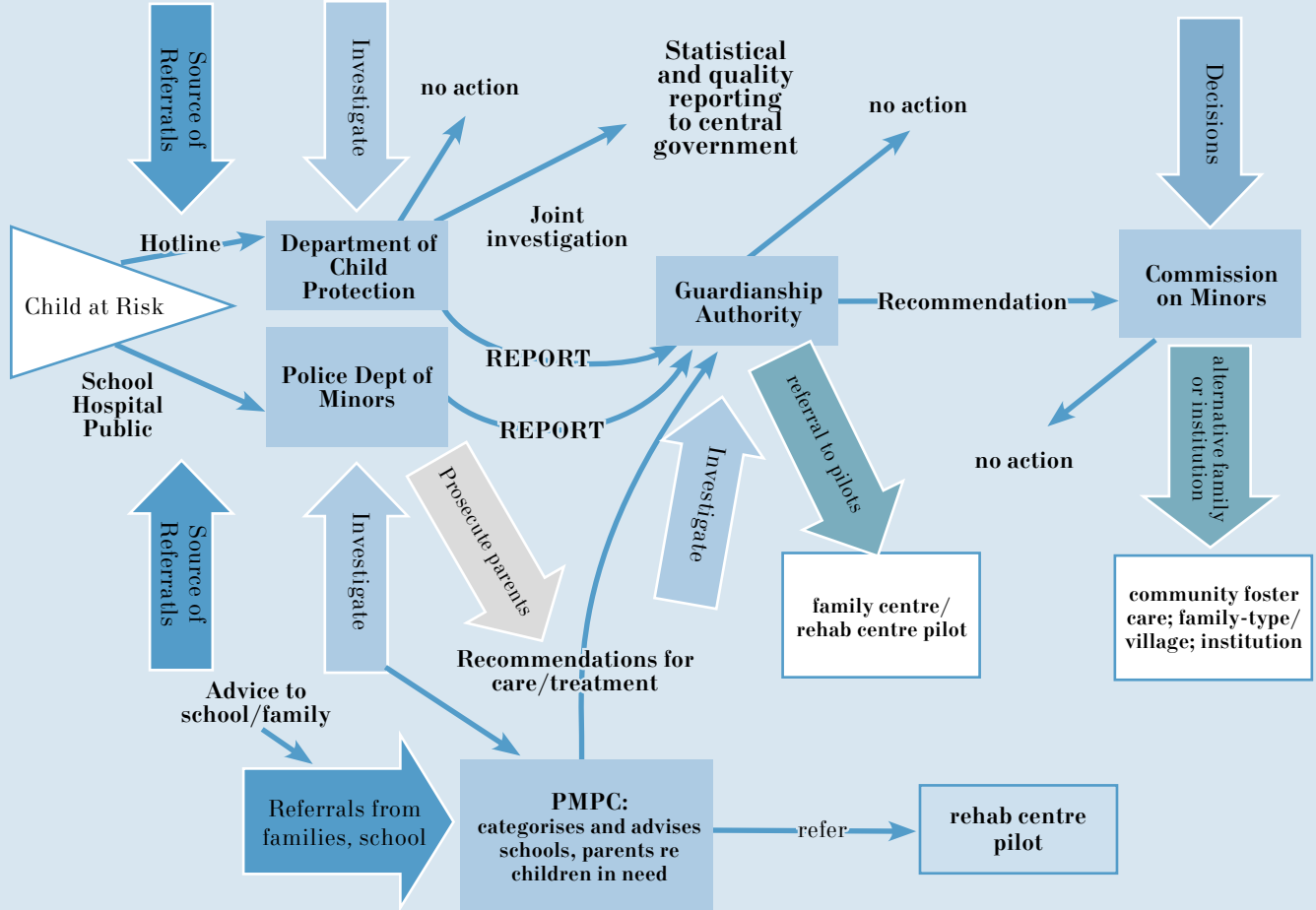
Taking into account the lack of training on child protection provided to those working in the health services, together with uncertainty about

what to refer, whether to refer and how to refer, it is highly likely that children who are suffering abuse, exploitation and neglect are not being identified by the health services.

Recommendations:

- *All health professionals need training on the causes, symptoms and effects of child abuse to enable them to identify those children who should be referred for child protection services. Training should focus on non-accidental injury, sexual abuse and neglect.*
- *All paediatricians should be required to undergo this training as part of their professional qualification and should be required to complete training modules on an on-going basis.*
- *Each local child protection service should ensure that it has a working protocol on referral of children suffering from abuse, and that both the health professionals and the local child protection service receive training on the protocol. Continuing educational programmes should be available and made compulsory for new staff.*
- *Legislation should place a clear duty on health care professionals to record and report abuse to the local child protection body.*

plan 2. Current system



*Note: Multiple referral points and investigation responsibilities;
 police generally first point of contact;
 system in not 'child centred';
 resources focussed on institution, not community;
 no system of linking policy with local need.*

School, child care and residential care referrals

Interviewees stated that the biggest number of child protection referrals come from schools. This does not necessarily mean that more children of school age are abused than those under school age, but perhaps rather that more children are identified as suffering from abuse by schools than by other institutions. The Law on Marriage and Family 1998, and the Regulations on Guardianship require that any institution working with children must inform the Guardianship Authority about a child in need. While schools are not specifically mentioned, they are clearly an 'institution' and a failure on the part of a school to report suspected child abuse to the Guardianship Authority, could result in a fine for the responsible individual.

School referrals appear to come from three sources

- a) Each school has a social pedagogue who has responsibility for children who are a matter of concern at the school. At present, the social pedagogue does not appear to refer children suspected of being at risk of abuse, exploitation or neglect directly to the Guardianship Authority, but tends to refer the child to the Police Inspector located in the school.
- b) Each school has a Parents' Committee to review cases where parents are alleged not to be adequately supporting their child.
- c) Each school has a police inspector who can make referrals.

Recommendations:

- *All schools and residential institutions should have a formal referral protocol with the local child protection service covering the circumstances in which children should be referred, how to refer and what will happen once a referral is made.*
- *The social pedagogue should become the school's Child Protection Officer, and take responsibility both for ensuring that all staff are aware of the need to refer a child about whom there are concerns, and for making referrals directly to the Guardianship Authority. The Child Protection Officer should act as the point of contact with the local child protection service. All residential institutions and child care facilities should also appoint a Child Protection Officer.*
- *The social pedagogue should sit on the Parents' Committee and should also ensure that the parents receive basic child protection training. The Parents' Committee should no longer be directly involved in child protection matters and should no longer be responsible for reviewing families who are deemed not to give their children adequate support.*
- *Legislation should place a duty on school staff to record and report suspected abuse, neglect or exploitation to the local child protection body.*

Police referrals

At present the Police Department of Minors is the main point for referral of a child thought to be at risk of abuse. A police inspector is located in each school, where he or she plays a dual role, being responsible both for crime prevention and child protection. The Head of the Police Department of Minors in Ust-Kamenogorsk interviewed for this report stated that the referrals received about children committing criminal acts and children in need of protection are roughly equal. The same police inspectors deal with each group of children.

When police consider that a child is in need of protection and cannot remain with his or her parents, the practice is to take the child to a place of temporary isolation. This practice needs to be reviewed. Responsibility for assessing risk to a child, the decision to remove a child from his or her family and the identification of an alternative placement for the child if necessary, should be the responsibility of professional social workers within the child protection service. Any decision must be taken in the best interests of the child. It should be recognised that the role of the police is to act on behalf of the State to protect the community against criminal behaviour by individuals. The police are not trained and cannot be expected to act as social workers. Furthermore, the

placement of children in an institution, even for a short period of time, should be regarded as a measure of last resort and should only be used where there are no other alternatives available.

Recommendations:

- *A protocol on joint working between the social pedagogue, the police and the local child protection service needs to be established.*
- *Police officers based in schools need to work in close co-operation with the social pedagogue.*
- *The police role in schools should focus on crime prevention, allowing the social pedagogue to become the main point of referral for child protection matters. This is not intended to remove police from investigation of alleged child abuse, but is intended instead to ensure that the police focus on the criminal aspects of the allegations. The responsibility for protection and social work should remain with the social pedagogue and the local child protection service.*
- *When the police identify a child at risk of abuse, exploitation or neglect, a referral should be made to the local child protection service who should assess the child, determine the level of risk and identify an alternative placement for the child if necessary.*
- *The use of temporary isolators should be reviewed. Each local area should identify and provide a number of emergency placements within their area. Ideally, these placements should be emergency foster care or small family home care rather than temporary isolators or any other form of institutional residential care.*



Pre-school referrals and youth groups

Both pre-schools and youth groups are expected to report suspected child abuse to the Guardianship Authority or local child protection service, but it has not been possible to ascertain how many such referrals are made. In most developed States the majority of child abuse referrals are made in relation to children under the age of 5. In Kazakhstan, it would seem that the referrals are more frequently made in relation to children over the compulsory school age of 7.

The lack of referral of babies and toddlers is likely to be partially related to the low level of health referrals. Doctors and nurses are likely to have more contact with this group than any other professional. However, the police are also a likely referral source.

Hotline referrals

The Department of Child Protection⁵ at local level run a 'hotline.' Anybody, including a person working with children or a member of the public can report an allegation of child abuse and violation of children rights. Figures indicate that only a small percentage of referrals to the hotline relate to child abuse: probably about 3%. The procedure when an allegation of abuse is made to a case-worker on the hotline is not clear.

⁵ The Department of Child Protection operate under the Committee on Child Protection within the Ministry of Education.

6. Procedure once an allegation of suspected abuse is made

a) Police Department of Minors

It is difficult to find any clear procedures setting out the action to be taken once a referral has been made to the police. Evidence from members of the Department of Minors indicates however, that when a child protection referral is made to them, the police inspector may decide either to undertake an initial investigation to ascertain whether there is cause for concern, or he or she may decide to contact the Department of Child Protection and the Guardianship Authority immediately.

When the Police Department of Minors decide to carry out its own initial investigation and, as a result of this investigation, believes there are child protection concerns, it will send a report to the Guardianship Authority, and in some cases the Department of Child Protection will also be notified. The Guardianship Authority is then required to carry out its own investigation. Depending upon whether there is any evidence that a crime has, or may have been, committed, it may undertake a joint investigation with the Police Department of Minors.⁶

Recommendations

While the police play a significant role in investigating child protection referrals, it must be remembered that their purpose is to ascertain whether a criminal offence has been committed. It is not to ascertain the risk to the child from his or her parents or other family members or indeed strangers. Whilst individual police officers may take a kindly approach to vulnerable children, the police do not appear to have received any specialised training on working with children at risk of abuse or who have suffered abuse. It is generally recognised that the police service in general is not an appropriate agency to use as the primary response to children in need of protection.

- A joint working protocol should be agreed for the police and the local child protection body setting out the roles and functions of each body and the areas of expertise.*
- The police and the local child protection body should hold a strategy meeting whenever a police investigation indicates that child abuse may be occurring. This meeting should determine what form any further investigation should take and the roles of the police and the local child protection service in that investigation.*
- Where a decision has been made that a child cannot safely live with his/her parents, either by the police jointly with the local child protection service, as part of a strategy meeting or as a matter of emergency, then a placement in an alternative family placement should be sought.*

⁶ This report does not address treatment of victims of abuse, neglect and exploitation by the criminal justice system, but it should be noted that there are virtually no provisions relating to the interviewing or giving of evidence by victims. This is an issue that needs to be addressed. Ideally, where

b) The Department of Child Protection⁷

The role of this body includes providing assistance to children in difficult life situations. The Department has the right to take decisions on questions of child rights protection. However, the Regulations do not deal with the relationship with the Guardianship Authority. Neither do the Regulations detail what procedures are to be followed when a child protection case is referred to the Department of Child Protection either through the hotline or by the Police Department of Minors. In interviews with the Department of Child Protection in a number of areas, it would appear that the practice is either to decide that no further action shall be taken on a referral, or to report the allegation to the Guardianship Authority. Alternatively, a joint investigation is undertaken with either the Guardianship Authority or the Police Department of Minors. It would appear that some Departments take part in investigations while others only record and monitor the referral.

c) The Guardianship Authority

On receiving a referral, the Guardianship Authority should conduct an initial investigation either jointly with the police, with the Department of Child Protection or on its own. There are a number of possible actions open to the Guardianship Authority following an investigation. It may decide to take no further action but in the existing East Kazakhstan pilot areas, it can make a referral to the family centre pilot if family support services are deemed to be necessary.

Where the Guardianship Authority reaches a decision that it is not in the child's best interests to remain with the parents, it has the power to remove the child as a matter of emergency under Article 24 of the Law on Marriage and the Family. In this instance, the child will be placed in a Temporary Isolation Centre. Where the child does not need to be removed as a matter of urgency, a recommendation for placement outside the family will be made to the Commission on Minors. The Commission on Minors is a group of senior officers representing local authority services that sits within the Akimat and is chaired by the Deputy Akim. The Commission on Minors makes decisions about whether children should be placed within institutional care establishments managed by the Akimat.

a child is being interviewed because he or she is believed to be the victim of a crime, such interviews should be carefully planned, be undertaken by specially trained police, prosecutors or social workers and take place in a child friendly environment. Special provisions should also be introduced into legislation to ensure that children can give evidence to a court in a manner that adequately protects them and enables their voice to be heard.

⁷ See Provision on Official Institution 'Department for the Protection of Children's Rights' of Committee of Protection of Children's Rights of Ministry for Education and Science of the Republic of Kazakhstan. Approved by an order of the President of the Committee of Children's Rights of the Ministry for Education and Science of the Republic of Kazakhstan

d) The Temporary Isolation Centre (TSVIARN)

These Centres exist to provide emergency care to children aged 3-18, who are abandoned or neglected, or found to be without parental care. The responsibility for these centres lies with the Ministry of Internal Affairs but will transfer to the Ministry of Education in early 2011. A child can be placed in a TSVIARN as a result of a resolution by the Guardianship Authority or, if the child is found or presented on a weekend, night time or on a holiday, he or she can be admitted on the basis of an order from the Head of the Centre.

The child may be held for 30 days, but this can be extended up to 6 months to enable parents to be traced or identified or to identify a placement for a child who cannot return to his or her parents. Children who are placed on an emergency basis will be referred to the Guardianship Body, so that a resolution for their placement can be obtained. However, investigation will, as a rule, be undertaken by the police. Thus, children can in effect, be referred straight into a TSVIARN.

The TSVIARNs are staffed by police officers who do not appear to receive any training on how to work with children. The Centres visited were not suitable for even the short term care of children, and the procedures for identifying parents and placing children back home are neither efficient nor effective and do not ensure the child's best interests are safeguarded. The transfer of responsibility for TSVIARNs to the Ministry of Education provides an ideal opportunity to change the basis upon which children are placed in TSVIARNs, to undertake assessments of children and their families and to implement good social work practice to ensure the best outcomes for children.

As can be seen from this description and the chart below, there are numerous bodies who may make and who may receive referrals. Referrals can be made to the Police Department of Minors, the Department for Child Protection or the Guardianship Authority.

They can also be made to the Parents' Committee at schools or to the social pedagogue. Children who are at risk of abuse can also be referred straight to a TSVIARN. All of these bodies appear in some form or other to undertake a degree of investigation and to provide assistance or take action to address the situation of the child.

There are no procedures for ensuring that these various bodies work co-operatively and there is no consistency of practice between them. It is a matter of chance which body investigates and assists the child. In addition, there is no filtering procedure to ensure that children in urgent need of protection from abuse, neglect and exploitation are prioritised above other children.



Key roles and responsibilities for child protection at local level:

Entity	Child protection function (Article 19 UNCRC definition)
Guardianship Authority	Makes assessments and recommendations to the Commission on Minors that a child be placed in institutional care.
Commission on Minors	Considers applications for a child to go to a place of institutional care away from parents.
Department of Child Protection	<p>Receives calls on the hotline about children at risk. Sometimes staff visit families to assess the risk, sometimes cases are referred to the Guardianship Authority and sometimes the Department undertakes a joint investigation with the police or the Guardianship Authority. There are no written procedures and no detail in the Regulations about the respective roles and responsibilities of the Department and the Guardianship Authority for cases where children are at risk.</p> <p>Holds a monitoring role for 'child rights'. Some coordination and monitoring functions. Not clear how these are exercised in practice</p>
PMPC	None
Police Department of Minors	<p>First contact for all referrals about child abuse. Have the power to place children in TSVIARNs. Refers cases on to the Guardianship Authority. Visits families with Guardianship Authority and the Department of Child Protection at their request.</p> <p>Police inspectors can refer to Police Division on Minors.</p>

Temporary Isolation Centre (TSVIARN)	Abandoned or neglected children are taken here by police or Guardianship Authority for a limited time.
Oblast Department on Employment and Social Services	Provides public assistance to certain specific categories of citizens, including needy families with children. Provides specialised social services to children with disabilities.
Social Pedagogues in schools	Counsel children and families. If suspects non-accidental injury or abuse, refers case to the police rather than the Guardianship Authority.
Medical, Social Expertise Committee (MSEC)	Diagnoses disability and the degree of that disability, and sets out the medical, social and educational assistance required for the child. It also prepares individual rehabilitation programmes for disabled children, assistance to organisations implementing disabled children's care and rehabilitation plans. In addition, it also monitors and evaluates the work of those implementing the care plan and keeps the child under review.
Department of Health paediatricians	Receive and treat children in hospital. If abuse is suspected forensic doctors examine abused children. No procedures for referral of child protection cases, and no working protocols with other child protection bodies.
Rehabilitation and pilot centres	Family centres in Astana and Ust-Kamenogorsk work with children at risk. Apart from these two centres, there are few centres engaged in child protection work.



Data on child protection

There is little data on the scale or nature of the abuse of children in Kazakhstan. Various State bodies record child abuse cases, but there is no central database. The Department of Child Protection collects and collates data on calls to its hotline, but this covers all issues relating to children and not just abuse. The Ministry of Internal Affairs records cases of child abuse (35 in 2009) and cases involving young people in dangerous or anti-social activities (18 in 2009), but these presumably relate to cases where there was a criminal investigation into the alleged perpetrator of the abuse. There is an urgent need for local child protection bodies to create and maintain a database containing the details of children who have been referred for suspected child abuse. Without such a database, it is impossible to track such children and to ensure their safety. Each Akimat should ensure that a data collection system is in place. It would also be helpful to maintain a central data base of child protection cases.

A functioning child protection system?

Having reviewed the system, one must reluctantly conclude that the present system for referral, investigation and assessment of children does not meet the standards set out in Article 19 CRC and the UN Guidelines on Alternative Care. The system is fragmented and also fragile. The mandates of the various bodies taking referrals overlap and lack clarity. This is particularly the case with the guardianship authority at the local level within the Akimat, and the Oblast level Department of Child Protection that reports directly to the central Government Committee for Child Protection. These two bodies undertake many of the same functions. Both the Division of Child Protection and the Guardianship Authority receive information about children who have been abused. They may both undertake the same investigation, although in theory, following the investigation, the Department on Child Protection fulfils a monitoring role, while it is the role of the Guardianship Authority to take the necessary action, including legal action to protect the child.

The current system lacks procedures and there are no working protocols between different agencies and bodies that would allow them to provide a coherent and effective child protection service. The lack of working protocols and procedures, the overlap of functions and the lack of clarity of mandates leads to unnecessary bureaucratic processes that in turn risk impeding child protection. In addition, there are insufficient numbers of staff across the various bodies who are trained social workers. There is an overall lack of training, professional development, human capacity and financial resources. As a result there is an over-reliance on the Police Department of Minors, whose role is to investigate crime and not to assess the needs of children or to provide social work to children.

The Departments of Child Protection, which are present in each of the 16 Kazakh regions, are uniformly staffed with 23 workers. In the Karaganda Department of Child Protection there are four offices: an office responsible for administration and finance, for

ethical matters (covering spiritual and moral development), statistical (responsible for data collection and monitoring), and a guardianship office that monitors children's homes and children who leave the homes, offers counselling to families, and delivers training programmes to the police and the Guardianship Authority.

The Guardianship Authority sits within the Department of Education in the Akimat. The official ratio of Guardianship Authority officers per child population is 1:5,000, but in practice, Akimats have not been able to appoint sufficient staff to reach this ratio and it remains largely unimplemented. For instance, based on this figure, there should be 15 Guardianship Authority officers in the Karaganda Akimat. Last year there were only two members of staff in the Guardianship Authority, though a further 4 have since been appointed.

Recommendations

In order to establish an effective child protection system it is necessary to establish one body, and only one, at local level which will receive all referrals of alleged child abuse, neglect and exploitation and be responsible for investigation, assessment and any necessary action that needs to be taken to protect a child. Any such body must be adequately resourced both in terms of human and financial resources and staff must be trained on child protection.

- Each Akimat should establish one local child protection body
- All allegations of child abuse, neglect and exploitation should be referred to this body
- The local child protection body should not be the Police Department of Minors, though a police officer could be seconded to the body
- The body should have a clear mandate and a clear set of procedures and working protocols with other bodies
- The child protection body should undertake initial investigations on all children referred as suffering or being at risk of suffering abuse, neglect or exploitation and further assessments of children about whom there are concerns.



7. Confidentiality

A child-centred approach to protecting children from harm requires that information about children and their families be kept confidential unless sharing information is necessary to protect a child from serious harm. Article 16 of the CRC states the child has a right to privacy, and this needs to be respected. The Department for Child Protection and the Guardianship Authority need to develop guidelines on confidentiality. It should ensure that information that needs to be shared with professionals is shared, but that the child is guaranteed confidentiality. Thus, for instance, where a member of the public makes a referral about suspected abuse of a child to the hotline, professionals should inform the referrer that action will be taken but should not share the results of their investigation with the referrer.

The right to privacy also requires that Parents' Committees at schools should no longer investigate families where concerns have been expressed about the welfare of a child. Where there are serious concerns about a child at school, a referral should be made directly to the local child protection body. Where there are lesser concerns about a child at school, for example, poor attendance record, then this should be dealt with by a social pedagogue.

There is also a need to protect the identity of referrers. Where a child is being investigated following a referral, the family should not be given the name of an individual member of the public who referred the child.

Recommendations

National guidelines should be drafted on confidentiality and information sharing. This should be adopted by the local child protection body and training on this issue provided. Breaches of confidentiality should be regarded as a disciplinary matter.

8. Classification of children for educational and pension purposes: the PMPC and the MSEC:

The Pedagogical, Medical, Psychological Committee (PMPC) is a group of professionals from different disciplines whose purpose is to describe and define the additional needs children may have, so that children can be allocated a level or type of education appropriate to their needs. If the PMPC decides that a child should be placed away from the family home or be sent to a special school, it will make recommendations to this effect to the Guardianship Authority. PMPC staff may remain involved with a child for many years, continuing to take a monitoring and advisory role.

The PMPC is made up of a wide range of workers including psychiatrists, neurologists, audiologists, ophthalmologists, paediatricians, defectologists, special care teachers, speech therapists, psychologists, social pedagogues, and psychotherapists. The PMPC focuses on medical categorisation of the child's disability rather than the needs of the individual child. This can lead to inaccurate perceptions of the child's needs and fixes an artificial set of limiting characteristics on the child.

The task for the PMPC is to move away from a function that tends to isolate children with additional needs by limiting educational and social opportunities, to an organisation that helps to include children educationally and socially. The PMPC has staff who are potentially of great value in supporting parents and teachers with specialised help so that children are better included in schools and cared for in the community. This is particularly in light of the fact that most of the children they assess are children in need who fall within the second tier of children described in the pyramid above: they would benefit from services but are not, on the whole, at risk of suffering abuse, exploitation or neglect.

The PMPC is a valuable resource of professionals whose considerable cumulative skills could be better used. The PMPC work is cur-

rently limited to working with children to classify them for educational purposes and making recommendations to assist schools and parents. PMPC professionals have valuable experience in assessing children and in making care plans and should contribute to child protection assessments and plans. The PMPC should become part of the new single child protection team and provide specialist input to assessments and care plans as required. They should also continue with their role of advising families and teachers about how to best work with/care for children with additional needs.

Recommendations

- *The PMPC should be integrated into, and become a part of, the Children and Family Services Department (CFSD)*
- *The function of the PMPC should be changed. Their role should be to assess the needs of the individual child*
- *When the PMPC is asked to determine the needs of the child, their recommendations should be set out in the form of a child-centred care plan*

9. Services for children

While the UN Guidelines on Alternative Care and current understandings of good practice require that child protection services offer family support services to keep children with their families, few such services exist in Kazakhstan. Children who are at risk of abuse, neglect and exploitation (i.e. first tier children) do not as a rule receive family support services of a prophylactic nature. However, they may, if they are fortunate enough to be one of the few families supported by the Family Centre pilot project in Ust-Kamenogorsk, and the Rehabilitation Centre in Semey, developed as part of the pilot project for implementing the Law on Specialised Social Services. These centres provide valuable support to families who may otherwise find it difficult to retain care of their child. These centres generally operate to high standards that are internationally recognised as best practice for supporting families and children.

The main form of service provided to children in need of protection is institutionalisation. Children under the age of four who are removed from their parents are taken to one of 26 baby homes under the supervision of the Ministry of Health. Older children are accommodated in a number of different institutions under the supervision of the Ministry of Education, including: residential institutions, internats and orphanages, family-type homes, special rehabilitation internat schools, sanatorium internats and internats for children living in locations without schools. Children graduate from a baby home to a children's home at the age of 4, and from a children's home to an internat at the age of 8 where they remain until 18, unless they return home to their families.

This fragmented approach to institutional care compounds the adverse effects of parental deprivation by interrupting the relationships children make with their peers and carers at the critical ages of 4 and 8 with often disastrous effects on their development. Foster care in the community has only recently started to develop as a service for children. Currently, there are 25 foster families in Astana, which accommodate 37 children in alternative families.

Recommendations

- *The provision of services should be rethought, with resources refocused towards the provision of family support services to enable the child to remain in the birth family or the extended family.*
- *Every Oblast should develop a fostering service, including an emergency fostering service, for children who cannot remain with their families.*
- *Every local child protection service should establish a small unit with emergency beds for children. In time, emergency beds should be provided by foster carers.*
- *Every Oblast should develop an adoption service to meet the needs of children who cannot remain within their birth or extended families.*
- *Every local child protection service should ensure that there is one or more small family type home within their area in which children can be placed if a foster placement is not available or is not suitable for the child.*
- *Foster care and small family type homes should be developed for disabled children who cannot remain with their birth families.*
- *Each local area should develop an after-care service for children leaving the care system.*

10. Planning child protection services

The Law on Specialised Social Services⁸ obliges authorised bodies for social protection, public health, local executive authorities of oblasts and education bodies to ensure that specialised services are monitored and the needs of the population are assessed as a whole.

The aspiration of the law is welcome, though the implementation may be problematic. At present, there is no centrally kept data on children who are in need of services, nor those who are receiving such services. Registers of vulnerable children and families are kept by the police, the Department of Child Protection, the Guardianship Authority, schools, and the PMPC. However, these different bodies do not share this information with each other and thus it is difficult to obtain a picture of the overall needs of the population of children in a particular area. This fractured information undermines the process of planning to meet the needs of children both as a group and individually. Designing a local level integrated child protection mechanism requires a change of outlook away from each body keeping its own information, and away from services that respond to children in need from relatively isolated standpoints. It needs to move towards a combined and integrated approach where the resources of the local administration work together to meet the identified needs of individual children.

In order to meet the challenge of reorganisation, information about children's and families' needs will have to be collated locally so that it can be used to plan for services. This coordinated local information needs to be provided to the central government body responsible for child protection services and to the Government Department of Statistics. It should be used as a means of allocating national resources for local use.

Recommendations:

- *All local Akimats should produce an annual Children's Plan that sets out the needs of the child population in their area and the services required to meet those needs. This should feed into the population needs assessment referred to in the Law on Specialised Social Services.*
- *The Local Executive Authorities of Oblasts should have the primary responsibility of producing a population needs assessment for their area that coordinates information received from the Akimats within their area.*
- *On the basis of the child population needs assessment, the local executive authorities of Oblasts should produce a plan that sets out how they will better meet the needs of children in their area. This 'Children's Plan' should be revised annually after community consultations.*

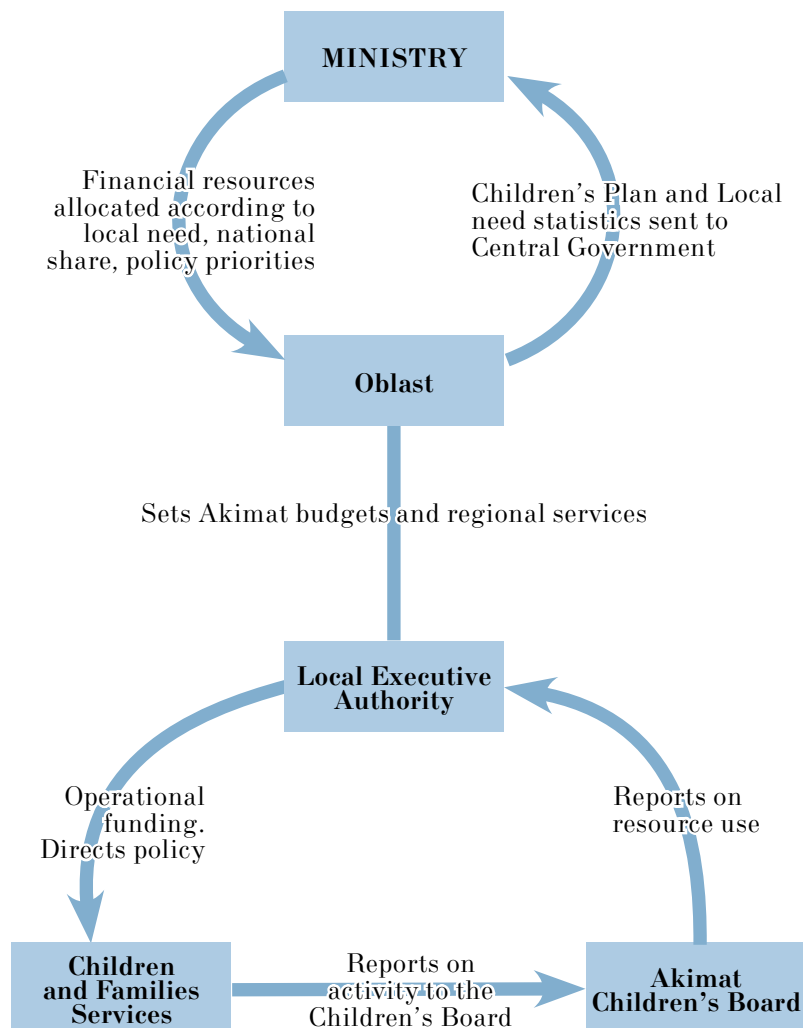
See Chapter 3.

11. Child protection at central government level

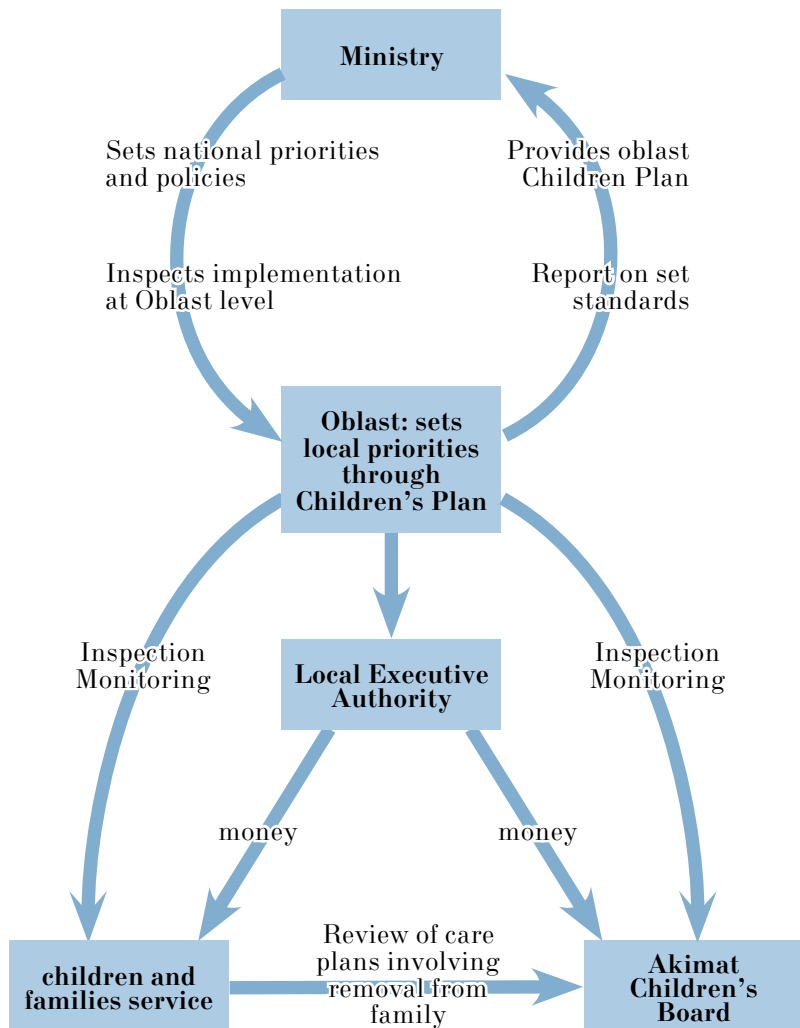
At the present time, responsibility for child protection is diffused across a number of ministries, including the MLSP, the Ministry of Education, the Ministry of Health and the Ministry of Internal Affairs. There is no single central government body responsible for the delivery of child protection services, and as a result, there is no consistency of approach between the ministries. Equally, there is no single central government body responsible for setting policy on child protection, setting standards for delivery of child protection services or for monitoring or inspecting child protection services. As a result, it would appear that these responsibilities are not undertaken by any of the bodies involved in providing services to children.

States differ as to which central government body holds responsibility, but generally, responsibility lies either with the equivalent of the Ministry of Labour and Social Protection, the Ministry of Education or with a specialised agency created for this purpose.

plan 3. Resource allocation



plan 4. Quality Assurance



Recommendations:

Whichever body is chosen by government to have responsibility for the delivery of child protection services nationally, it should:

- a. Be responsible for setting the policy on child protection, including a National Action Plan for Child Protection*
- b. Set standards for child protection services*
- c. Be responsible for ensuring that services are monitored and inspected on a regular basis.*

12. A local level integrated child protection pilot scheme

Bearing in mind the requirements of the CRC, the UN Guidelines and current notions of good practice, as well as the numerous reports on child protection made available to us, and the findings of the mission set out in this report, we recommend that Kazakhstan reconsider and reform the way it provides protection to its vulnerable children. Rather than introduce a national reform, we recommend piloting an integrated child protection service in a limited number of areas followed by a rigorous evaluation to ensure that any reform meets the needs of Kazakh children and society. The diagram below sets out the recommended model structure for a child protection system.

The suggested model establishes a Children and Family Services Department (CFSD) under the control of, and accountable to the Akimat rather than to a specific Ministry. The CFSD will absorb the functions, resources, staff and legal responsibilities of the Guardianship Authority, the Department of Child Protection and the PMPC. The CFSD will be the single point of contact for all child protection referrals in the area, and the recognised body responsible for investigating, assessing and co-ordinating the care of all children alleged to be at risk of abuse, neglect or exploitation (i.e. Tier 1 children).

We recommend that the pilot CFSD establish an intake team that would be responsible for investigating allegations of abuse, neglect and exploitation, together with the police if appropriate. It should also be responsible for any necessary assessments, care planning and for ensuring that the child is provided with the services he or she requires.

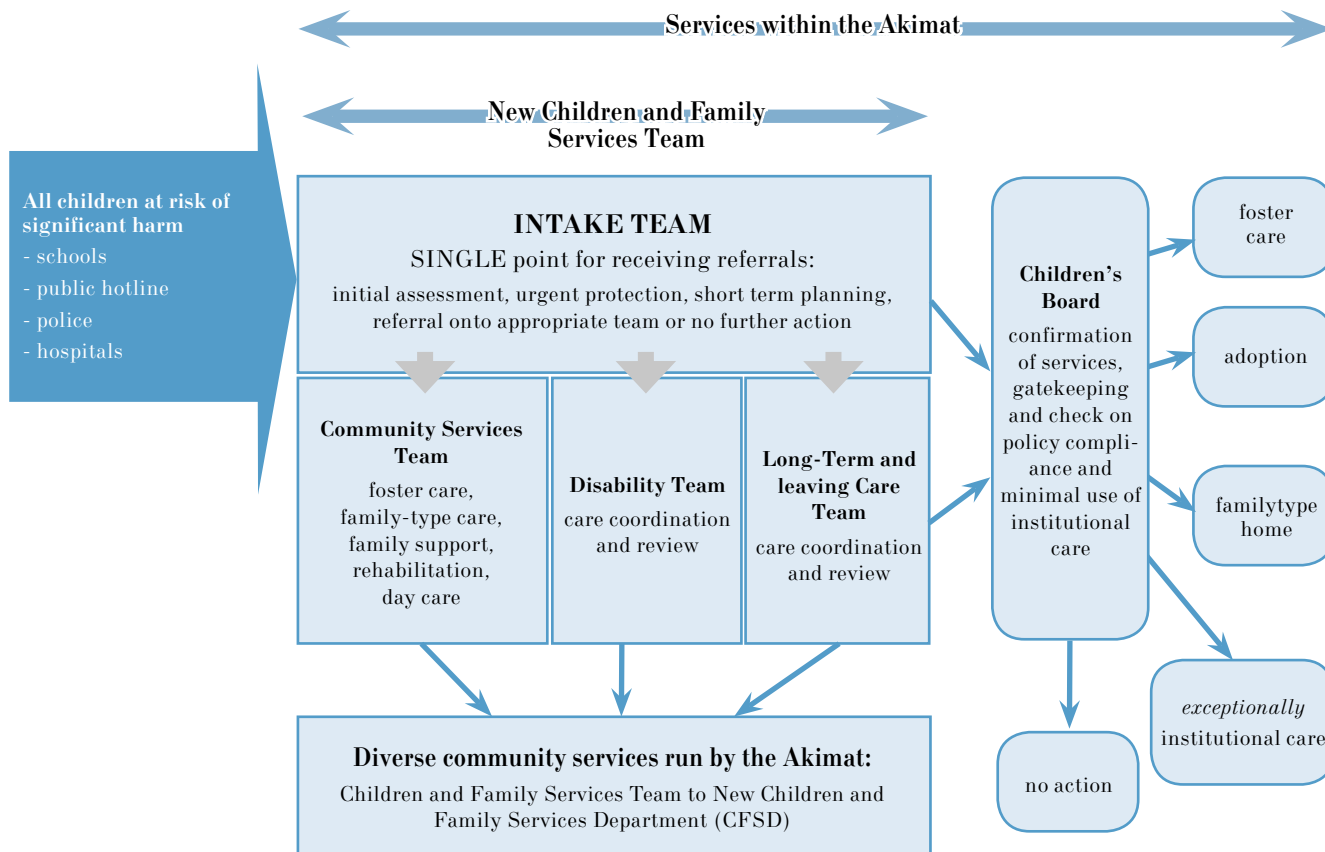
We recommend that the CFSD also considers setting up three further small teams as part of the structure of the CFSD, so that staff develop expertise in certain areas and can ensure effective delivery of services. These should be:

- a) A Community Services Team whose responsibility is to coordinate the provision of alternative family services such as foster care, and community based family support and rehabilitation services and day care.
- b) A Disability Team to coordinate and review the longer term care of children who are in need of continuing support or oversight because they have a disability or are in the care of the Local Executive Authority.
- c) A Long Term and Leaving Care Team that would take responsibility for children who are placed in out-of-family settings (including regular reviews of the placement) and work with the child to ensure integration into the community as he or she reaches the age of 18.

The Akimat should be responsible for providing or commissioning adequate service provision to meet the needs of children in their area. Such services could be provided by the CFSD by other bodies within the Akimat or by NGOs or private not for profit organisations.

We would also recommend that a Children's Board be established as part of the model. This Board would replace the Commission of Minors. Its membership would include senior representatives from

plan 5. Proposed System



Note: Single point of entry at intake Team in Children and Families Team; care planning and coordination for vulnerable children; diverse community services and emphasis on family care.

the Local Executive Authority, NGO representatives and professional individuals with experience of working with children. Its purpose would be to:

- a) Monitor the decisions of the child protection body and perform a gate-keeping function when the care plan is for removal from the family. The Board would not make a decision about the child. Rather, its role would be to monitor the work of the CFSD and to ensure that the CFSD had taken all steps possible to place with child within the extended family or to find an alternative family placement. The Board would also need to be certain that a plan for placement in an institution was a matter of last resort before confirming the care plan.
- b) To make decisions about the appropriate use of public funds for the best protection of children.
- c) To monitor and approve the annual Children's Plan.
- d) To monitor provided services against set standards and to highlight new service needs for inclusion in the Annual Children's Plan.
- e) To make recommendations to the Akimat for community service development in the light of the perceived local need and in accordance with the Children's Plan.

- f) To receive complaints from children and their families relating to the provision or non-provision of services.

We recommend that the pilot project in East Kazakhstan be extended to include piloting the recommended CFSD/Children's Board model. East Kazakhstan would be particularly appropriate as a site for this activity as it already has a Family Centre (in Ust-Kamenogorsk) and a Rehabilitation Centre (in Semey), and thus has the foundations for community based service delivery and family support rather than institutionalisation of children in need of protection that this pilot seeks to promote. We also recommend that pilots be established in Karaganda and Astana.

In summary, the local level integrated child protection mechanism would work as follows:

A. A CFSD should be established and based in the Akimat. It should be staffed with social workers and other professionals from the relevant departments. The CFSD would receive all referrals of suspected child abuse from whatever sources and would take responsibility for investigation, assessing the child and family and for taking any necessary action to protect the child. The CFSD would be responsible for supporting families where the child is at risk of, or is suffering, abuse, neglect or exploitation. In addition, where it is necessary for the child to be placed away from the parents, the CFSD will be responsible for the care of that child. The CFSD should also be responsible for fostering and adoption and should absorb the functions of the Guardianship Authority. The functions of the Commission of Minors should be allocated to the CFSD or to the Children's Board as appropriate.

B. A Children's Board should be established. Half of its membership should be drawn from the Departments of the Akimat and the other half from NGOs and individuals with particular experience and interest in children's issues. The Children' Board should retain a degree of independence and, therefore, members of staff of the CFSD should not become members of the Children's Board. The

Akimat should nominate the Akimat members (no more than 5) while, ideally, the non-Akimat members (no more than 5) should be openly recruited. In other words, the positions should be advertised and applicants go through an interview process. The head of the Children's Board should be the Head or Deputy Head of the Akimat. A decision would need to be taken on whether to pay Children's Board members a small stipend. This would be highly desirable as paid members, rather than volunteers, would be accountable to the Akimat.

Both the CFSD and the Children's Board would need intensive training.

C. A board of senior managers in the Akimat should form a Planning Committee and should meet on a regular basis. The role of the Planning Committee should be to coordinate information from health, education and social protection and to publish an annual Children's Plan describing how the Local Executive Authority would direct child protection services to meet local needs. The provision of support services should progressively move away from institutional care towards community-based support services that support families before they reach the point of crisis where a child is taken away. The existing models of the Family and Rehabilitation centres serve as good examples for future development within the pilot areas and beyond.

Each CFSD should cover a population of approximately 300,000. 30% of this population would be children, a total of around 90,000 children. International standards suggest that there be one child protection social worker for each 2,500 children. This means that there should be 36 child protection social workers in a CFSD. The CFSD should include the staff currently in the Guardianship Authority and in the Department of Child Protection, with additional staff drawn from the PMPCs. The Guardianship Authority workers are funded at a rate of one worker for every 5,000 children in the population. This means that there are 18 Guardianship Authority worker posts in a population of 300,000. Each Oblast

has a Department of Child Protection numbering 23 workers. The PMPCs also cover the whole oblast and have staffing complement of 14 in Ust-Kamenogorsk. This gives a possible 41 full time members of staff and potentially a further 14 part time members of staff for the CFSD.

It would be necessary to appoint a Head of the CFSD who would be responsible for the overall management of the CFSD, ensuring its smooth running and that it meets its objectives and targets. The number of staff in each team would need to be determined by the Head of the CFSD following an assessment of the needs of the local child population.

Key element of the model pilot project:

- The CFSD is established and is the only body in the local Akimat to receive child protection referrals.
- The CFSD is composed of the staff currently in the Department of Child Protection, the Guardianship Authority and the PMPC.
- A head of the CFSD, with experience of children's services and proved management skills is appointed. It would be highly desirable for the Head of the CFSD to be a social worker, but it is recognised that, at present, this may not be possible.
- An assessment of children's needs in the pilot area is undertaken.
- An Intake Team, a Community Services Team, a Disability Team and a Long-Term and Leaving Care Team are established and staff are allocated to one of the four teams.
- Joint Working Protocols are published and staff trained on implementing the Protocols.
- A Practice Guidance Manual on how to manage cases is provided to all staff in the CFSD, and all staff receive training on how to work in accordance with the Manual.
- A network of community resources to enable the child and family to address their difficulties is established.
- The pilot area should have:
 - ▶ A family support centre for parents who face difficulties with parenting. This centre would offer parenting advice/courses, and activities to improve the life skills of young people.
 - ▶ A rehabilitation centre for children with additional needs because of a physical or learning disability.
 - ▶ A PMPC, which would offer specialist advice to parents, teachers and social workers, and would contribute to care management.
- A protocol for integrating these community resources into the care planning and care management systems.
- All professionals working with children, including education and health professionals and child care professionals, would be trained to recognise child abuse, and trained in how to refer a case to the Intake team of the Children and Family Service. This would involve a one-day training programme.
- Each institution (school, hospital, police station) would appoint a designated officer responsible for making sure that all children identified as 'at risk' are properly referred to the intake team of the Children and Family Service.
- The staff working on the help-line currently run by the Department of Child Protection would be trained to recognise child abuse, neglect and exploitation and trained on how to refer such cases to the Intake team of the Children and Family Service.
- The Akimat would undertake an awareness raising programme on child abuse, neglect and exploitation and the role of the CFSD.

The make-up of the CFSD

There should be four departments or ‘teams’ within the CFSD:

- The Intake Team would receive all child protection referrals. It would undertake initial investigations and assessments, be responsible for care planning for individual children in need of services.
- The Community Services Team would be responsible for ensuring that community services are available to meet children’s needs. Some of these, such as the fostering service and the adoption service are likely to be provided and managed by the CFSD, but other services, such as family support, day-care, after-school care and counselling, may be provided by external bodies. The role of the Community Services Team would be to liaise and work with such providers.
- The Disability Team would be responsible for disabled children once they have been assessed by the Intake Team. It would ensure that children access the services that they have been assessed as needing. It would also work with the parents to provide respite care if needed and review needs on a regular basis.
- The Long Term and Leaving Care Team would take responsibility for children who have on-going care needs, including all children removed from their birth parents. It would conduct regular reviews of children in long-term care and would be responsible for preparing them to leave care and live independently, or to return to the family.

The Children’s Board

When the child cannot stay with the birth parents or it is not in the child’s best interests to do so, social workers would assess the extended family to ascertain whether the child could be placed with them. If that is not possible or not in the child’s best interests, the social worker would prepare a care plan and seek an ‘out of family’ placement. According to the child’s needs, this may be a foster

placement, a placement in a small family type home or, as a last resort, a placement in an institution.

In any case where the care plan is for removal of a child from the family, a social worker from the CFSD would be required to present a case to the Board and demonstrate that all necessary steps to avoid removal from the family have been taken, and that the care plan meets the needs of the child. The role of the Board is not to consider whether they would have reached a different decision on the facts but to ascertain that set working practices and procedures have been followed. Where the Board is satisfied that these have been followed they would confirm the care plan.

The Board would be made up of no more than 5 Akimat representatives and no more than 5 independent members recruited through open advertisement. Members should be remunerated for their work. The Children’s Board should be chaired by Head of Deputy Head of the Akimat. It should report both to the Akimat and also to the Committee for Child Protection in the Ministry of Education.



13. Revision of budgets and cash flows to augment preventative work

Currently resources are focused on helping children where there has been family breakdown. Resources are concentrated upon institutional approaches to childcare and protection, typically in children's homes.

The CFSD, the Children's Board and the Children's Planning Committee should give careful consideration to the resources that currently exist with a view to ascertaining whether they can be used more effectively and to produce better outcomes for children. Strict admission criteria for institutional care need to be drafted. The aim of the pilots should be to reduce the overall level of institutionalisation while at the same time increasing the level of protection to children in the community. This can be done through better identification, better support services, better care planning for children and families and a focus on children's best interests and durable solutions. The pilots should take the view that keeping children in institutional care from birth to adulthood is not, as a matter of good practice, in a child's best interests.

A review of the deployment of budgetary resources should focus on reallocating resources, both financial and human. Payment should be redirected from institutional care to community based services that provide family support, such as family centres and social workforce that focus on assisting parents to care for their children. The budget allocated to children who cannot remain at home, should be used predominantly for foster care placements in the community. A small number of residential beds will still be needed but these should be provided in small family type homes.

14. A legislative base for the pilot project

Consideration will need to be given to whether secondary legislation in the form of Regulations will need to be drafted at Akimat level in order for the pilot projects to function. This will include Regulations on the establishment and functioning of the CFSD and the Children's Board. It may also be necessary to draft Regulations to cover the recruitment and use of guardians/foster parents and their payment, as well as the work of any inter-disciplinary family centres. The transfer of responsibility for TSVIARN from the Ministry of Interior to the Ministry of Education is likely to result in new Regulations on the functioning and use of such institutions.

In the longer term, consideration needs to be given to amending the Family Code, but it is recognised that this is unlikely to occur prior to the establishment of the pilots, and that the pilots will need to work within the legislative limits of the current Family Code.



Part II



15. The Law on Specialised Social Services, lessons and gaps

The Law on Specialised Social Services is the means by which child protection services can be reformed so as to redirect the state's response to children in need of protection away from institutional to a community based initiative. This legislation enables the development of services in the community to support families before they reach a crisis that could result in family separation, and provides the basis for the development of community based responses to families that are already in crisis. This legislation has the potential to lead to a shift of resources from institutional to community care in line with the development of new community based family services. In turn, these community based family services would have the effect of diminishing the demand for institutional care.

It is critical that secondary legislation is drafted to accompany this Law. It should set out the responsibility of local child protection services to deliver services. It should cover in detail who should be providing the services at local level and how the services are obtained; whether the local child protection body should be providing the services themselves or whether they should be contracting with providers; the process by which services may be tendered, contracted, bought or provided; how services are to be funded and who will be responsible for decision making on the nature of services, and the monitoring and inspection of such services.

So far, the existing pilot project has begun the process of shifting the balance towards community care by developing two sorts of family supports. The first are family centres that support parents who have difficulties in carrying out their parenting role. The family centre in Ust-Kamenogorsk provides parenting classes, legal advice and psychological support for parents to develop better relationships with their children. The second are rehabilitation centres that work specifically with children and families where the child has additional needs because of a physical and/or learning disability. Families attending rehabilitation centres have children in need

because of their disabilities, but these children are not necessarily at risk of significant harm. Families and children benefit from programmes at community based centres. They both help disabled children reach their full potential, and reduce institutionalisation.

The task for the new pilot project is to link the family centre in Ust-Kamenogorsk and the rehabilitation centre in Semey, and other similar community based support services, with child protection services so as to form a network of care and support that includes assessment of need, coordination and management of care. So far, the family centre in Ust-Kamenogorsk best provides this service because it takes referrals from the Guardianship Authority and the director of the family centre sits on the local Commission of Minors. However, the rehabilitation centre in Semey is not linked in with child protection services and families gain access to rehabilitation services following a referral from the PMPC.

We would recommend that children should only be referred to Semey by the CFSD. This would implement best practice, which shifts the work of protecting children away from an institutional response after the harm has been done,

towards a community response before the harm is done. By taking referrals directly from a child protection team, the rehabilitation centre will be able to intervene at an early stage and work to sustain a child within a family. The results of this approach would need to be evaluated with a view to replicating the model nationally, amending as needed.

The Law on Specialised Social Services has, therefore, the potential to build up a range of community services such as the family centre in Ust-Kamenogorsk and the rehabilitation centre in Semey with children who have suffered harm but who can be rehabilitated within their own families rather than in an institution. Other services that the Law on Specialised Social Services could usefully support are day care services and after-school services.

The Law on Specialised Social Services specifically supports the development of community based family support, preventative and rehabilitation services by setting out a duty to assess population needs (Chapter 3), developing community services in response to that assessed need (Chapter 2), and giving rights to families to apply for these services (Chapter 4). Other important parts of the Law on Specialised Social Services are inspection and monitoring services (Chapter 5) and some definition of vul-

nerability (Chapter 2). The ultimate aim of the Law on Specialised Social Services must be to create a single coherent service where children are protected from significant harm by a system of assessment of need and coordination of care undertaken by a child protection team, as well as a network of community support services to which families and the child protection teams have ready access, such as the family and rehabilitation centres described together with suitable alternative family care as a last resort.

The Law on Specialised Social Services applies to all ages and children are not specifically mentioned, except in Article 6 of Chapter 2. There is considerable scope for a broad interpretation of the Law on Specialised Social Services when applied to children and for that reason we recommend that a Code of Practice be written to interpret the Law on Specialised Social Services for use with children. A Code of Practice would allow for a clear interpretation of the duties imposed on public bodies by the Law on Specialised Social Services. It would help practitioners and administrators to better understand what these duties mean in their everyday work. It would also allow for progressive interpretation of this basic law that could be updated in line with growing best practice.

Chapter 3 sets out the duties of Government, Social Protection, Public Health, and Local Executive of Oblasts. There is a duty to ‘assess population needs in specialised social services’. There is no reference to overall population needs or to coordinating these various bodies. Evidence obtained on this mission indicated that no assessments of need have yet been undertaken. Further, a visit to the Department of Statistics in Astana revealed that no central monitoring has yet taken place. It is difficult to see how populations can be meaningfully assessed without relevant data. Data collection protocols need to be introduced nationwide as a matter of urgency.



Part III



16. *Development of the social work curriculum*

The University of Karaganda has set the curriculum for social work training in Kazakhstan. This curriculum is attached below. Certain topics on this curriculum are relevant to preparing social workers for future work with children at risk of harm, in particular; youth socialisation, the economic basis of social work, the legal basis of social work, psychosocial work fundamentals, social work with persons in crisis, conflict management, family and individual socialisation, social work with young people, social work with family and children, social work with children with disabilities and orphans, and social work with persons and groups with deviant behaviour. These topics potentially provide a broad base for good practice with vulnerable children and families, but do not specifically include training in the necessary skills of recognising when children have suffered harm or are at risk, Neither does it assist students to work with other people in partnership or learn the ability to coordinate a child's care.

The course lacks a visible element of children's rights and a child-centred teaching curriculum. In general, the essential elements of a social work training course that prepare future social workers to protect children are:

- a. A child rights approach to underpin all work with children
- b. The child within society; professional responsibilities
- c. The process of child development and how this is best met within a family
- d. The special case of maternal deprivation and why institutionalisation must be a last resort
- e. Gatekeeping and eligibility for different forms of care and protection
- f. Family dynamics and parental responsibility
- g. Strategies for family support
- h. The causes of child abuse
- i. Recognising child abuse in all its forms and knowing when to intervene
- j. Intervening when necessary to protect children urgently
- k. Making assessments to understand the child's needs and circumstances
- l. Making plans to ensure continuing protection and to enhance development
- m. Partnership working with other professionals; teachers, doctors, police

A social work training course is best delivered by a mix of academic and practical work where students spend part time working on placement in a child protection setting in the community and part time in the university reflecting on and learning from their experiences.

None of the three universities visited (Karaganda University, East Kazakhstan University, Semey University) had a viable social work course. There were no staff with the experience or knowledge base required to teach the subject, and perhaps as a result, few students were registered. All the universities were very keen to develop a social work department and were acutely aware of the need to develop a

body of professional social workers to operate within the field.

Other universities have used considerable resources to train social workers, but none of these social workers have become involved in child protection. Washington State University has taken Kazakh students for the last 10 years. 10 students were trained to Master's level but none of them have entered the workforce of child protection. They have either obtained government jobs or they have returned to the USA to do further studies. Similarly, the 1,350 social work students trained in the Eurasia National University in Kazakhstan have not filtered through to front-line child protection services. The students from these universities may play a role in making central government aware of the broader principles of the social work profession but will probably not contribute to the development of child protection services.

The growth in professionalisation of social workers, and the development of the social work profession as it relates to child protection is likely to be a joint enterprise between the talented groups of workers currently working in the Guardianship Authority, the Department of Child Protection and the PMPC who could coalesce into a single child protection team, and the social work training programmes in universities led by

Karaganda with its national programme. If these universities are to succeed, they will need to adapt their general course programme, and to build the skills of the academic staff who will deliver the social work education.

Karaganda University already has a partnership with Reading University, but Reading does not have a social work course. We would recommend that Karaganda University seek a partnership with a university that has international experience and runs a well known social work course with a good reputation. The teachers currently identified as teaching on social work courses in Kazakh universities are knowledgeable in sociology, but not in social work.

Concrete examples of how to build the capacities of teachers to deliver social work training are:

- a. Partnership with an foreign university for mentoring of staff and for detailed planning of course elements
- b. Sending staff abroad to take a one year course in social work. This would expand both their academic expertise and give them practical experience of child protection at field level, essential knowledge for those responsible for training social workers
- c. Visits by foreign academic staff to deliver training programmes to Kazakh social work teachers
- d. Visits by foreign academic administrators to advise on setting up social work course
- e. Use of internet as remote support for Kazakh teachers and means of remote mentoring
- f. Study tour for Kazakh teachers to observe social work teaching in practice in a foreign university
- g. Secondment of Kazakh social workers already trained in the USA to assist with the development of social work training in Kazakh universities



Appendices:

1. UNICEF Child Protection figures.
2. UNICEF Basic Indicators.
3. Karaganda University Social Work Curriculum.
4. Agencies consulted for this evaluation.
5. Bibliography of Reports on the Child Protection System.
6. Protocol for referrals to CFSD.



Table 1. Child Protection Basic Indicators

Countries and territories	Child labour (5-14 years) 1999-2008			Child marriage 2000-2008			Birth registration 2000-2008			Female genital mutilation cutting 1997-2007		Attitude towards domestic violence 2001-2008	Child disability 1999-2008	Child discipline 2005-2007
	total	male	female	total	urban	rural	total	urban	rural	woman (15-49 years)	daughters			
Kazakhstan	2	2	2	7	6	9	99	99	99	-	-	10	-	52
Kyrgyzstan	4	4	3	10	7	14	94	96	93	-	-	-	-	51
Russian Federation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tajikistan	10	9	11	13	13	13	88	85	90	-	-	74	-	74
Turkmenistan	-	-	-	7	9	6	96	96	95	-	-	38	-	-
Uzbekistan	-	-	-	7	9	7	100	100	100	-	-	70	3	-
SUMMARY INDICATORS														
Africa	29	30	28	34	22	44	41	58	33	46	22	63	-	-
Sub-Saharan Africa	33	34	32	39	27	49	35	51	28	38	21	64	-	-
Eastern and Southern Africa	34	36	32	35	27	45	31	40	24	42	27	62	-	-
West and Central Africa	35	34	35	43	28	53	39	57	32	28	14	66	-	-
Middle East and North Africa	10	11	9	18	12	23	76	86	68	-	-	-	-	89
Asia	12	13	12	40	25	51	45	63	38	-	-	48	-	-
South Asia	13	13	12	46	33	58	36	53	31	-	-	54	-	-
East Asia and Pacific	10	10	10	19	12	25	72	81	67	-	-	35	3	-
Latin America and Caribbean	10	11	10	25	-	-	89	-	-	-	-	-	-	-
CEE/CIS	6	6	6	12	-	-	92	93	92	-	-	32	-	-
Industrialized countries	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Developing countries	16	17	16	35	23	47	50	65	39	-	-	52	-	-
Least developed countries	30	31	28	48	37	54	29	42	25	-	-	62	-	-
World	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 1. Child Protection Basic Indicators (continuation)

Countries and territories	Under-5 mortality rank	Under-5 mortality rate		Infant mortality rate (under 1)		Neonatal mortality rate	Total population (thous.)	Annual no. of births (thous.)
		1990	2008	1990	2008	2004	2008	2008
Kazakhstan	86	60	30	51	27	32	15521	304
Kyrgyzstan	70	75	38	63	33	30	5414	120
Russian Federation	130	27	13	23	12	7	141394	1545
Tajikistan	53	117	64	91	54	38	6836	193
Turkmenistan	61	99	48	81	43	37	5044	111
Uzbekistan	-	-	-	-	7	9	7	100
SUMMARY INDICATORS								
Africa	29	30	28	34	22	44	41	58
Sub-Saharan Africa	33	34	32	39	27	49	35	51
Eastern and Southern Africa	34	36	32	35	27	45	31	40
West and Central Africa	35	34	35	43	28	53	39	57
Middle East and North Africa	10	11	9	18	12	23	76	86
Asia	12	13	12	40	25	51	45	63
South Asia	13	13	12	46	33	58	36	53
East Asia and Pacific	10	10	10	19	12	25	72	81
Latin America and Caribbean	10	11	10	25	-	-	89	-
CEE/CIS	6	6	6	12	-	-	92	93
Industrialized countries	-	-	-	-	-	-	-	-
Developing countries	16	17	16	35	23	47	50	65
Least developed countries	30	31	28	48	37	54	29	42
World	-	-	-	-	-	-	-	-

Annual no. of under-5 deaths (thous.)	GNI per capital (US\$)	Life expectancy at birth (years)	Total adult literacy rate (%)	Primary school net enrolment/attendance (%)	% share of household income 2000-2007		Countries and territories
					lowest	highest	
2008	2008	2008	2003-2008	2003-2008	40%	20%	
10	6140	65	100	98	19	41	Kazakhstan
5	740	68	99	92	20	41	Kyrgyzstan
20	9620	67	100	91	17	44	Russian Federation
12	600	67	100	97	20	41	Tajikistan
5	2840	65	100	99	16	47	Turkmenistan
100	100	-	-	-	70	3	Uzbekistan
							SUMMARY INDICATORS
33	46	22	63	-	-		Africa
28	38	21	64	-	-		Sub-Saharan Africa
24	42	27	62	-	-		Eastern and Southern Africa
32	28	14	66	-	-		West and Central Africa
68	-	-	-	-	89		Middle East and North Africa
38	-	-	48	-	-		Asia
31	-	-	54	-	-		South Asia
67	-	-	35	3	-		East Asia and Pacific
-	-	-	-	-	-		Latin America and Caribbean
92	-	-	32	-	-		CEE/CIS
-	-	-	-	-	-		Industrialized countries
39	-	-	52	-	-		Developing countries
25	-	-	62	-	-		Least developed countries
-	-	-	-	-	-		World

Table 2. Karaganda University Social Work Curriculum

Discipline Name		
General Education Disciplines		
	Obligatory Component	31 credits
	Physical Training	
1101	History of Kazakhstan	
Ya1(2)102	Kazakh (Russian) Language	
Ya1(2)103	Foreign Language	
1104	Computer Science	
Ur1105	Ecology and Sustained Development	
2106	Philosophy	
ET2107	Economic Theory Fundamentals	
1108	Institutes	
2109	Political Science	
1110	Culturology	
Total on Block		
	Optional Component	1 credit
42101	Youth Socialization	
ERK2101	Fundamentals of RK Ethnopolitics	
	Total on Block	
	Total on Cycle	
	Basic Disciplines	64 credits
SR2202	History and Theory of Social Work	

SR3203	Methods and Technologies of Social Work	
1204	Sociology	
SR3205	Economic Basis of Social Work	
2206	Social Politics	
ASR3207	Arrangement, Management and Administration in Social Work	
OSZN1208	Medical and Social basis of Social Protection of Population	
SR3209	Legal Provision of Social Work	
PSR4210	Social Forecasting and Designing in Social Work	
P2211	General and Social Psychology	
P2212	General and Social Pedagogics	
Total on Block		
	Optional Component	32 credits
1201	Administrative Orthobiotics	
K1201	Administrative Orthobiosis and Kalokagathia	
SR 3201	Pedagogics and Psychology of Social Work	
SR3202	Psychosocial Work Fundamentals	
SR1203	Social Work Abroad	
OSR1203	European and American Experience of Social Work	
1204	Social Ecology	
SR1204	Philosophy of Social Work	
KL1205	Social Work with Crisis Person	
V1205	Social Work with Military Personnel	
PSR1206	International Practice of Social Workers Training	

OSR1206	Methodology of Social Work Foreign Experience	
GS2207	Social Work in City and Village	
SR2207	Theory and Practice of Regional Social Work	
SS3208	Administration and Self-Administration in Social Sphere	
SZ3208	Social Work in Health System	
UPS4209	Social Work in Institutions of Penitentiary System	
ASR4209	Juvenile Aspects of Social Work	
R3210	Conflict Management in Social Work	
RSN3210	Theory of Social Work in System of Sciences	
S1211	Leisure Study	
SO1211	Social work in Education System	
RKN3212	Social Work with Various Population Categories	
B3212	Social Work with Unemployed Population	
	Genderology and Feminology	
	Family and Person's Socialization	
	Research Methods in Social Work	
	Scientific-Research Activity in Social Work	
	Social Work in Open Ethnocultural Environment	
	Social and Pedagogical Management of Person's Inter-Ethnic Adaptation	
	Social Work with Confessions	
	Social Work with Migrants	
	Social Pathologies	
	Art Therapy Fundamentals	

Total on Block		
Total on Cycle		
	Primary Disciplines	32 credits
	Obligatory Component	19 credits
SRM2301	Social Works with Young People	
ZNR3302	Population Employment and Its Regulation	
SMSU3303	Social Work Standards and Monitoring	
PEOSR2304	Professional and Ethnic Fundamentals of Social Work	
SRSD3305	Social Work with Family and Children	
SED2306	Social Ethnography and Demography	
Psi2307	Psychodiagnostics	
SG4308	Social Gerontology	
Total on Block		
	Optional Component	13 credits
SAR4301	Social Adaptation and Rehabilitation	
SRDOV4301	Social Work with Children with Disabilities	
TD2302	Hot line	
SRDS2302	Social Work with Orphans	
SREG4303	Social Work with Exclusive Groups	
ESR4303	Extreme Social Work	
BSS3305	Charity in Social Sphere	
TSK3305	Technologies of Social Consulting	
SPSZN3306	Social Policy and Social Protection of Population	

GPVSR3306	Civil and Patriotic Education in Social Work System	
SSSSSN4307	Social Services in System of Social Protection of Population	
PRTOZSZN4307	Work Practice of Territorial Bodies and Centres for Population Social Protection	
	Social Work with Persons and Groups of Deviant Behaviour	
OP4308	Organizational Behavior	
POSS4304	Pension provision and Social Insurance	
SRRT4304	Social Work in Labour Market	
Total on Block		
Total on Cycle		
	Additional Load	15 credits
	Practices	
	Educational	
	Production 6(5), 7(10)	
	Intermediate Public Supervision	
	Intermediate Public Supervision	
	Total State Attestation	
	Graduation Paper Writing and Defence	
	State Examination on Speciality	
	History of Kazakhstan	
	Total on Cycle	
	Total:	
	Examinations	
	Graduation Papers	
	Graduation Projects	

Agencies consulted for this assessment:

- Guardianship Authority Astana
- Centre for Family Medicine, Astana
- Centre for Social Adaptation of Children, Astana
- Baby Home, Karaganda
- Children's Home, Karaganda
- Guardianship Authority, Department on Minors and Deputy Akim in Karaganda
- Department of Child Protection, Karaganda
- Karaganda University social work training programme
- Ministry of Labour and Social Protection Division on Social Services, Astana
- Ministry of Health, Astana
- Office of Statistics, Astana
- Department of Child Protection, Ust-Kamenogorsk
- PMPC, Ust-Kamenogorsk
- East Kazakhstan University, Ust-Kamenogorsk
- Police Department of Minors, Ust-Kamenogorsk
- Family Centre, Ust-Kamenogorsk
- Department of Social Protection in the Ministry of Labour and Social Protection, Semey
- Paediatric Department, Semey Hospital
- Rehabilitation Centre, Semey
- University Social Work department, Semey
- Juvenile Court in Astana
- Members of Parliament involved in the Committee for Child Protection, Astana
- Academics from Washington University and the Kazakh National University
- Ministry of Justice, Astana