



# A Family social work service emerges in Tajikistan

Putting Families First project - Interim Evaluation

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## Acronyms

BH(s)	Government-run Baby Home(s), for children under 4
CCR	Commission on Child Rights
CRU	Child Rights Unit
CWD	Children with disabilities
ECD	Early childhood development
FSC	Family Support Centres (NGO run, attached to the BHs)
FCSC Regulations	Family and Child Support Centre Regulations
GCC	Grand Challenges Canada, International NGO funding innovation in low and medium-income countries
GoT	Government of Tajikistan
HDO	Dushanbe-based NGO, Hayot dar Oila, operates UMED FSC in BH2
Hukumat	A generic term for Government: it is used to refer to various levels of administration: District, Municipality and Region
Internats	Government Boarding schools - originating in Soviet era - for children with family problems and special needs
Mavorid	NGO-run Family Support Centre, co-located with Khujand BH
MoHSPP	Ministry of Health and Social Protection of the Population
MOES	Ministry of Education and Science
MP	Mellow Parenting (Scottish-based international NGO)
PEO	Presidential Executive Office
PFF	Putting Families First project
Sarchasma	An NGO legal centre and services provider based in Khujand. It manages the Mavorid FSC.
Umed	NGO-run Family Support Centre, co-located with BH2 Dushanbe
UNICEF	United Nations Children's Fund

## Appreciations

Once again I want to express my appreciation to all the staff in the Family Support Centres, NGOs, Ministries and Hukumat who spoke to me. In particular I want to recognise the valuable contribution to this report made by the parents who agreed to share with me something of their family circumstances and their opinions about the services offered in the Family Support Centres.

Not least I have to thank all those who spoke to me in English and those who interpreted for me in numerous interviews and meetings.

# Executive Summary

## Putting Families First project – Interim evaluation

### The project

This interim evaluation was conducted at the halfway point in the 42-month *Putting Families First* (PFF) Project, which is scheduled to operate from January 2017 through to June 2020. The report covers the period January – December 2018, and is based on interviews with stakeholders including parents receiving services, conducted in Tajikistan in late October 2018. The report also draws on Project data and reports supplied by the Project Managers.

### Family social work emerging

The evaluation found positive social work practice happening in the Family Support Centres (FSCs) and the Baby Homes (BHs). This includes work of a *preventative* nature with families and children; including those with disabilities and non-disabled children. A number of children in the BHs have also been rehabilitated back to parents or kin, something that was almost unknown before the start of the project. BH1 in Dushanbe, which had previously not been engaged in the 'transformation' process, has now, under new leadership, responded positively to the training offered by the Umed FSC staff. The new Director of BH1 clearly shares the vision of an entirely different type of service. This year has also seen family outreach work into rural areas in Sughd province from Istaravshan BH – a new development. All this has been achieved despite the high level of turnover of Directors of Baby Homes in Khujand, Istaravshan and BH1, and in the Child Rights Units (CRUs).

### International networks of professional development and support

The project facilitated exchange of learning between experienced professionals currently working in social work in Scotland and the PFF leaders. Senior social work, fostering and occupational therapy officers from Falkirk Council (Scotland) and a consultant associated with the Fostering Network provided professional support to local partners throughout the year, and consultation to the UK Project Manager. They provided regular on-line professional supervision to the Tajikistan Project Manager about implementing family support and child protection practices. They used the Scottish government's inter-professional and inter-agency approach, '*Getting it Right for Every Child*' as a guide to promote best child development and guide local implementation of a safe child care and development approach. They have contributed to the drafting of practice guidance and care-planning documents supporting the transformation of the Baby Homes to Family and Child Support Centres, and advised on the development of foster care.

### Mellow Parenting programme

Mellow Parenting (MP) courses continue to be offered, targeting families in difficulty. These non-judgemental and intensive programmes are achieving very positive results for the participants. The process of professional training that is required to deliver these courses is also adding to skills and knowledge of the social service practitioners in the FSCs, some of whom are accredited MP practitioners.

### Lack of implementation plans for transformation of the Baby Homes

However, despite changing practice on the ground and the growing collaboration between the FSC and BH staff teams, there is little evidence of the detailed planning that is necessary to implement the recently signed-off Family and Child Support Centre Regulations. Towards the end of 2018 the MoHSPP sent a letter to the Hukumat for each of the Baby Homes asking for support to implement the new regulations, and the Ministry has accepted a UNICEF proposal to employ a national and an international consultant to develop an implementation 'road map'. Currently there are about 180 children in the four BHs, this represents a modest reduction from around 210 children recorded a year ago. However none of the BH Directors or CRU staff (who authorise the referrals to the Homes/Centres) seem to actually envisage most of the residential beds being closed down in the near future. There also appear to be no ideas within the existing Baby Homes about how the changeover will be managed, i.e. how new services can be started in the same buildings where large numbers of babies and toddlers continue to live.

The MoHSPP has oversight of the transition but requires the cooperation with the Hukumats which have financial and operational responsibilities for each of the new centres. In the initial evaluation report many BH Directors and CRU respondents had explained how they were waiting for the signing-off of the regulations before they could begin to make plans to reorganise the BHs and integrate the NGO and BH teams to staff them. However interviews with all stakeholders for *this* interim evaluation discovered that there appears to have been little preparation so far within the relevant Hukumat in anticipation of the changes. The first step is that each Hukumat have to write their own bye-laws mirroring the Ministry regulations. Therefore, at the point at which the fieldwork for this report was done (October 2018) no one in the Hukumat had yet started drawing up detailed plans and timelines to set up the new departments in the centres and redeploy staff into them.

### Foster care development

There has been little progress in the development of foster care regulations, although the Ministry of Education and Science (MOES) reports that this work is underway. This is a further serious challenge to the transformation plans, which anticipate the creation of a foster care service to provide short-term care for children while family work is undertaken, or potentially longer-term care for children who cannot be resettled with parents or other family members, or adopted. Placing children in foster homes rather than the BHs is a critical component of the transformation plans, as it will free up space for the development of new day-care and respite services within the existing buildings.

## Operation of the CRUs

There appears to be a reduction in the number of referrals to the BHs, particularly in Dushanbe. A variety of opinions were offered for the reasons behind this reduction; some NGO staff pointing to changing social norms with regard to children born out of wedlock, and the greater willingness of extended families to accept single parent situations. There appears to have been a new and much more robust approach to 'gate-keeping' by the CRUs when parents attempt to voluntarily place their children in care. We were told by one CRU officer that there is a new emphasis on responsabilising parents to care for their own children, so that they don't see placement in the BH as a choice. According to this informant the BHs and internats are only to be used for abandoned children or orphans. This of course opens up new issues for consideration and concern; i.e. there may be families presenting themselves to the CRU who are in real distress and whose children may be at high risk of neglect or abuse. Whether these families receive an alternative form of support will depend on regular communication from the CRU to the respective FSC. The FSCs are reaching out to the CRUs to offer support to some of the families referred there but at the moment the CRU does not have any mechanism or capacity to follow up all the families seeking a service who are refused a residential placement for their child(ren).

## Development of a Social Work/Pedagogy College

Interviewees reported that the President had tasked officials with developing a larger social services workforce and part of this would include re-purposing an existing College to provide social work/pedagogue training. Such a development is very welcome as it will likely provide a source of staff oriented to working in a rights-based manner, supporting parents to care for their children and providing the staff for non-institutional services.

## Scope of report

This report continues the evaluation of the *Putting Families First* (PFF) project into the period December 2017 – November 2018. It extends the evaluation carried out and reported on in the first evaluation report, *Putting Families First: the Tajikistan Baby Homes transformation process: Year 1 evaluation* (Milligan, 2018). (See p.11 for conclusions).

The project is mainly funded by the External Aid Department of the European Union (80%), with further funding from the UK Department for International Development (DfID), Grand Challenges Canada and UNICEF Tajikistan. The Project exists to develop capacity in child and family social work within Tajikistan and to work with UNICEF to support the Government of Tajikistan (GoT) in implementing its plans to transform the four existing BHs into largely non-residential early intervention and family support centres.

### Sources for the interim evaluation

This interim report is based on data gathered by Project staff and interviews with parents, NGO staff, Government officials, and Project Managers during a field visit 21st October – 3rd November 2018. The data gathering for this interim evaluation therefore happened around the halfway point in the 42-month project.

## Study visit

Funding for a study visit to Scotland was included in the PFF project plan. A group of 11 key officials from Tajikistan was hosted by HealthProm and Falkirk Council social work staff for a 7-day study visit (October 2018). The programme included meetings to hear about how family support, disability services and fostering were organised in Scotland. The visitors also met with the head of a Social Care section from a Further Education College, which provides various forms of qualifying and in-service courses for social care staff and with Strathclyde University Business School for a change management seminar. The Scottish Government presented a seminar about how legislation and policy are informed by the 'Getting it Right for Every Child' approach.

The group of 11 visitors was divided between Government (6), NGO (4) and INGO (1) sectors. It included Deputy Minister level representation from the Ministries of Health and Education, and also one of the staff from the Child Rights Department within the Presidency Executive Office (PEO). There was also the CRU Officer from Dushanbe and a senior official from the Medical College in Dushanbe involved in the delivery of training for nursing and allied professionals. On the non-Government side there were three senior staff from the NGOs running the PFF services in Tajikistan plus the UNICEF Child Protection Officer.

The visiting group undertook a demanding schedule of visits and activities including taking part in an intensive learning session around change management delivered in the University of Strathclyde Business School. The group delivered a presentation addressing



their current challenges and proposals to move forward on family-based care at the end of the programme. Across the group several participants spoke about how the study tour had enabled them to have many informal conversations among themselves that were very beneficial, as there were few occasions when officials from different Ministries and across Government and non-Government sectors sat down together.

## Tajikistan context

The Republic of Tajikistan is a mountainous country with an estimated population of 8.7m (2016). Its present borders were established in 1929 when it received full republic status under the Soviet Union. Following the break-up of the Soviet Union it became an independent republic which unfortunately suffered 5 years of civil war from 1992-97. President Emomali Rahmon has ruled since 1994.

The economy has made the transition from a planned to a market economy and grew steadily in the years following the end of the civil war but Tajikistan remains the poorest member of the Commonwealth of Independent States (CIS). It is classified as part of the 'medium' group of countries in the UNDP global Human Development Index, ranked 127<sup>th</sup> out of 189 countries.

The main contributions to the economy come from aluminium production and cotton growing, while remittances also form a very high proportion of GDP. Tajik migrant workers abroad, mainly in the Russian Federation, have become by far the main source of income for millions of Tajikistan's people according to World Bank reports.

Tajikistan is divided into 4 provinces which are further divided into districts, towns, and jamoats (village councils). UNICEF has been working with the Tajikistan government to reform its child welfare system into a less institutional and more 'community-based' one with a broader child protection aim. There is now a Commission on Child Rights at national level which oversees child care policy, and this structure is replicated at province and District level. The local CCRs are serviced by the Child Rights Unit (CRU) which acts as a secretariat to the Commission and carries out the decisions of the Commission with respect to individual cases.

The District and city/town Commissions consider all referrals from official agencies and also 'self-referrals' from parents who may wish to voluntarily place their children in internats or Baby Homes, for example, because they are seeking work abroad. Monitoring reports from the UN Committee on the Rights of the Child note that poverty remains a significant reason why families in difficulty may place their children in care, and these reports also state that families may have a misplaced belief that the institutions will provide a good quality of care for their children,

The Committee regrets that alternative care for children deprived of care is rarely available other than in the form of institutionalization, while the conditions in care institutions are poor and no monitoring on the standards of care is conducted by the state. (UN CRC, 2010, para 44)

In its report for 2017 the UN CRC noted with concern that the number of children in institutions was not decreasing and also asked about the rights of children with disabilities and especially those in care. The Government of Tajikistan has also endorsed the call issued by UNICEF in 2013 to end the placement of all under-3s in institutional settings (UNICEF, 2013). It is in this context that UNICEF, HealthProm and local NGOs have been working with the MoHSPP to deinstitutionalise care for the young children, including children with disabilities, currently found in the BHs, by establishing alternative non-residential family support services and gradually transforming the practices in the BHs, with the aim of seeing them changed into Family and Child Support Centres with only a few short-term residential places.

## Project goals

The overall objective of this project is to work in partnership with government departments, UNICEF and local partners to support the development of community-based social services in Tajikistan, to reduce the social exclusion of young vulnerable children and their families and reduce institutionalisation. The project started in January 2017 and will continue until June 2020.

The three specific high-level objectives (outcomes) are:

1. Transformation of the Baby Homes into centres for early intervention and family support.
2. Further development of foster care services and support for the implementation of new regulations.
3. Strengthening the capacity of local authorities in child protection within the community.

### Project partners

The overall Project direction and management is provided by HealthProm, a UK-based NGO which has been operational in Tajikistan for over 10 years. HealthProm manages projects across the CIS and Central Asia that support families, promote safe childbirth and develop best professional practices in child protection and inclusive education. For this project HealthProm provides overall management based in both Tajikistan and the UK, and external expertise and has engaged a number of agencies to bring family work expertise to the project. This includes three social work and occupational therapy staff from a Scottish local authority, Falkirk Council, who have been involved with HealthProm as partners in previous projects in Tajikistan. The UK-based professional support also includes a social worker working with the Fostering network, and a management consultant. Falkirk Council social services with HealthProm have hosted a study visit to the UK and provide consultancy and training for the current project- via e-mail, skype and in-country visits. Another partner is the Scottish-based NGO, *Mellow Parenting*, which is also operational in Tajikistan and provides parent support programmes in the Family Support Centres and elsewhere, funded under this project.

The operational project delivery is provided by Tajik NGOs and local experts. The local NGOs are Sarchashma and Hayot dar Oila (HDO), who manage the Family Support Centres (FSCs), and IRODA (a parent-led NGO for families of children with disabilities) who oversees the delivery of the Mellow Parenting groups. The whole project is managed by Jonathan Watkins of HealthProm in the UK, and the Tajikistan project manager, Ms. Umeda Ergasheva, also employed by HealthProm.

## Key issues from the Initial Evaluation report (covering 2017):

An extract from the Initial Evaluation report is included here to act as an aide to readers. The main issues emerging from the evaluation in 2017 were:

- i) The delay in approving the draft BH Regulations and the by-law on Fostering is hindering the transformation process
- ii) There is a lack of continuity and capacity in CRUs (to undertake child protection activity and assessment of referrals)
- iii) No reduction in numbers of children placed in the BHs during 2017
- iv) Good progress in developing capacity and new services in the BHs and joint working of NGO and BH staff teams, including:
  - The NGO staff have developed expertise in providing physical therapies for CWD, and passing on this understanding and skill to parents and BH staff
  - Project staff have promoted the importance of working more collaboratively with parents and family members
  - NGO staff, including *Mellow Parenting* trainers, have developed expertise in engaging with families facing difficulties and then setting up parenting programmes
  - The NGOs have recruited groups of volunteers to provide physical stimulation to CWD in the BHs
  - Senior personnel from the *Putting Families First* project have delivered numerous trainings to a variety of professional audiences
  - NGO and BH staff have developed expertise and experience in conducting home visits to identify and support needs and to assess readiness of families to resume care of children currently placed in the BHs.
  - Project staff are influencing BH staff about the potential for individual care-planning and the development of associated care-planning tools

(Milligan, 2018, p.27-8)

# Main findings of the interim evaluation

## 1. Positive Practice development

### *Background*

The two NGO-run Family Support Centres, which deliver the bulk of the activity of the PFF project, are located in the grounds of two of the BHs; Mavorid FSC in Khujand BH and Umed FSC in BH2. The former reaches out to Istaravshan BH, while Umed does the same with BH1 in Dushanbe. The goal of the project is to gradually integrate the FSC staff with the BH staff, with the hope that by the end of the Project (June 2020) the integrated teams will be operating the new FCSCs and the Baby Homes will be no more. In the initial evaluation report progress in collaboration was noted. The new regulations to establish Family and Child Support Centres were signed off by the Ministry of Health and SPP in mid-2018, after existing in draft form for some time. However progress towards actual service reconfiguration has not formally begun, although informally, the BH staff take part in family support activity and associated trainings. At the time of writing there are no plans or timelines for setting up the new Admissions Commission and departments envisaged in the FCSC regulations or for re-deploying existing staff into the new departments<sup>1</sup>. (See below, p.21, for more detail on the FCSC regulations.)

Nevertheless the two sets of staff (NGO and BH) continue to develop their practice with the NGO staff taking the lead in practice development. It is the NGO staff who have themselves received the greatest amount of training and mentoring from the external experts. This training and development has covered many aspects including;

- undertaking physio-therapy exercises including baby massage
- speech and developmental play activities for children with disabilities
- learning to assess children and families and making care plans
- skills in working with parents and teaching parenting skills
- use of standardised child development 'measuring tools' with funding and expert guidance from *Grand Challenges Canada* personnel

These skills, knowledge and overall social work orientation of the NGO staff have been gradually shared with the BH staff, who now themselves carry out a much wider range of activities with parents and children in the BHs. The BH staff have also witnessed case reviews of the children in their care and each year a number of them are returned to parents or kin. This new approach has been sustained over a period of time. The staff now understand the importance of keeping children in the birth families wherever possible, rather than simply accepting that children will never return to their birth families, and will remain in the care homes until adopted or progressing by age to the

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<sup>1</sup> Shortly after the New Year the Hukumat of Istaravshan passed a by-law to implement the new regulations, and the BH there has now, in name, made the transformation to FCSC.

next internat. The UK-based project manager considers this to be a very significant development,

'We have passed a tipping point where we no longer need to state that this is a new concept. We have institutionalised the knowledge that children need to grow up in families and that supporting families is the key to child development'  
(Jonathan Watkins, HealthProm)

In the initial evaluation report it was noted that the FSC staff had established good relations with the Directors and staff of the BHs (with the exception of BH1 in Dushanbe). The report noted that the FSC staff had provided many trainings for BH staff, and had begun to work collaboratively in a range of areas. A key change for BH staff was in overall approach to their job. Previously the care giver task had been primarily focused around meeting physical needs, keeping the children clean and fed. Under the influence of the NGO personnel they began to adopt a much more holistic child development approach. This was a consequence of receiving training in concepts around 'attachment' and the significance for healthy development of nurturing bonds between caregiver and child. This informed the development of a more relational approach to practice, with staff undertaking a more varied programme of play activities with children with disabilities – seeking to develop their language and physical capacities. Previously the staff appeared to have largely accepted the disabilities or developmental delays the children had and lacked basic knowledge about how to focus on development across multiple domains. Staff caring for the babies also began to adopt a much more nurturing approach to daily care, having learned to appreciate the importance of touch for comfort and bonding. There was also a specific knowledge gap around ways of supporting disabled children to eat. Previously all children with disabilities were directed to Khujand BH (for Sughd province) or BH1 for Dushanbe, now such children are admitted to all of the BHs.

#### Family social work practice

From interviews with FSC staff and parents it is clear that there is now a wide range of family social work being done in partnership with parents. This social work can be characterised as preventative and rehabilitative – that is, work associated with *preventing* family separation (children being placed in a BH) and *resettlement* work to resettle a child from the BH back to the parents or kin. This work takes many forms, starting with friendly and warm relationship-building and then making assessments and offering support through one-to-one and group work. The one-to-one and group work includes; teaching developmental play activities with children, parenting guidance and counselling for parents, structured parenting programmes, advocacy with the authorities for access to cash benefits or housing. Other forms of practical help include provision of day respite for children with disabilities, and help with access to housing and help with government papers and registration. The FSC staff are also able to draw on money from a separate charitable fund called 'Families Together' to provide small amounts of emergency 'in-kind' assistance such as baby food and clothing for children. As noted this

has involved helping families experiencing various kinds of problems and distress due to poverty and lack of accommodation, or because of the demand of caring for a child with disabilities.

#### Outreach from Istaravshan and new capacity to care for children with disabilities

Istaravshan BH has seen perhaps some of the biggest changes in the past year, despite the fact that they have also had a new and relatively inexperienced Director. Istaravshan is the smallest of the BHs, serving the town of Istaravshan and a very large rural area. The rural areas are marked by high levels of poverty and lack of public transport means that people find it difficult and expensive to travel to the towns including the provincial capital at Khujand.

The Istaravshan Baby Home now accepts children with disabilities – all of whom previously would have been placed in Khujand. This is a consequence of the training offered to the Istaravshan BH staff from Mavorid staff in caring for children with disabilities and allows closer access from families. The BH staff now have the confidence to feed and provide appropriate care and stimulation for such children.

In the past year a 'Family Room' has been opened up within the home as a space to meet parents and work with them and their children on a one-to-one basis. The Home, with the help and financial support of the PFF project, has appointed a 'Child Protection worker' and she, together with the head Pedagogue, has started to develop an outreach service. The family work has focussed so far mainly in families of children with disabilities and the Family room is equipped with boxes of toys that can be used by parents to stimulate the development of the children with disabilities. However as mentioned perhaps the most striking examples of new practice relate to the beginnings of a 'outreach service' which has seen the child protection worker and the Head pedagogue undertake trips into the countryside on foot offering support and advice, taking boxes of toys on foot, by public transport and on the back of a donkey.

#### Grand Challenges Canada tools

Soon after the inception of the PFF project HealthProm was successful in attracting funding for a 2-year project (01.07.17 – 30.06.19), from the global 'Saving Brains' partnership, led by *Grand Challenges Canada*, a grant-awarding NGO. The Saving Brains scheme,

'supports bold ideas to improve early brain and child development globally, ..it ..focuses on three areas of healthy development (health & nutrition, enrichment and protection) that, when addressed together, set up a child to reach his or her full potential' (<https://www.grandchallenges.ca/programs/saving-brains/> )

The *Saving Brains* programme aims to support innovative approaches to strengthen the care of vulnerable babies and infants using evidence-informed approaches, collating data from diverse global regions in order to build knowledge about effective interventions. This partnership allowed the FSC staff teams to learn about and gradually implement a



number of standardised 'tools' which provide both resources for direct work with parents – such as a 'school readiness' tool, and measures of the child's physical, social and emotional development. Using these tools and collating the data generated by them will provide some measurable indication of the developmental gains of children receiving social services support compared to institutional care. The funding and tools were sought as a means to measure the effectiveness of the project's interventions, to give the Ministry of Health and Social Protection of the Population data supporting their policy shift from institutional to community care to assist the local NGOs to provide an evidence base for 'scaling up' of the family-support programmes to cover more parts of the country, and indeed potentially contribute to the knowledge base for other countries in the region where HealthProm operates and beyond.

The various tools being adapted for use by the PFF NGOs include the following:

1. Plan for Monitoring (P4M) (Developmental scores in key domains of child development will be calculated using this tool)
2. Observation of Mother/Child Interaction (OMCI) (standardised item list)
3. Child Growth (height and weight for age)
4. Case management (mainly used to keep check for required fidelity, quality and equality of interventions and measures)
5. School readiness (assessed over various aspects)
6. PhotoEvidence (a photograph-based qualitative tool used by social workers working with parents)
7. Zelinsky (A child development monitoring tool)
8. Netmaps (A qualitative tool describing children's' social networks and how they change over time).

Some tools were developed specially for the project; some adapted from other initiatives. Staff were trained to enter data into a tablet and upload to a confidential website. A data manager compiles the data for statistical and qualitative analysis. GCC funds a developmental child psychologist to oversee the programme. GCC will also be undertaking its own evaluation reporting and publishing at the end of its 2-year project period.

#### BH staff views

For this Interim evaluation I was able to interview a number of BH staff who very much confirmed that they were working in new and much better ways. In three of the BHs I was able to interview the senior 'early years' pedagogues', and in two of the homes I spoke to a small group of pedagogues.

#### New ways of working

Interviewees were asked a question about new ways of working, and another about working with parents:



'When family support centre opened we were happy. The word support has a very deep meaning, it is not only supporting children in care. Now we start to work with the community, with those who want to relinquish – we support to prevent relinquishing – parents should feel the responsibility.'

(Head pedagogue, BH2)

'There was lots of materials things here for the children; food and clothes, but not so much good attachment between the staff and the children...Mavorid offered lots of trainings to the staff; how to feed, how to treat, and about attachment. ..We made our work much better with the help of Mavorid centre.'

(Head Pedagogue, Khujand BH)

'Before we only focussed on health and nutrition. Now we do musical therapy, using instruments for each child, improving skills in play, role plays, creative play. Most children here are healthy [not disabled] but some have speech delay – we see improvement using small groups with the children, circle time, etc.'

'Here is one example of working with parents. We have one boy, 5-years, his father died and his mother went to work in Russia. The in-laws rejected the mother after her husband died, so she went to work and put her son in the BH. Now we are doing regular phone calls with him and his mum, we are trying to keep the relationship going that way.'

(Group of pedagogues and nurses from BH2)

Care-givers used to work only on basic care, now they focus on child development. There is much improved feeding of children with disabilities and much improved sensory input. Now we work with families, to try to prevent admissions.'

(Director, BH1)

#### FSC staff views

A group interview with the Umed FSC staff team revealed an enthusiastic and confident team. When asked what has changed in the last year or so there were many comments, such as 'we are now much more well-known', 'we have more clients...', 'we are using tools for measuring child development', 'lots of new learning', another said '(using the tools is) not easy but these help us to know more about the child and parent'. One gave the example of parents who might be a bit frustrated and feel that there is "no improvement" with their child, 'but using this instruments helps them see improvement', and another says, 'we can use them to set goals with parents'. While another said, 'the tools give us a focus for our time and energy'.

When asked about challenges and difficulties two answers were to the fore, a) 'too many clients', and b) 'too low salaries'. However, all this was reported in a generally very positive and indeed enthusiastic manner, and it seemed clear that they saw the 'too

many clients' really as a sign of how successful they had become, and certainly the majority of these clients were families in difficulty in the community who had heard about the services on offer, and in the main these were not people who wanted to place their child in the BH, as seen in the family case examples below.

The Mavorid staff were also enthusiastic about their team and discussed various service developments. They have now started to limit parental one-to-one support to a maximum of six months in order to try to avoid over dependency and also to create capacity to respond to new referrals. They continue to serve parents from the rural districts, and are also continuing with short training sessions for their colleagues in the BH, for example around speech therapy activities. One of the male members of the team was just in the early stages of the first run of a *Mellow Dads* group, including fathers who might be suffering from depression. The team are now able to help vulnerable families with 'in-kind' assistance in the form of emergency food supplies, clothing and school supplies for children, provided by charitable donations. The Director explained that they have been offered a list of vulnerable families by the CRU but this has not been forthcoming so far.

#### Parents' views

A total of 9 parents were interviewed for this phase of the evaluation, five in Dushanbe and 4 in Khujand. The interview took the form of a short, semi-structured interview, broadly seeking to gain some information about family circumstances and opinions about services received. Interpretation was provided by an external member of the Project team (Dr Nazira Muhamedjonova). The use of an 'external' interpreter was intended to encourage open responses but nevertheless it should be acknowledged that parents were invited by the NGO staff and interviews took place on the FSC premises. These factors therefore make it less likely that the respondents would be negative or critical in their opinions about the services offered. Nevertheless, the interviewer felt that parents (all mothers, with the exception of one grandfather) were very open about the difficulties they had faced and the help they were being offered.

Most parents interviewed were facing severe difficulties, including the many impacts of poverty including:

- homelessness
- psychological problems
- lack of official identification documents
- the break-up of marriage leading to social isolation and loss of income
- caring for children with disabilities

Two of the parents interviewed in Dushanbe were living in a Government hostel. Some of the parents had placed one or more of their children in the BH and with support from the staff in the FSC had taken them back home.

## Family case examples

One striking example of this was 'U' who lives in one room a hostel with her four children. Her husband has left her to work in Russia and she has no contact from him. Her oldest child is 18 but he cannot work as he has no ID. When her husband left she was faced with impoverishment and she placed the two youngest in the BH, visiting them weekly. The FSC staff saw her as someone who could look after her children with some support. According to 'U' they talked to her, and visited her home, and did not 'mention my poverty'. The FSC has also assisted her with food, clothes and school books. Despite their experience of living together in one room, 'U' says 'the youngest ones are very happy to be home', and they are now getting on well at kindergarten and school.

'M' is also a single parent, living in a hostel, she has a 6-year old son. She describes the hostel as crowded and says there is a lot of conflict among the children. She first came to the FSC because her son is hyperactive and doesn't listen to her. She took part in a Mellow Parenting (MP) group. She says that both of them have got a lot out of the group: her son is not so hyperactive and 'they talk together better now', and 'he is more sociable and has joined a boxing club'. She says 'the homework was very useful, you learn with others, not just by yourself'. And she also says that she learned to communicate better and spend more time with her child, 'I showed him his opinion matters more to me'.

One parent from Khujand, 'S' was perhaps an exception, in that she did not come from impoverished circumstances. However she described herself as the very anxious parent of an adopted child, aged 5 years. 'S' had suffered depression after the death of her parents. She said she was very worried about her ability to manage her daughter's behaviour and was troubled about things like genetics, and not knowing her daughter's origins. She took part in a MP group and found it enormously helpful. Something said in the first MP meeting, "There is no ideal parent" was 'very healing for me'. She says she learned a lot from the group, and her daughter enjoyed coming as well. Now she says, 'We both start to understand each other, especially me'.

Other parents of children with disabilities also reported receiving lots of practical advice and skills in physio-therapy to use with their child. They echoed many of the comments of parents interviewed in the initial evaluation report. Four parents said that their children with disabilities had benefitted from socialising with others at the Centres or in the MP group, and reported that their child's skills in language, coordination and movement had improved greatly. One parent explained that usually doctors only want to offer medical treatment – often simply a vitamin injection – which is very expensive. Now she has learned many of the games and activities that help her child's speech and physical development.

### Looking to the future

Staff in the BHs have been somewhat apprehensive about their future ever since the FSCs opened up and especially with the talk of the new regulations. However as time has gone on these fears are reducing to some extent, at least in the opinion of the leading pedagogues,

In 2013 when Mavorid opened the staff were afraid they would lose their jobs, but when they started to cooperate and do the trainings for children's benefit they stopped being afraid. Our purpose is that 'the best should belong to the children not the staff' `.

(Head pedagogue, Khujand BH)

When they hear about what is happening – lot of good things, new services, fear is reducing....actually the changes mean more social work, not less.'

(Head pedagogue, BH2)

## 2. Progress in *implementation* of the new Regulations

### a) Signing of the new Family and Child Support Centre Regulations

On June 11, 2018 the Minister for Health and Social Protection of the Population (MoHSPP), signed off the new regulations governing the four Baby Homes. These regulations which have existed in draft form for over two years, provide the legal mandate for the long-discussed 'Transformation of the Baby Homes' which is the central objective of the Putting Families First project. The Tajikistan Project and colleagues supported the MoHSPP throughout the process of refining the text of these regulations. The new centres are henceforth to be called 'Family and Child Support Centres' (FCSCs) and the regulations are thus better described as the FCSC Regulations rather than the Baby Homes transformation Regulations, which is how they had been commonly referred to up to this point.

Following their signing there was some discussion in the Dushanbe municipality CRU (Hukamat) about whether these new regulations needed the further approval of the PEO. Consideration of this question had further delayed implementation activity with respect to the two Baby Homes in Dushanbe. However by the end of the year (2018), the Project manager was informed verbally that it had now been agreed by the Dushanbe Hukamat that the Regulations did not need to go to the PEO. Rather the Ministry of Health has now written to both government authorities (Hukamat) in Sughd and Dushanbe asking them to implement the Regulations. It is understood this will involve these government authorities writing 'Bye-laws' to guide the restructuring of the FCSCs, and implications for changes in the operation of the CRUs, who continue to be responsible for referrals to, and decisions about which children should receive services in the new Centres.

The division of responsibilities and interplay between Ministry and Hukamat became clearer during this phase of the evaluation. Hitherto the local experts and Project managers had mainly engaged with Ministry officials – who were much more accessible than Hukamat officials. The Ministry is indeed responsible for drawing up policy and guidance and issuing regulations. However it has become clear that the Hukamat's mode of operation is also to have their own 'regulations', which are described as 'bye-laws' in this report to distinguish them from the (Ministry-issued) 'regulations'. While the new Regulations have been issued by the MoHSPP the Hukamat has not yet written its own bye-laws, which in effect means further delay before practical plans for implementation of the changes can be drawn up. At this point it seem likely that once the Hukamat has drawn up its own 'bye-laws' to govern the development of the FCSCs then the Ministry will have a further role in issuing detailed guidance on the operation of the new Centres.

There has been no visible progress in the development and approval of another set of Regulations that are central to this project, namely the Fostering Regulations. Responsibility for these had been transferred to the MOES in January 2017, as described in the previous evaluation report.

(See p.24 for further information about foster care)

#### b. (Lack of) Planning for the establishment of the FCSCs

##### What the regulations say about the Family and Child Support Centres

The FCSC regulations state clearly that their main goals are to support families to bring up their children, and that separation of children from their parents and placement in a residential place in the Centre should only happen for short periods of time, consistent with the child safety. The age range for the new centres is 0-7, replacing the previous age band of 0-4 years. The FCSC Regulations envisage a multi-service operation, including distinct departments for:

- assessment
- temporary stays
- early intervention and family support
- Mother and Baby residential facility
- residential respite service for children with disabilities

Fostering is referred to briefly in the section of the Regulations covering the 'Department of Temporary Stay' indicating that those children who may need alternative care should be placed in foster families. Importantly the Regulations mandate the Director of each Centre to set up a multi-professional Admission Commission, which is authorised to decide which department in the Centre the child will receive services from. The regulations emphasise the centrality of a 'family support' model with use of residential places only for short-term respite and a unit where Mothers and babies are placed together, and the use foster placements will provide for all or most of those babies and young children needing accommodation who cannot be supported with their birth families, or placed with extended families.

##### Views of BH Directors and CRU officials about the change process

During interviews with Baby Homes Directors and other officials for last year's initial evaluation report, the message was repeatedly given that no work could be done on reorganising the Baby Homes until the Regulations had been signed off. As this had been done in June the author of this report was expecting to find that some person or department was taking the lead on planning and in fact implementing the now signed-off Regulations.

Therefore it was surprising for the author to discover during his many interviews in late October that although the regulations had been signed off no one was actively planning the change process and further that no one was sure who would be taking the lead. This was despite the fact that the Deputy Minister from MoHSPP had visited the Baby Homes to let staff know about the new developments.

The visit to Khujand highlighted the fact that there had been considerable turnover of key staff, the Director of Khujand BH had been replaced twice in the past 10 months, and the current Director was relatively inexperienced and had been appointed in an 'Acting'

capacity. The Director of Istaravshan BH had also just been in post a few weeks, and there had also been a change of the CRU officer. The Director of BH1 in Dushanbe had also been replaced recently, although we were to find out that this was an improvement as they are very experienced and very enthusiastic about the changes.

#### Views of BH Directors

The Director of Khujand BH said she was not making any plans and did not know who might be. She said she was waiting to hear further from the Ministry (MoHSP), although she also put an emphasis on the fact that the Hukumat would change the name of the home and this would lead to the new service. The Director of Istaravshan was completely new to the role, and with no experience of the Baby Homes. He was not able to answer any of the questions put to him about the change process, other than noting that his buildings, being small, would not easily be able to accommodate any new services, beyond the existing 'Family Room' which had recently been established to support outreach work (see below). He said he had not seen the new regulations although we were told by a Hukumat official that in fact they had (recently) been put into the hands of both Directors in the Province. In Dushanbe the Director of BH2 was also unclear about how the changes inherent in the regulations were going to be implemented, and did not know who would be initiating or taking responsibility for that process. The Director of BH1 was also fairly new in post and had not made any plans herself, though in her case she was confident and assertive and very positive about the new ideas and was in the process of getting her staff ready for the change. She was also engaged in discussion with various others, including the local NGO about how the Kishti Centre – based in the grounds of the BH – could be integrated into the new centre.

#### Views of the CRU officials (Hukumat)

The CRUs are located within the Hukumat and are part of the Department of Social Policies and Ideology, under the chairmanship of the Deputy Mayor - for our purposes the key CRUs are those in Khujand and Dushanbe. The CRU Officer in Khujand (responsible for the whole of the Sughd province, thus taking in the BHs in Khujand and Istaravshan) was also not clear who would be taking the initiative to make the changes to the Homes as described in the FCSC regulations. When pressed about the implications of significantly reducing the number of residential beds in the homes, she responded that in fact the current complement of two homes was 'very small' when considering the needs of the whole province. She explained that there was considerable pressure for places in the BHs, especially from parents in rural areas who had children with disabilities, or those in extreme poverty, or who lacked ID and other documentation. However these are exactly the kinds of problems that the Mavorid staff have developed expertise in dealing with and which have led to diversion of some children from placement in the Khujand BH, in those situations where parents have approached the BH directly or learned about the FSC from Health Centres, neighbours or friends.

It seemed clear from this meeting that the current CRU official in Khujand/Sughd is not working closely with the BHs and the Mavorid team, and in fact does not seem to have a



good grasp of the rationale for the transformation process and the development of non-institutional forms of child protection and family support. In contrast the CRU Officer in Dushanbe participated in the study tour to Scotland and has had a more active engagement with the Project personnel, and is personally committed to the change process. However during interview for this report she confirmed that the Hukumat has only now started to consider how to implement the new regulations. In the first instance this has meant that the new regulations have been passed to the lawyers in the Hukumat, and they have now requested all the background documents. At the point when this interview was conducted she noted that the Hukumat might not in fact refer the regulations to the PEO for additional sign-off (as the Deputy Mayor and Head of the CRU had proposed). Happily the Project leader was subsequently told that in fact the Hukumat are not pursuing this possibility and will begin to implement based on the Minister of Health's signature.

#### The MoHSPP on the change process

We were able to secure an interview with senior MoHSPP officials responsible for initiating the Regulations. They are clearly still very keen to see the change process move forward, and they are using such influence as they have with the Hukumat to make progress. However this meeting confirmed that - because the Hukumat controls the budgets for the BHs and because they anticipate having to develop a new 'bye-law' to govern this process - responsibility for next stage of implementation has in fact moved to the Hukumat in Dushanbe and Khujand. However, the relevant departments in the Hukumat - the Commission on Child Rights (CCR) and its secretariat the CRUs - have not been so closely involved in the transformation discussions and it appears are only now beginning to engage with the implications of the new regulations.

One hopeful sign is that UNICEF has indicated that they will continue to offer the MoHSPP the services of a consultant to help make a plan for operationalising the transformation of the Baby Homes. This offer had been previously made and rejected by the Ministry earlier in 2018, however they have now indicated to UNICEF that they would like to take up the offer of a consultant begin to unpack the regulations.



### 3. Progress in foster care development

There is little to report on the development of a fostering service in this second year of the project. In terms of the main objectives for this project this is unfortunate, to say the least. The second of the main project outcomes is 'Further development of the fostering services', with a target of 50 fostering placements established.

#### *Background*

A small Pilot fostering service was initiated by the current project partners during 2014-15 (Milligan, 2016). The project partners had hoped that this pilot could be expanded within the current project which started in late 2016. However following a change of oversight in the PEO the existence of the pilot programme was questioned. The National Project manager was told that the fostering work had to stop until regulations had been put in place, and the pilot was allowed to wither. The families continued to have support from the FSCs and a case management service and it is notable that none of the foster placements broke down and no fostered child returned to institutional care. FSC staff know that 7 of the 8 placements originally set up have now progressed to adoption, while one child was returned to birth family after a short foster placement. Responsibility for the development of the fostering regulations was transferred from MoHSPP to the MOES, who however did not have any staff with knowledge of foster care. The initial evaluation report noted that the MOES had requested Finance Ministry approval for recruiting a new team of eight staff to undertake the work on the fostering regulations and other aspects of the Law on Protection of Rights of the Child of 2015. However there was no progress in fostering development during the first year of the current project. During a meeting with the Deputy Minister for MOES in October 2018 we were told that new staff had now been recruited to take this work forward and the regulations would be produced. No date was given for when this would be done.

While it is not possible to do any actual fostering development on the ground the PFF project is still keeping alive this option by providing training for staff in the NGOs during 2019. The training will be provided by the Falkirk Council consultants during in-country visits planned for May/June 2019.

## 4. Operation of the CRUs and pattern of referrals to the BHs

As noted above there is little sign that the CRUs are actively involved in the change process, including changing their own modes of operation. However, it is also the case that all officials interviewed for this evaluation have been consistently 'on message' about the fundamental importance of children being with their parents and the desirability of avoiding use of institutions unless absolutely necessary. On a number of occasions officials did quote the 2015 Law on Child Protection and some of the NGO staff now believe that there are attempts to implement it, notably in Dushanbe, by making it difficult for parents to relinquish children, for example, so that they can go and work abroad.

As noted in the initial evaluation report the CRUs are dealing with a huge number of referrals – covering children of all ages. Staff turnover continues, perhaps suggesting the position is viewed as one with a large workload and little recognition. Mavzuna Niyozova, the CRU officer in Dushanbe reported that in the summer she was faced with a huge accumulation of referrals – around 300 including 20 for the BHs, and by the time these had all been dealt with, in fact only a total of 90 children were placed in Internats, including 8 in the BHs.

The CRU officer explained that she was taking a much 'tougher' line with parents who were seeking to place their children in the BHs or internats. She reported that if a child was not disabled, and had a parent then placement in a BH was refused, and parents were 'reminded of their responsibilities'. She felt the Law on Child Protection suggested that placement in a BH was really only intended for children who were abandoned or orphans. She said that she did refer some families to the FSC, however there does not appear to be any formal, consistent mechanism in place for the CRU to assess specific vulnerabilities of children and the support that parents might need – and this is a crucial component in a non-institutional child protection system. The CRU officer is able to refer some families to the Hukumat for emergency cash assistance and there was also the possibility of support for vulnerable children to access sports and recreation facilities through the Department of Youth, Sports and Tourism. However the CRU will need the capacity to undertake *child protection assessments* of children in families who self-refer because they are under stress.

### Changing numbers in the BHs

From data gathered by the Project managers (see Table 1 below) it can be seen that there has been 17% reduction in the number of children in the 4 BHs, from 209 to 174. These figures should be used with some caution as they are based on verbal reports gathered by the NGO heads in their respective regions and do not take the rate of throughput into account. However the numbers do indicate that there is a long way to go before placing a baby or young child is eliminated. Nevertheless *numbers* in BHs are reducing, however there is no reason to think that the *needs of families* - who might

previously have sought placement in a BH - are reducing. There is therefore the potential for pressure on the existing FSCs to provide services to more families.

During the fieldwork for this evaluation the reason why there might be less referrals to the BHs was a question which was explored with the NGO staff. A variety of opinions were offered. Senior staff at the UMED FSC were adamant that social attitudes were changing and that there was much less stigma associated with single parenthood. The existence of traditional attitudes had been noted in the initial evaluation report, especially among rural communities. However, these staff felt that even in the countryside things were changing, noting that with so many men and women moving to work abroad it was now a very common thing for children to be brought up by one parent or a relative.

There is also a perception by respondents to this evaluation that the message about the importance of family and the undesirability of institutional care, was getting through more widely – certainly among government officials and perhaps the wider public.

#### Child protection

According to the Project manager the focus of child protection has moved from one of recognising and responding to children in need of care and protection as defined in Article 19 of the UNCRC (protection from violence, exploitation and neglect), to one of 'safe child care and development'. The family support centres have worked to develop family support practices that strengthen family relationships and parenting skills as a response to children in need of care and protection. Teams have put into practice the SHANARRI approach taught by the external consultants from Falkirk where a child's wellbeing is achieved by promoting a Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsive, Included life.

Table 1: Baby Home numbers

B H 1	B H 2	Khujand	Istaravshan	Total <sup>2</sup>	Date	Notes
				285	2012	Unattributed figure
				225	2015	Unattributed figure and is questionable because of the big jump to the next figure.
	78 <sup>3</sup>			309	End 2015	Info from UNICEF
	62 <sup>4</sup>			195	End 2016	Info from UNICEF. 164 children returned to families during 2016
52	49	68	29	198	May 2017	Direct numbers from Baby Homes obtained by NGO managers.
66	53 (22g 31b)	61 (27b 34g)	29 (14b 15g)	209	Nov 2017	BH1 26 children returned home in 11 months from 2017 BH2 over past year <ul style="list-style-type: none"> <li>• 20 children returned home</li> <li>• 5 moved to pre-school institution 4-7</li> <li>• 38 new children (parents in prison, homelessness, street babies, abandoned at BH gate, refused at roddom)</li> </ul>
56	53				Q1 2018	Analysis for 2018. <ul style="list-style-type: none"> <li>• Drop in total numbers across the year by -16.7% from 209 to 174.</li> <li>• No overall drop in Khujand baby home because not enough collaboration between CRC, CRU and Marvorid, and also deputy Mayor's attitude that the places in the baby home should be used.</li> </ul>
		59	33		Q2 2018	
		46			Q3 2018	
49	43	58	24	174	Q4 2018	

<sup>2</sup> Snapshot at a particular time, not factoring in throughput.

<sup>3</sup> Verbally from BH2 staff

<sup>4</sup> Verbally from BH2 staff

## 5. Mellow Parenting

MP trainers run 14-week structured parenting courses which are aimed at parents who are experiencing difficulties in taking care of their (young) children – for a variety of reasons, either because of their own problems or because the children may have disabilities or other disadvantages. The 1-day per week courses allow groups of parents to meet together and share their experiences of parenting, while receiving non-judgemental guidance and video-based feedback from approved MP trainers.

The Director of IRODA provided information about the progress of the substantial MP programme of courses and in-country capacity development. 10 groups were run during 2017 and in 2018, a further 10 groups were run in four locations; in BH2 and Khujand BH, on the premises of IRODA and in a Child Health Centre in the Penjikent District – a rural area which has neither a Baby Home nor any NGOs doing family support work. There are an average of eight parents in each group.

The Project 'beneficiary targets' include 30 MP groups being run over the period of the grant, and the Project manager's overall conclusion is that the Project is on track to meet the targets. The project has funded the MP coordinator, the translation of materials into Russian and Tajik, and many training sessions, so that there are enough Tajik staff available in different locations to deliver the groups. The delivery of all MP work is closely monitored and quality-controlled by MP staff at the HQ in Glasgow, Scotland. There are regular structured supervision sessions for all trainers, using peer meetings and skype-based support from Glasgow, and annual refresher training. The MP coordinators and trainers in Tajikistan regularly report back to MP as well as HealthProm. As part of this monitoring and reporting back they have gathered many stories and have been able to make some statistical models of the positive impact the groups are making on participants.

The MP organisation had started with one main course – simply called *Mellow Parenting*, aimed at parents with young children (under 3 years). However they have now developed several new variations, based on the same 14-week model of delivery; namely *Mellow Dads*, aimed at fathers, and *Mellow Bumps*, aimed at pregnant women. So far in Tajikistan most of the courses delivered have been *Mellow Parenting* but at the time of the interview for this report (late October) two *Mellow Dads* courses were running.

The following account of 'Z' and her family was gathered for use by MP in its reporting procedures. It is also quoted here in detail as it gives a very good illustration of many aspects of the serious family problems that this project was established to address; poverty and neglect, bereavement, extended family tensions, vulnerable mothers, children with special needs, accessing rights and entitlements,

"Z. was born in a large family as an eighth child. During her childhood was suffered a lack of attention from her parents. At 16 she married and moved to live with her husband's family, where she again felt lack of understanding, support and love. Eventually she returned to her family home with two children, because her husband left her. Unfortunately, at this stage, Z's father died and the entire inheritance was left to her younger brother. The brother does not understand the sister's situation, and his wife constantly reproaches Z. and pushed her out of her parental home.

The eldest child of Z. is very hyperactive and not obedient and the whole family wanted her to take him to the orphanage, since she cannot leave him and go to work to earn and provide for her children and herself. But Z. was always looking for ways to get her son in a regular school, because she did not want to give him to a boarding school. At the clinic, she was sent to Psycho-Medical Pedagogical Commission (a multi-disciplinary panel who make assessments of children), where she was advised to contact the centre to support her child. After we offered her participation in the MP group. After entering the group, she realized that the child needed support, and he has the right to go to school with his peers. Since joining the group, we helped her to apply to VTEK and formally register her son's disability, because before that she did not understand and did not know where to turn. After 2 months, she was able to get a child to school, which is located next to her house.

The situation in the family also changed for the better. Z. was able to talk with her mother and brother, explain her rights to them and protect herself and her children. During the passage of the group, changes in Z. was very obvious, she began to dress carefully, take care of herself, and was able to get a job. After this, the husband, having learned that the situation in the family had changed and Z. changed, he decided to return to the family for the children. At the final video filming in the family, we saw that the father in the family, he helps his son with the home work, communicates, goes with him to school. They all cook dinner together, and Z. is joyful and happy that her husband has returned to the family, and helps her in raising children and doing housework."

(extracted from MP monitoring report 2018)

## 6. Associated developments – social work training

One development which offers the potential to support the broader aims of the project is growing Government, or at least Presidential, interest in the development of social work/social pedagogue training. Tajikistan currently only has one course for professional-level social work training at the Tajikistan National University, In Dushanbe. The Director of the Republican National Medical College for training of nurses, physio-therapists and related professionals, was on the study visit to Scotland in October 2018, and she had a particular interest in how social care staff were trained in Further Education colleges in Scotland. The level of education is referred to in Tajikistan as second-tier education, the third and highest tier being University education. During the interviews in Tajikistan for this report we were told that the President himself had requested that the Ministries and Hukumat help develop a larger social work profession, and there was currently a search going on to develop one of the existing second-tier Colleges as a 'social work/pedagogue' college. Tajikistan offers a lot of vocational training at this level currently, and of particular relevance to this project are those colleges which turn out 'early years pedagogues' and nurses which are the typical qualifications of most of the staff in the BHs. Our contacts were suggesting that either the Medical College or one of one second-tier colleges might have its mission changed to teach social workers/pedagogues.

During a meeting with senior staff at the Medical College, the author was questioned about the curriculum that is in use in Scotland for social care workers. The senior staff explained how they had recently added a number of courses on 'social protection' for those staff undergoing nursing or physiotherapy training. It appears that nearly all the students who are trained in these and similar colleges will get jobs in hospitals, polyclinics or other institutional settings, including the BHs – rather than in day care or community-based services. The value of a social work/pedagogy training resource is that it will prepare students to work on a rights-promoting basis in partnership with clients and to support norms of social inclusion and day-care options rather than separation into institutional, segregated settings.

Training is one thing – a vital element in any reformed system – but whether there will be social work jobs remunerated at the appropriate level, is another. Currently many graduates from the social work course at the Tajik National University find jobs in other professions. Nevertheless it will be a very worthwhile development to have an emerging workforce ready to take on the kind of new roles envisaged in the FCSC regulations.



## In conclusion

Progress against the primary Project objectives – to transform the Baby Homes into Family and Child Support centres - is seriously compromised by lack of implementation of the transformatory elements of the FCSC regulations. Other than the appointment of UNICEF consultants with a brief to 'unpack' the regulations for the MoHSPP, there are currently no operational plans to implement the changes indicated in the new FCSC Regulations. Respondents believe that the next stage in the process of implementation is for the Hukumat to draw up bye-laws, but it is not clear who will be tasked with actually implementing the changes. While it is possible that bye-laws can be drawn up and staff allocated to new departments on paper, it will be a significant challenge to see the new FCSCs operating in the ways envisaged in the regulations by the time the Project ends in June 2020.

Nevertheless, very good progress is evident in terms of the development of family social work practice. This is being delivered by the staff of the two NGOs, and to a lesser extent the staff of the BHs. The attitudes, orientation and practices of the staff in the BHs are going through a significant change process; they are now seeking to welcome and engage parents sympathetically and they see their child care task in much more nurturing and holistic terms. A steady stream of families are engaging with the two FSCs and are receiving the kinds of practical, emotional and parenting support that is improving conditions for children. Many children now experience shorter stays in the BHs and the practice of rehabilitation to parents or kin is becoming established, though in some cases it is difficult to get families to 'reclaim' children with disabilities. There is very positive prevention work happening; much one-to-one case work with parents of children with disabilities, and others suffering the effects of poverty and social isolation. This is leading to many parents deciding not to place their children in the BHs. MP is making a very valuable contribution – truly capacity-building - building the knowledge and skills of the social workers, and the capacity of parents to parent their children.

A commitment from the Presidency to the development of a social services workforce with the proposed opening of a social work/pedagogy college is a very valuable development. This should help in the creation of a workforce which is orientated towards community-based services that are oriented towards respecting and supporting families where children may be vulnerable due to extreme poverty, disability or neglect and abuse.

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## Appendix 1 - List of interviewees

Name	Role	Organisation
<b>Jonathan Watkins</b>	Putting Families First Project Manager	HealthProm
<b>Umida Ergasheva</b>	National Project Manager	HealthProm
<b>Dr Nazira Muhamedjanova</b>	Independent early years consultant	HealthProm
<b>Nigora Rasulova</b>	Head of Umeda FSC, Baby Home 2 (Dushanbe)	NGO Hayot Dar Oila (HDO)
<b>Zamira Nuridinova</b>	Head of Mavorid FSC (Khujand)	NGO Sarchasma
<b>Luba Fedotova</b>	Director	NGO Sarchasma (Socio-legal Centre, Khujand)
<b>Lola Nazriddinova</b>	Director	NGO Iroda
<b>Fahkruddin Hakimov</b>	Chief Specialist in Child Development	Health Department, Sughd Region
<b>Mizrobsho Sharipov</b>	BH Director	Baby Home2, Dushanbe
<b>Zukhro Boronova</b>	BH Director	Baby Home1, Dushanbe
<b>Karimova Nazira Samadovna</b>	Acting Director	Khujand Baby Home
<b>Maksudov Abduali</b>	Director	Istaravshan Baby Home
<b>Salohiddin Shamsiddinov</b>	Child protection officer	UNICEF, Tajikistan
<b>Farida Nouredine</b>	Chief, Child Protection	UNICEF, Tajikistan
<b>Mirboboef Rahmatulo</b>	First Deputy Minister	Ministry of Education & Science
<b>Dr Aziza Khodzhaeva</b>	Head of Mother & Child Health	Ministry of Health and Social Protection of the Population
<b>Muhayo Dadoboeva</b>	Head, Child Rights Unit, Secretary of the CCR of Khujand	Khujand
<b>Mavzuna Niyozova</b>	Head, Child Rights Unit, Secretary of the CCR of Dushanbe	Dushanbe
<b>Ashuriyon Shahlo</b>	Director	Republican Medical College

## **About CELCIS**

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

## **For more information**

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