Changing mind-sets and pioneering social work in Tajikstan:

Evaluation of setting up pilot fostering project

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Improving care experiences

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Acknowledgements

Purpose of the report

This report was commissioned by HealthProm, a UK-based international NGO. HealthProm's vision is to ensure that vulnerable young children have the best start in life. It manages projects across the Former Soviet Union and Central Asia that support families, promote safe childbirth and develop best professional practices.

The Keeping and Finding Families Project

The purpose of the report is to provide an initial evaluation of the process of setting up a pilot fostering project in Tajikistan. The EU-funded and commissioned project was initiated and led by HealthProm, supported and match-funded by UNICEF, working with local NGO partners and Government departments. Fostering (by strangers as opposed to kin) is virtually unknown in Tajikistan[1]. Likewise state-funded community social services are at a very early stage of development and the subject of technical support programmes from the EU. The fostering programme is part of a larger 3-year project (2012-2015) developing a range of 'early years', social services for families with babies and disabled children, called the *Keeping and Finding Families project: Inclusive social services for young children in Tajikistan*.

The project has been developed in two sites, in the two largest cities in Tajikistan; Dushanbe (the capital) and Khujand. The two local NGOs who run the project have their own offices and staff in the grounds of the Baby Homes in these cities. They work directly with parents in crisis who have approached the Baby Homes for help and are thinking about placing their child in it. They also work with Directors and staff to improve the quality of care in the homes, while developing alternative care options including; family support, respite care for children with disabilities and fostering. The two local NGOs are; HDO (Hayaot Dar Oila) in Dushanbe, and Sarchasma (Social Legal Centre) in Khujand. They actually run the services, including the fostering pilot, with guidance and support from UNICEF and HealthProm, the project leader. A third NGO, Iroda, contributed to the project by leading on Mellow Parenting services.

It built upon previous work in this area which HealthProm and its local partners and associates have been carrying out since 2008. Work to develop the pilot fostering service began in 2013. The fostering pilot was intended to include 10 foster families; 5 in Dushanbe and 5 in Khujand. However due to delays in getting approval from central and local government officials for each stage of the fostering initiative, actual placements only started in July 2015. Therefore at the point of evaluation in December 2015, the children had only been in placement for a few weeks or months. This report will therefore provide a *process evaluation* of the setting up of the fostering service, including the views of foster parents. It will also describe the evolution of the family support and

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[1] The only known precedent is a small programme of teenage fostering delivered by the NGO 'Sarchashma' in the Sughd Province.

'prevention' services (services which aim to prevent the separation of children from their biological families while protecting them from harm) of which the fostering forms a part.

Changing mind-sets

Fostering is a concept and a practice which has been virtually unknown in Tajikistan until recently. Consequently many officials and professionals are sceptical when they first hear about it and doubtful that it can work in Tajikistan. However the staff involved in the fostering pilots believe that fostering and related services will work and can provide much better outcomes for separated children and vulnerable families. They know that many of their compatriots are doubtful because they lack awareness of the harm done by institutions to children, but they are determined to change their 'mind-sets' on this matter. As the report will show, they have begun to be successful in that effort.

Fostering and de-institutionalisation

Fostering occurs when a family takes an unrelated child into their home and looks after them *as if* they were a member of the family, and they receive payment for this. The level of payments varies considerably across the world. In all cases the payment is intended to cover the real costs of caring for and educating the child, and in some places the foster parents receive a fee or salary for their service. *Formal* foster care is fundamentally a temporary arrangement (lasting from a few months to a few years), providing suitable care for younger children who may have been abandoned by parents, or who have been neglected or abused within their families. Other forms of fostering are recognised, such as *informal* fostering, which occurs when a parent makes a private arrangement, usually with a friend or kinsman, to look after their child, and where no government agency or official is involved.

Although short and medium term foster care is the most common form of fostering, long-term fostering has sometimes been used as a planned, positive alternative when the only other option is for children to remain in long-term, large-scale 'internats' or institutions, for example in China (Glover, 2006). However even in these situations, it is always hoped that the places of the children who have been moved from institution to foster care, will *not* be taken by a new 'wave' of children. The UN Guidelines implementation handbook (Cantwell et al., 2012) makes clear that the aim of child care reform is not simply to 'de-institutionalise' an institution – to transfer every child to a foster or adoption placement - but rather to de-institutionalise the whole *system.* This means that, in the first place, much effort should go into returning children to birth families or kin, and secondly, that 'preventative' work is done with vulnerable families, *so that fewer children will be separated from their parents* and over time there will be far fewer children requiring long-term care, in either institutional or foster settings. Historically, fostering focused mainly on young children but in countries with established fostering systems it has also proved possible to foster older children, including those with disabilities and behavioural problems.

Fostering aims to provide loving, personal, individual care for children in a family setting for as long as necessary until a more permanent solution can be found. It is an especially vital option for babies and young children because of their attachment needs (Furnivall, 2011) – hence the UNICEF *Call to Action* (2012) –see below p.7. Fostering can sometimes become an appropriate longer-term placement where children are not able to return to their biological family, and where adoption is not possible – perhaps because of legal issues, or because adopters are not available. In certain circumstances, where the biological mother is a child, foster parents can also provide support for mother and baby. A fostering service does require a support service of trained social pedagogues or social workers, with expertise in early childhood development and the skills to work closely with vulnerable parents and families. These professionals are required in order to recruit, train, support, monitor (supervise) and review foster carers and to manage the assessment, referral and matching of the children.

Children in foster-care do not change their family name, and their biological parents retain basic 'parental rights'. Parents, or kin, usually retain some rights to keep in contact with their child, either directly through visits or indirectly through phone calls or letters. In this way it is quite different to adoption. Children in foster-care remain under the responsibility of the authorities and they are the subject of care-plans drawn up with social services. Likewise foster-parents work in partnership with social services staff, getting support from them. Foster parents are subject to regular monitoring (supervision) and review. Fostering is intended to meet the needs of individual children, and therefore it takes various forms and can last for anything from a few days in an emergency to several months, and in some cases it can last for years.

The project in Tajikistan involves the setting up of a *formal* foster care service, that is fostering used as a social services resource, governed by statute and overseen by mandated officials, usually social workers. The focus of this fostering initiative is on the placement of babies and young children (under 6 years of age), currently accommodated in Baby Homes. The NGOs, UNICEF and key decision-makers in the Ministry of Health and Social Protection responsible for developing the service share a vision for children to be moved from institutional care into foster families (with social work support), and then ultimately returned to parent(s) or extended families, or adopted.

Institutional care of children in Tajikistan

The main form of state social service provision for children and families in Tajikistan are various large-scale children's homes or 'institutions'. Those for pre-school and school-age children are known as 'internats', usually translated into English as 'boarding schools for orphans'. They are run by the Ministry of Education and Science. There are the 'Baby Homes' (run by the Department of Health in the larger municipalities) for those aged between 0 and 4 years of age. At age 4 children are in theory moved to other institutions (with exceptions).

In theory children from the Baby Homes over 4 years of age should be referred to 'pre-boarding school', this should prepare them for school. However there is only one of these 'pre-school children's home' in Dushanbe and it is reported to be usually overcrowded, therefore, many children over the age of 4, and under 7, are kept in Baby Homes in Dushanbe. The 'Baby Homes' also have many disabled children. There are other internats/institutions ('special boarding schools for children with disabilities') for disabled children. Some institutions for disabled adults also have 'children's sections' for disabled children without parental care (orphans). A recent UNICEF Study Report on Residential Care in Tajikistan (2015) produced the following data about the number of children in various forms of 'Boarding School' (Ministry of Education and Science) or Baby homes and institutions for children with disabilities (CWD), (Ministry of Health and Social Protection of the Population). According to data from the Ministry of Education and Science in 2013 there were 6,270 children in 22 Boarding Schools, and 2,811 (CWD) in 16 special boarding schools for CWD. There are a further group of 375 CWD in institutions under the responsibility of the MOHSPP. The report notes that there are very few orphans in these homes or Boarding schools, that there are no care-plans in use and that the children live in large dormitories of between 10 and 20 children with little or no privacy. (UNICEF Tajikistan 2015, p.5-9) This quick summary of the types of institutions for children gives some indication of the fragmented nature of the system and the fact that children in care are expected to move homes – with all the disruption that entails, simply depending on their age, rather than on any other criteria of need. It also suggests that the country relies heavily on institutional care, and as the UN Committee on the Rights of the Child has noted,

> 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)

Tajikistan has 4 Baby Homes with a total of 224 children in December 2015; Dushanbe Baby Home 1 (52 children: 23 boys, 29 girls) and 2 (84 children: 48 boys, 36 girls), Khujand Baby Home (69 children: 36 boys and 33 girls), and Istaravshan Baby Home (19 children: 9 boys and 10 girls).

In June 2011 UNICEF and the OHCHR (UN Office of the High Commissioner for Human Rights) issued a call to end institutional care for under 3s in the region: *Call to Action: End Placing children under three in institutions* (UNICEF, 2012). This call is based upon extensive evidence of the significant harm that lack of close individual care can have on babies and young children's developing bodies and brains, leading to developmental delay and long-lasting psychological harm.

All countries in Central and Eastern Europe and the Commonwealth of Independent States (CEECIS) have expressed support for this call. At an International ministerial

conference to exchange knowledge and promote mutual learning on this issue, held in Sofia in November 2012, the Deputy Prime Minister of Tajikistan announced her country's commitment to this vital policy goal (UNICEF, 2013).

An unintended consequence – but a good one

In the development of fostering pilot section of this report we describe the stages of the development of the project including the selection of the children (p.17). This task was carried out by the fostering staff and the Director of the Baby Homes, and one of the criteria was that the children had not been visited by a parent or family member for over 1 year. As fostering was so unfamiliar it was agreed that the staff would try to find a parent or birth family member to ask if they would agree to the fostering. One consequence was that, in a few cases, the families were so shocked at the thought of their child going to another family that they 'reclaimed' their child from the Baby Home.

Methodology and sources

This report is based on interviews and observations carried out during a field trip by the author to Dushanbe and Khujand in December 2015. Interviews were conducted with a wide range of stakeholders:

- Social work staff from the project NGOs, HDO and Sarchasma
- Ms. Kouysinoy Maksoudova, independent social work consultant fostering coordinator, responsible for leading the fostering pilot
- The current and previous Project directors from HealthProm
- Dr. Nazira Muhamedjanova, medical doctor and Independent social work consultant employed in the project
- The Child Rights Unit, Dushanbe
- Ministry of Health and Social Protection
- Foster parents
- Directors of Baby Homes
- UNICEF child protection officers

Translation was provided by Project NGOs. A full list of those interviewed and their designations is included in Appendix 1.

The report is informed by the principles and policies found in the *UN Guidelines for the Alternative Care of Children* which was adopted by the UN General Assembly in 2009. The Guidelines strongly emphasise the importance of prevention work to support vulnerable families, and the development of family-based care options for children rather than reliance on large-scale residential care – 'institutions', orphanages, 'internats' etc. The report also draws on the implementation handbook for the Guidelines, *Moving Forward*, www.alternativecareguidelines.org , which has been published in several languages, including Russian.

The Guidelines have been created to ensure respect for two basic principles of alternative care for children, namely:

- that such care is genuinely needed (the 'necessity principle'), and
- that, when this is so, care is provided in an appropriate manner (the 'suitability principle').
- (Cantwell et al., 2012, p.22)

When evaluating any set of alternative care placements it is therefore important to consider the entry and exit points (the 'necessity' principle) and not just the placements themselves (the 'suitability' principle). In the first place efforts must be made to see if the child or children could be kept safe and well at home, while practical assistance or psycho-social support is offered to the parent(s) – in other words is the placement truly 'necessary'. All alternative care placements are supposed to be purposeful and planned. They are intended to meet the needs and rights - the 'best interests' - of the child, and therefore it is important to know where the children have come from, how they were selected for placement, and what happens to them after the placement. To guide, oversee and support children and carers requires a trained workforce of social service professionals. Therefore an evaluation of a fostering development needs to include information about the child's 'journey', and also the quality of the monitoring and support of the foster carers.

Country context

Tajikistan is a country of 7.9m people. It is a 'young' country with 33% of its population under 14 years of age. Formerly a Soviet republic it is the poorest country in the Eastern Europe and the CIS region, with 47% of the population considered to be poor (UN in Tajikistan website).

> More than a million of Tajik's population currently work as labor migrants, predominantly in Russia and other former Soviet states. The global financial crisis has increased economic hardships, most notably through a major decline in workers' remittances (which account for nearly 50% of GDP) (BBC Country Profiles 2012). The country is relying heavily on international financial assistance,

(UN in Tajikistan, 'Country context', http://untj.org/index.php?option=com_content&view=article&id=76&Itemid=495)

Social services were not provided during Soviet times, with the exception of various 'institutions' for children and disabled people, as noted above. The NGO sector is not well developed, and the UN has noted the very low level of government spending on education, health and social welfare generally (UN CRC, 2010). The Government's own

'*Poverty Reduction Strategy Programme 2010-2012*' (PRSP 2010-12) acknowledges the very low level of spend on health services,

> Total government expenditure on the healthcare fell from 4.5 percent of the GDP in 1991 to 1.9 percent in 2009, indicating that healthcare is increasingly dependent on unofficial private payments for medical services and on foreign aid.

> (PRSP 2010-12, p.40)

The PRSP also identifies significant challenges facing the country and the lack of capacity to tackle poverty and improve the social welfare of vulnerable children and families, including:

- an inadequate regulatory and legal base for the social welfare
- the low level and poor quality of social assistance and services
- inadequate bases for establishing and developing infrastructure for alternate social services through the involvement of civil society
- (PRSP 2010-12, p.42)

The overall impact of these social and economic factors in relation to care of vulnerable children is summarised thus in the Committee on the Rights of the Child concluding observations from 2010:

> While noting the deinstitutionalization efforts by the State party, the Committee however is concerned that the number of children in state institutions has increased by 38% during the reporting period. It is particularly concerned at the new tendency of temporary institutionalization of children due to migration of parents. (UN CRC, 2010, para 44)

It is this context, and the availability of funding from the European Union External Aid programme, under its Technical Assistance to the Social Protection sector programme, that HealthProm continued to develop its work in Tajikistan.

The social services context for the piloting of fostering in Tajikistan

HealthProm and the services provided by Family Support Centres

HealthProm has been involved in developing family social services in Tajikistan since 2008. The Tajikistan programme director for most of that period was Ms. Rachel Tainsh, who lived in Tajikistan from 2000 to 2009. Ms. Tainsh is a Scot and physiotherapist by

profession and has a masters in Community Disability Studies. She worked in Tajikistan on a number of community-based and social protection development projects. The focus of all HealthProm's work in Tajikistan is early childhood development;

- training professionals, volunteers and parents in child development and attachment
- initiating parent support groups and services for children with disabilities
- supporting vulnerable families
- supporting de-institutionalisation processes
- partnering with the Government and building up local NGOs

Training in early childhood development

In Tajikistan all these areas of work have been tackled and HealthProm has worked with local experts to deliver a significant volume of training for professionals, volunteers and parents in many aspects of ECD. It is this training, and the development of a non-institutional model of intervention, that has formed the basis of new services, delivered through the newly-developed Family Support Centres (FSCs). HealthProm also established a link with the social services department of Falkirk Council - a municipality in Scotland. Staff from Falkirk Children and Family services (senior officer Ms. Vivienne Thomson) offered advice about the training, supervision and support of foster carers and also welcomed a study visit which looked at the range of services available in that city to support vulnerable families. In turn staff from Falkirk made visits to Tajikistan to learn about the local context and provide expert advice.

Mellow Parenting

Mellow Parenting is a Scottish based NGO, which has developed a set of structured training programmes to support parents, strengthen their relationships and help them better understand the needs of their young children. Mellow Parenting programmes are used in the UK and worldwide to support families who have additional needs and face barriers when trying to access services. It has been offering its services to community groups and local authority social services for many years and now operates in several countries across the globe. (www.mellowparenting.org)

The original Project manager for HealthProm and partners looked for programmes and training that would be of value to professionals, parents and potential carers as they developed the work in the FSCs in Tajikistan. The Mellow parenting programme works on a 'cascade training' model whereby individuals become accredited 'Mellow' practitioner-trainers, and that organisation provides quality assurance. A number of project staff have been trained in *Mellow Parenting* programmes. The Project manager and one of the Tajik FSC staff are now approved 'Mellow Parenting' trainers and they regularly deliver parenting groups in both FSCs.

The following information taken from the *Mellow Parenting* website gives an introduction to their work and values.

'Mellow Parenting is a family of early intervention programmes designed to promote positive relationships in vulnerable, hard to reach families.

Mellow Parenting is a family of parenting and relationship programmes developed to support parents and their children in making good relationships.

The foundation of all the programmes is attachment theory with particular emphasis on the transmission of attachment and relationship styles across generations. So, if you have had poor relationships with carers in your early childhood, evidence shows that it is harder to make good relationships now, with services, partners and of course your children.'

The Family Support Centres (FSCs)

To date the following FSCs have been established:

- Kishti (Ark) - (Dushanbe BH1)
- Umed (Hope) FSC – (Dushanbe BH2)
- Marvorid (Pearl) FSC - (Khujand BH)

The workers from the Khujand FSC also work with staff and families from Istaravshan Baby home on an 'outreach' basis – it is in the same province as Khujand. The FSCs are located in buildings refurbished as part of the project in the grounds of the Baby Homes. The Centres have come to act, almost literally, as 'gate-keeping' services. 'Gate-keeping' of child protection services is a responsibility of Government and it should be noted that this gate-keeping function which has evolved here is conducted in cooperation with the Baby Homes, which are government services. Parents who approach the home are introduced to the staff in the FSC who find out what the problems are and try to support the parent to keep the child. The FSCs are also providing services which 'reach into' the Baby Homes; providing training in ECD for staff, providing skilled volunteer befrienders to lead developmental activity groups for the children (physical therapy, nutrition training, music and movement) and individual befriending. And it is from these centres that fostering is now being piloted with the intention of providing family-based care for children, who are not able to be adopted and who have no contact with biological families.

The 3-year '*Keeping and Finding Families*' project was initiated in 2012. It built upon and replicated a model of family support developed from work based at Baby Home 1 in Dushanbe, which evolved into the Kishti Centre. In 2008 HealthProm, Ishtirok (a local NGO), and the Ministry of Health, which funds and oversees the Baby Homes - formed a 'partnership for ECD'. As a result new community-based services were developed at the Kishti Centre. The Kishti Centre is managed by Ishtirok. The Ministry of Labour and Social

Protection joined this partnership in January 2012 when it began to commission services directly from Ishtirok (Information extracted from the EU Grant Application Form).

The social services staff in the FSCs are referred to as the Mobile Outreach teams (MOTs), the name being chosen to emphasise the fact that they are not working '*inside*' the Baby Homes but their main function is to work with families, foster parents and other professionals *outside* the Baby homes. The number of staff in each of the FSCs varies depending on funding and the range of services provided, usually consisting of a manager and 4 – 6 staff.

Under the *Keeping and Finding Families* project, the following services are provided in the FSCs at Dushanbe Baby home 2, and the Khujand Baby home:

- work with vulnerable parents and families in crisis: through parent counselling, advocacy and practical assistance (with housing for example), parents groups
- delivery of training courses for parents and professionals : in subjects such as ECD, Mellow Parenting courses, post-natal depression and attachment
- Recruitment, training and deployment of befrienders to work with children in the Baby Homes
- Developing the pilot fostering service

Respite care for children with disabilities

In parallel with all the activity described above HealthProm also worked with professionals to develop a respite service for the families of children with disabilities, which opened in summer of 2015. The families who have taken part in this respite programme were families who had approached the Baby Homes (to take their child) because of their difficulties in caring for their disabled child. The reasons why parents consider placing their child in the Baby Home are usually a combination of factors, including poverty, lone parenthood, the lack of support from family and the impact of stigma and discrimination.

The respite service is based within Chorbogh rehabilitation centre in Dushanbe for children with disabilities and at Baby Home 2 in Dushanbe. It consists of 8 beds (4 for girls and 4 for boys) and families are offered a 2-day per week period of respite (for a maximum of 13 weeks per year) – during which their children receive rehabilitation/education in the centre. A second set of respite care places are shortly to become available in Baby Home 2.

The new-ness of fostering – explaining it and overcoming doubts

One of the first challenges facing the NGO staff was to explain what fostering is to all potential stakeholders – professionals, parents, policy-makers and the wider public. Initially nearly everyone was sceptical about the concept. This is not surprising and is a common reaction in many countries, especially in countries where there may be a

tradition of strong extended families – caring for a relative's child is one thing but providing care for a stranger's child in the intimate setting of the family is seen as something quite different. This is so in communities where traditional cultures and values are maintained, and where for example there may be a lot of stigma associated with a child born out of wedlock, or a child with disabilities. Indeed these factors are some of the factors driving parents to relinquish children to institutions in the first place. As the EU Grant application form said, 'Fostering by non-family members is not practiced in Tajikistan, and there are some cultural barriers to this.'

In parallel with this unfamiliarity with the concept of non-relative fostering, there is a significant degree of public confidence in the care provided in the Baby Homes, and the developmental delays associated with a lack of one-to-one care of babies are not widely understood. There has been a perception that the physical care and education provided through the homes run by the State are reasonably good, especially when people are facing very difficult home circumstances. One other legacy of the Soviet times, when these institutions were developed, was that the State would traditionally make sure that all young people leaving the homes would be given a secure job with a government department. This factor was specifically noted by the Children's Rights Committee in its report (2010):

> the Committee is concerned at the fact that many parents prefer institutionalization of children for economic reasons and that most families are not aware of the negative effects that institutionalization can have on a child's development.

> (UN CRC 2010, Concluding observations, para 42)

During interviews for this report several of the interviewees expressed a view that Tajikistan was 'not ready' for fostering, and others reported about how much their own views had changed, having been very unsure when they first heard about plans to introduce fostering in Tajikistan.

> 'mentality is that people are not ready for foster-care', ' one of the problems we encountered was with a senior official. She didn't understand foster-care at all, her background is medical. She couldn't see the difference between adoption and fostering.'

> (officer from a Children's Rights Unit)

> 'Foster-care has not really started…It is a good idea but Tajikistan is not ready for it.'

> (Director of a Baby home)

'Three years ago I knew nothing about this way of working [foster-care], now we have started. I would never have expected to work like this.'

(Family Support Centre staff)

The preparation work also included a study tour to St. Petersburg in March 2015 that showed a delegation from the Ministries, UNICEF, Baby Homes and NGOs that foster care works in a post-soviet society.

The NGO and CRU staff are now very positive, and indeed excited, by the fact that they have got foster-care underway and they consider that it is working well so far. One of the local independent consultants said that she herself had considerable doubt about the idea of bringing fostering to Tajikistan. However she took part in a study visit to Scotland and after she met foster parents and saw the system operating it 'cemented the idea of foster-care' in her mind. In total there were 3 study visits which helped a number of key Tajik staff observe systems in operation in Russia, Scotland and Moldova.

Government departments and structures related to disabled and vulnerable children

The Ministry of Health and Social Protection of the Population (MOHSPP), with UNICEF support, is now on the brink of making major changes to the Baby Homes – to turn them gradually into 'multi-service family centres' and it is also entering discussions with UNICEF about developing guidance and procedures to govern foster-care. All this indicates that this Ministry is very much moving in the direction of endorsing and extending the work with young children (0-4 years) that UNICEF, HealthProm, and the local NGOs have been developing for many years. However at the beginning of the fostering pilot most of the key Government officials – Municipal and Ministry – were unfamiliar with the concept and practice, and did not have policies and procedures to guide them. They were anxious about taking responsibility in case anything went wrong. In this section of the report the various departments and units are identified and the process of getting approval to start foster-care is briefly outlined.

The departments in the system around the Baby Homes and fostering

The Baby Homes are funded and overseen by the *Department of Health in the Municipalities*. The Directors of the Baby Homes are key professionals who HealthProm and the NGOs work with, and they have to give their agreement for a child to be moved from the Baby Home to a foster family.

The main authority with regards to decision-making about the placing of children into 'internats', Baby homes and fostering is the municipal *Child Rights Unit (CRU)*. These units are located within the municipal *Department of Ideology and Social Affairs*, and the

CRU staff report to the Deputy Head of this department, who is also the chair of the multi-disciplinary *Child Rights Commission*. The CRUs (governed by the Law on Child Rights Protection 2015) are relatively new institutional structures and have one member of staff, two in the case of Dushanbe. The CRUs are not yet found everywhere in the country. In some districts the Commission on Minors is in place. The CRU staff have a wide range of administrative roles; for example, approving referrals from the *Psycho-Medical Pedagogical Commission* (PMPC) for placing a child in an 'internat' or baby home. They also have duties in relation to children 'in conflict with the law' referred by the Police.

The *Psycho-Medical Pedagogical Commission* are a panel who make medical and educational assessments of children with disabilities or other difficulties who may need a place in an institution or special school of some kind. The panel members are mainly health professionals drawn from various specialisms, but they are only involved in this assessment process and are not otherwise involved in the care or education of the child.

The *Child Rights Commission* is a multi-disciplinary body at Province level which is intended to coordinate children's services and new developments. Members of the Commission include representatives from health, education, police and other municipal departments.

At central government level there were separate *Ministries of Health and Labour and Social Protection*. Social protection was removed from Labour and taken to Health, which is now the Ministry for Health and Social Protection of the Population (MoHSPP). The Ministry is responsible for setting policy and overall guidance. For a number of years there has been a *Directorate of Human Rights Guarantees within the President's Executive Office*, which is a major executive department of central government. In 2015 a new head of Department of Children's Rights was appointed within this Directorate and it is anticipated that this Children's Rights Department will in future have a lead responsibility for developing policy in various aspects of children's services including alternative care.

Development of fostering pilot

Steps of approval

All of the bodies mentioned in the previous section were required to give approval to the fostering pilot. Because it was a new development many of the government officials felt uncertain about giving their approval until they were confident that all other parties were also in agreement.

In order to try to build confidence in the concept of fostering the Fostering coordinator held a series of meetings, termed 'roundtables' with key officials from Ministry and municipalities of Dushanbe and Khujand.

Fostering has now been established in law, through Article *44, Child Rights Protection Law 2015*. However despite this significant milestone and the fact that this pilot project was one of the key actions identified in the EU-grant, further approvals were required before the fostering coordinator could proceed with recruiting foster parents. After receiving specific approval to start recruiting foster carers from the Ministry, the Fostering coordinator was required to collect signed approvals from each individual member of the Children's Rights Commission.

This uncertainty and delay was no doubt due to the fact that there has been no statutory guidance issued beyond Article 44, and existing bodies such as the Child Rights Commissions and Child Rights Units have not been given direction about their new roles and responsibilities. Therefore actual implementation of the pilot required considerable negotiation at municipal and provincial levels. Despite apparent de-centralisation Tajikistan has a strongly centralised system. The central level decision-makers could block initiatives at any time if not consulted and their clearance given. During this time there was a period of several months when there were no staff in post at the Dushanbe CRU, so overall the process of getting approval to start placing children in the pilot project took about approximately two years, and was only finalised in summer 2015. The Ministry of Justice is currently drafting bye-laws related to the new law.

Recruiting, selecting and training foster parents

The fostering coordinator is a local, independent social work consultant who has been recruited under the *Keeping and Finding Families* project specifically to lead the pilot fostering project, working closely with the FSC staff. She is based mainly in Dushanbe, and one of the staff in the Dushanbe FSC was identified to lead the work there on a day-to-day basis. The project coordinator and the two FSCs started to publicise the fostering and begin to seek out potential foster parents.

They held meetings for interested people in the Umed and Mavorid FSCs, they also held meetings for health professionals and others and spread the word among staff of the Baby Homes and parents already attending the FSCs to take part in parenting groups. Potentially interested parents were then informally interviewed by the fostering coordinator in Mavorid and the overall coordinator in Dushanbe.

The prospective foster parents then participated in a fostering training programme that consisted of 5 days pre-placement, 8 hours per day. Once the child had been placed the parents were then given a further 5-day training programme; these days consisted of 4 hours of training per day in a small group plus 3 hours of individual consultation. At this stage some prospective carers dropped out. The coordinator had a talk with each of them and felt that they were making informed decisions; some felt that they were not ready for foster care and some felt they would prefer to become guardians or adopters.

Once the prospective foster parents had completed the training component they were then formally assessed by the fostering coordinator and the local CRU officer also conducted an assessment, and their cases presented to the relevant regional CRC for

formal approval. The CRU assessment was mainly focussed on the physical conditions of the home to make sure they were adequate to provide care for the child.

The final stage of approval was given by Child Rights Commission on the recommendation of the fostering coordinator. The fostering coordinator also sought the agreement of the Director of the local Baby Home before finalising her recommendation.

It should be noted that one of the potential foster parents was rejected after she had taken part in the training session. The Fostering coordinator and the FSC staff believed that she was a very positive person who had great potential, however due to her particular family circumstances the staff felt that she would not be able to give sufficient time and attention to a new child.

The foster parents do receive a small financial payment – currently TJS 445 per month (about 50€) It is important to note that the foster families come from a variety of socio-economic backgrounds. Some parents were initially reluctant to accept the payment as they felt they could afford to bring up the child, while others are on low income and really need the extra income to help meet the child's needs.

The foster parents – profile

The project aimed at getting a range of foster parents, people of different ages and socio-economic background. It was also considered important to try to get a mixture of those in the cities and rural settings, as there is still a majority of the population which lives in rural communities, small towns and villages. In all the families the main carer was the woman. The jobs of the carers included; housewives, a nurse, a hospital doctor, a farmer's wife. Most of the families lived in the cities, while others lived either on the edge of the city or in the countryside.

Among the 8families who had children by the end of 2015 6 were married couples and 2 single (divorced) women. Some of them had their own 'biological' children, while others had no children. There was a diverse range of families recruited; one foster mother said she had 4 boys and always wanted a girl, while two others said they had no children of their own and they had approached the Baby Home.

All of the foster parents spoken to for this evaluation emphasised the importance of the extended family in supporting their decision to take on foster child. Several of the foster parents live with extended family members.

Identifying the children

As has been noted there are over 200 children currently in the baby homes and the pilot project would only be looking for a maximum of 10 children. Led by the coordinator the two CSWs undertook a process of identifying potential children for fostering. Working with the Director of the Baby Homes they identified criterial for the pilot project.

The criteria were:

- Children were excluded if they were in the process of adoption or were considered by the Director to be very likely to proceed quickly to adoption
- Children who had not been visited by any family member for 1 or more years
- Children with disabilities were not included in this pilot (This decision was made because the priority was to demonstrate how foster care could work, and so the staff chose children without particularly challenging additional needs. It is the intention of the NGOS to include children with disabilities as fostering develops.) However it should be noted that all the children in the pilot did have significant health issues, some physical, some developmental.

Once the relatively large group of children who might be considered for fostering was identified, the FSC staff, in close cooperation with the CRU, then undertook an assessment of the 'birth families' of the children. The FSC staff examined the child's situation, the reasons for the child's placement in the Baby Home. They also visited the birth and extended family to discuss whether they might be able to receive the child back, either immediately or after a period in foster care.

One unexpected result was that some families felt able to take their child back, as a result of the assessment process, and the awareness that their child might be placed with another family. As a consequence of ths phase of the assessment process, among the 33 children assessed from the Khujand and Istaravshan homes, 9 children were able to return home with support. The fostering coordinator said, 'The assessment identified that the birth families have very little understanding of the harmful effects of institutional care.'

Matching – there then followed a process of matching the prospective parents to the child. In the section below an anonymised profile of the foster parents and the children is provided.

The foster children – profile

There were 8 children in placement by the end of 2015; of these 3 are girls and 5 are boys.

Their ages (at December 2015) ranged from 15 months old to 6.5 years old. There were 3 children aged between 15 and 23 months, four children aged 3 years and 3-6 months, and one 6-year old.

The 6-year old child had been in the baby home since she was 1.5 years old when her mother was imprisoned. She was due to transfer – on age grounds - to an internat for older children. Instead she was included in the foster pilot and moved from the baby home straight to a foster family. With the exception of the 6-year old mentioned above, the rest of the children had lived at the baby homes since they were very young:

- 2 were admitted straight from maternity hospital (aged between 6-8 days)
- 5 were aged between 2 and 5 months old when admitted
- 1 was admitted aged 1.5 years old

From this information it can be seen that all the children had spent a large part of their young lives in the Baby Homes.

Initial findings; views and experiences of foster parents

During the field work for this report the author visited one foster family in Dushanbe, and also interviewed three foster parents in Khujand, and one couple who had been approved and matched and were about to welcome their foster child into their family.

All the parents were very positive about the experience of fostering so far, and they did not hide the fact that at times it had been very difficult. They were all quite clear that the foster parent role was not the same as adoption, and they recognised the importance of keeping information about the child's birth family to share with them as appropriate, depending on age and stage. The foster parents have been encouraged to use a 'memory box' for their child – something that was created at the FSC and handed to them when the child was placed. This memory box contains information and photographs about the child's background and where they had lived before being placed in the foster families.

Several of them had faced major behavioural problems as the children adjusted to living in a family home. One three year old girl found it very difficult to settle at night, often coming into the parents' bedroom, and eventually falling asleep on the floor or under her bed. The parents tried a number of strategies and got advice from their keyworker – and a session from psychologist. Eventually the child did settle. This particular child is placed in a family where there are a number of other 'biological children' and she has often seemed to be determined to seek the attention of her new mother. There is nothing surprising about this type of behaviour from a 3-year old and the mother said that she had needed a lot of patience, but she had been able to draw on her reserves and now things were very much more settled, i.e. after 3 months.

Another child had been very withdrawn at the beginning; not speaking and hitting others in the family. He seemed resentful and aggressive. This foster mother described how "in the beginning I tried to force the process but it was difficult", so she had to change her approach, she kept patiently caring for him, "taking it step by step. I was loving and gentle. I didn't go to work."

Another toddler "refused me in the beginning, he only wanted food." Now he is much more trusting, accepts cuddles and comforting, and she is able to take him to kindergarten.

The parents had all received a great deal of close support and guidance from the respective (Umed and Marvorid) FSC staff – who they had got to know during their recruitment and training stage. They were in regular phone contact with the keyworker

or other staff person if the keyworker was not available. Most of the parents were continuing to attend various parenting groups, including the *Mellow Parenting* groups, which were being run by the FSCs. These groups recruit parents who are facing a range of parenting issue or challenges.

The parents had heard about fostering via word-of-mouth, from friends who had some contacts with staff in the Baby Homes, or FSCs.

The parents were asked what kind of people were best suited to foster-care, what qualities they should have. The replies were consistent:

> "they should have love more than enough", "they should have a heart full of love, from the bottom of the heart", "loving quality, not just talking"

> "patience"

> "Unity of family"

Care-plans for the children in foster care

Basic care plans for the foster children are in place, and it is anticipated that some to the children will be returned to the birth family, while others may progress to adoption. As already noted the simple act of assessing the children in the Baby Homes led to some families reclaiming their children. This is a consequence of active social work intervention of a kind that is still very new in Tajikistan, therefore the pilot project is not only testing out that fostering can be established in Tajikistan it is also providing a 'test-bed' for family-focussed social work practice. This is a very important finding from the pilot. It illustrates the benefits of regular reviews of children currently placed in the institutions and the potential of reaching out to extended families for support to return children to birth families.

It is exciting to report that one of the children in the initial group of fostered children has now been returned to his birth family after a short period in foster-care. The child in question had been placed in the Baby Home immediately after birth; his mother was young and the father unknown. He was placed with a foster carer at the end of September, when he was aged 1.7 years, and 3 months later he was returned to his birth family. The fostering coordinator provided the following information about this very positive outcome,

> "In collaboration with CRU Dushanbe, HDO team had several meetings with the birth family members. After establishing contact with the child, the child was returned back to birth family. Now the child is in his family for almost two weeks, the mother and the child participated at Foster Families Community Celebration in December 29th, the boy was happy to be with his mother. HDO team keeps

contact with the family via phone and today, Umeda (FSC Manager) and Mavzuna, CRU representative are going to have a home visit for his birthday.

It is especially exciting, as the child was born out of wedlock and traditionally it is very difficult for the family members to accept the child, but after HDO's work, they realised that the child belongs to their family and they themselves can take care of him. We are changing the mind-sets through this work."

Achievements, challenges and opportunities

'(T)here is no one blueprint of universal elements for successful foster care programmes. Those developing and delivering foster care programmes must carefully examine their local context and adapt programmes accordingly.

(Family for Every Child, 2014, p.4)

Achievements

The *Keeping and Finding Families Project* set out to run a small-scale fostering project in order to demonstrate that fostering could work in Tajikistan. Importantly, the fostering project formed only one part of a wider range of family support services for families in crisis who were at risk of relinquishing their young children. Among the range of services provided are emergency family interventions to provide counselling and practical advice and material aid; respite care programme for children with disabilities; plus work with the Baby Homes staff to provide a higher quality of care and to prepare the Baby Homes for transition into a multi-service, family support model.

The recruitment and preparation of foster parents therefore takes place within the FSCs delivering this wider range of services. The foster-parents are thus able to see that they are part of an emerging family support service and have ready access to other parents, support groups, and training opportunities. They also have ready access their keyworkers and other support staff.

The main achievement so far has been to establish a fostering programme; undertaking the task of explaining the concept and practice and winning the necessary approvals. Not least it has involved the development of successful partnerships with the Directors and staff of the Baby Homes. It is still very early days but all the signs are positive. Foster parents have been found, selected, trained and formally approved. The project has progressed with full engagement by the NGOs with local CRU staff and regional CRCs and Ministry officials. This is significant if we remember the (well-meaning) scepticism and

doubt expressed by numerous welfare staff and government officials – including members of the FSC staff themselves.

A diverse group of foster–parents have been recruited. They have had children placed with them and they are now enthusiastic advocates. The foster–parents have received regular payments from UNICEF through the local NGOs and understand that they are part of, and partners in, a 'system' which includes staff from the FSCs and officials from the Child Rights Unit. They realise that they are accountable and have been formally approved and will be regularly reviewed.

One of the major achievements so far therefore is to have a good support system for foster carers. The foster parents are able to receive one-to-one advice and help when they need it but the staff are not committed full-time to this work, they have a wider range of duties and are working with many more families. This therefore spreads the cost of the support service. Currently all these costs are borne by the externally-funded NGO sector and full development of, and 'ownership' of a sustainable system of foster care, will require commitment and funding from the Ministry.

There has been a thorough process of scrutiny and approval by numerous professionals at locality, provincial and Ministry level. However it is clear that there is as yet no proper system in place, with appropriate resources, protocols, guidance and procedures, mandating roles and responsibilities to various government and municipal bodies. Individual foster carers have been approved by the municipal Child Rights Unit and the placement of specific children has likewise been individually approved. The fostering support service has built its capacity over a period of years by drawing on expertise from within the country and also through study visits and exchanges between Tajikistan, Russia, Moldova and Scotland.

The NGOs responsible for implementing the project (HDO and Sarchasma) have maintained active collaboration with many others who are part of the system. They have established good working relationships with the Heads of the Baby Homes, and their staff. They have worked fruitfully and closely with the lead partner – HealthProm and municipal and Ministry officials. There have been delays in getting approvals but the staff teams have kept persistently moving forward.

It is still 'early days' in the development of fostering but there seems no doubt that a strong foundation has been achieved.

Challenges and opportunities

There a number of immediate challenges facing the system.

Scaling-up

There is a need to decide what the next stage of development should be. Eight families is a small-scale pilot project but it has established the beginnings of a system that prepares and assesses children and foster parents, makes and monitors placements. One question

is to decide what the scale of the next stage is. Certainly as the Baby Homes move to a multi-service model with steadily reducing bed numbers, then a much larger pool of foster carers is required. It is difficult to calculate how many children might eventually need fostering places in the next 5 years, as the Baby homes are reorganised. There are currently about 220 children in the Baby Homes at any one time, with some moving quite quickly to adoption and others staying much longer. As we have seen quite a number of these latter ones could be able to return to birth families with support from the FSC staff and potentially with the Baby homes staff also working in family support roles. A key question is whether it will be possible to recruit foster parents for children with disabilities; either on a respite care basis or perhaps long-term.

Building up steadily, rather than aiming for a quick, large expansion seems the most realistic and sensible approach. Based on the existing two teams it should be possible to aim for a steady build up towards perhaps 50 foster parents between the 2 centres, over a period of 12 – 18 months. It might be possible to attempt to find foster families for disabled children and set up a small pilot project to provide these families with a higher level of initial support and monitoring. This will require finance to recruit, train and pay the foster parents and to pay the salaries (or parts of salaries) and travel expenses of support staff. This stage could perhaps be conceived as a 'demonstration project' to show how a larger group of foster parents can be recruited, supervised and maintained.

Funding for foster care

At a time of financial constraints it will be difficult to find money for the development of a new service such as fostering. Some money may be released as the Baby homes are reorganised. However it will surely be a priority for the Government to include money for the development of fostering, if it is to develop a modern social services system. Ultimately this will lead to fewer children in care, better developmental outcomes for children and society, and much less use of children's institutions of all kinds. However some Government finance must be found as the fostering system cannot be funded over the long-term if it is highly dependent on NGO money. Government bodies, the Baby Homes, CCR and the CRU are already involved in operating the system, scrutinising, approving etc.

A fostering service does require finance in order to operate, even if the money paid to foster carers is quite low. Money is required for the supporting social service workers; to recruit, select, train, approve, monitor and review the carers. However, as has been seen already, it does lead to many children being returned to the birth families, and others being prepared for adoption. The process of setting up fostering leads to more families thinking about caring for children, and more awareness of the lives of children in institutions, and the *Keeping and Finding Families project* has demonstrated this can lead to many people volunteering. So this kind of investment produces a great deal of 'social return'; children receive better care and are more likely to become emotionally secure adults able to contribute to a strong society, and more citizens are involved in caring for them. The Government in turn can achieve a success at many levels and gain the

confidence of the people that it can organise the care of all its children, without the need to separate so many of them from their parents and kin. Among the wider social benefits from well-supported family-based care include poverty reduction and the reduction in numbers of socially isolated youths who in the current climate may be vulnerable to finding support and friendship from groups with a radicalisation agenda.

Comparing costs

It is very difficult to make direct comparisons between the running costs of a Baby Home and a foster care service. The Baby Homes are in any case going to change and there will be costs associated with changing their role, re-training staff, establishing assessment procedures (gate-keeping) and providing the children and families with various kinds of support. Certainly when it comes to a comparison of the daily costs of fostering compared to institutional care then foster care is cheaper – there is no charge on the municipality for building and maintenance costs, heating, office costs, etc. There is a cost for each child in foster care – the monthly allowance for the carers. However the costs of a foster care service goes up and down depending on the number of children in placement while most of the costs of an institution are fixed and do not reduce much when there are fewer children in care.

The staffing costs for each service are different and overall will be less for the fostering service. In the Baby Homes there are the care and domestic staff plus the administration, gardening and maintenance staff, while for fostering there is a need for a group of social workers plus an administrator. There will be fewer staff in the fostering service than in the Baby Homes but on average they will be more highly trained.

The other overall benefit to the State from having foster care social workers is that these staff can be deployed flexibly. Once they are established in the 'community', rather than the institution they can work in a number of settings; for example, they might work in day care centres or in community work roles. As community workers they might recruit and monitor volunteers or set up support groups of parents. Social workers are also invaluable in the case of natural disasters or major accidents.

CRCs and CRU

In 2016, UNICEF and the Department of Child Rights in the President's Executive Office will conduct a functional assessment of the CRC/CRU with the goal of improving their effectiveness. It will be important for the Government to develop guidance about the roles of the CCRs and CRUs. The CRCs will need training in foster care and using a child-centred approach to placing babies and young children for the new system that is being developed. The CRUs have been under-staffed for the increasing responsibilities they have and consideration will be need about how to strengthen the CRUs, especially the largest one in Dushanbe.

Recruiting and supporting foster parents

It will be important to find and support foster parents in all parts of the country not just the cities so that the service is available near more centres of population. It is vital

therefore that the cost of transport is identified in the early stages of planning for expansion. The practicalities and cost of transport for parents in rural locations to attend training and parenting groups, and the transport costs of foster support workers visiting parents in their homes will need to be taken into account.

Foster parents can offer a lot of support to each other. In many countries there are both formal, national associations of foster parents and local foster-parent support groups. These latter groups may happen on a regular, perhaps monthly basis, and take place in an informal setting where parents can socialise, learn from each other and give support to new parents. The groups will need to be explained and initiated by the fostering NGOs but they can soon become self-organised.

Child protection in the community

As more vulnerable children will be in the community because of foster-care and deinstitutionalisation, new forms of community child protection will be needed. This will involve awareness raising at local level, and systems to be established that will allow family and neighbours to report any concerns they have to the appropriate community and social services.

Next steps for the development of a professional fostering service

> Foster care can only be delivered when it is part of a wider system of protection and care than includes an emphasis on family strengthening and provides a wide range of alternative care choices for children

> (Family for Every Child, 2014, p.6)

In order for fostering to move forward beyond the pilot stage there are a number of key elements that need to be developed in order to embed and support a good quality fostering service. In this final section of the report the 'next steps' in the development process are suggested. It is important to remember, as the quote above suggests, that the development of fostering cannot take place in isolation from wider family support and child protection services. This is because fostering must be purposeful and used for those children who will benefit from it. In turn to achieve this there needs to be a cadre of social workers in place whose job it is to assess children and identify their needs as well as a group of social workers who can recruit, train and support the foster carers themselves. Some of these workers are likely to come from existing Baby Home staff, others from current NGOs, and some additional workers will need to be recruited and trained for this work.

The Government commissioned a report from UNICEF about the future of the Baby Homes and it has accepted the recommendations in this report to change the role of the

Baby Homes into multi-service centres with the aim of closing the residential service. They also recognise that there is a need for guidance documents to support the development of fostering. These are certainly key requirements but there are others.

Development of an overall vison and strategic direction

In order to for fostering to be developed on a secure basis it is important that key officials in the government and the NGO sector continue to collaborate closely. They need to develop a shared vision of the longer term shape of the fostering service that the country is working towards. This will require a vision for the wider system of social support for vulnerable families and children, and the place of fostering within that. There is a need for the development of guidance, structures and personnel.

This vision will need to connect with current structures but also imagine new ways of working, for example,

In all parts of the country there could be social service workers working alongside community health personnel or perhaps based in schools. They will work closely with the CRUs, but they will also work with volunteers and community groups. They will be trained and supported by staff in centres in the largest cities who have been pioneering this work; such as the staff in the Kishti, Umed and Mavorid centres. The staff in these Centres have the greatest experience and the specialist expertise to support specialist services such as fostering, respite care and to continuously reform the role of the internats, and improve the quality of care in them.

The social workers involved in this process need therefore to be people who can effectively engage with poor and vulnerable families, and identify those children who are at highest risk of harm. These workers will have an overview of all the vulnerable children and parents in particular district who need support, and will aim to keep children within their extended families if possible. In this way the number of children requiring foster care – for short or long periods – will be kept to a minimum. In time there should be developed a range different types of placement to support families and avoid reliance on long-term institutional care; emergency placements, short, medium and long-term placements, respite placements for disabled children. In turn the group of foster parents will develop skills and preference for looking after particular children; babies, young children, teenagers, children with disabilities. Some will be willing to care for sibling groups while others will only want to look after one child, and so on.

Development of statutory guidance

In order to achieve high standards of compliance with the Law on Child rights Protection and to make sure that officials in all parts of the country understand what fostering is, there will need to be various kinds of statutory and other guidance to guide staff. Such guidance will make the mentions of fostering in the legislation a reality; assign duties to the relevant parts of the system; the Child Rights Commission, the Child Rights Units, the PMPC, the FSCs, foster parents and so on. The Guidance will need to set out agreed

processes for and recruiting foster carers, minimum training expectation, levels of monitoring and support and establish a mechanism to keep levels of payment under review.

Guidance will also be required to set out the process of approving and reviewing foster parents. Also the process of placing children; who undertakes the tasks and –such as FSC staff - but also importantly the role of the CRUs at local level.

Monitoring, evaluation and review

It will be important to keep the newly developing family support services under regular review and evaluation. There will be a need for a lead Ministry and a coordinating body at central level in order to monitor progress, promote collaboration and problem solving. The Ministry of Health and Social Protection and the Ministry of Education and Science will need to establish good communications and shared agendas around the new social services and the supervision of the Internats and after-school services. In order to develop fostering the Ministry of Health and Social Protection should establish a high-level group chaired by a senior official but with members drawn from all the key stakeholders to receive reports and set out strategic plans for the next 3-year period, with annual progress reviews. Such a monitoring and evaluation group will also be able to liaise with the Ministry of Finance so that they can understand the development of this new service, offer advice and guidance about the financial implications and the setting up of new budget lines.

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Appendix 1

List of interviewees

Name	Role	Organisation
Jonathan Watkins	Keeping and Finding families Project manager 2015-16	HealthProm
Rachel Tainsh	Keeping and Finding Families project manager 2012-5 & Programme Development Officer for Mellow Parenting.	Mellow Parenting
Kouysinoy Maksoudova	Independent Consultant- Keeping and Finding families Responsible for Foster Care Component	
Dr. Nazira Muhamedjanova	Independent consultant – responsible for training courses and development of respite service	
Umeda Ergasheva	Manager MOT, Baby home 2	NGO Hayot Dar Oila (HDO)
Zu Ruzievs	Trainer for parents groups	NGO HDO
Mavzuna Niyezova	Dushanbe CRU	Dushanbe Municipality Department of ideology and Social Affairs
Sharipova Maysara	Head of Practical and Training Unit of Social Work and Innovations	under the Ministry of Health and Social Protection of Population
Soima Muhabatova	Senior Officer, Social work commissioning	Ministry of Health and Social Protection of Population
Aziza Khodjaeva	Head of Section Maternity and Childhood.	Ministry of Health and Social Protection of Population
Saodat Nabieva	Director of Baby Home 1, Dushanbe	
Farida Noureddine	Chief, Child protection	UNICEF, Tajikistan
Salohiddin Shamsiddinov	Child protection officer	UNICEF, Tajikistan
Luba Fedotova	Director	NGO Sarchasma (Socio-legal Centre, Khujand)

Surayo Rasulova	Manager, Moravid Family Support Centre	NGO Sarchasma
Zamira Nuridinova	Fostering Coordinator	NGO Sarchasma
Zamira Ganieva	Foster-parent, Dushanbe	
Eshonova Muhayohon,	Foster-Parent, Khujand	
Rizoeva Ozoda	Foster-parent, Khujand	
Dilafruz Atabullaeva,	Foster-Parent, Khujand	
Dodojonova Dilorom Yusupovna	Director Baby home, Khujand	
Khotamov Mirzoali	Director, Istaravan Baby home	

Improving care experiences