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Putting Families First: De-institutionalisation of the Baby Homes in Tajikistan

Project evaluation report

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Acronyms and definitions

BH(s)	Government-run Baby Home(s), for children under 4
CIS	Commonwealth of Independent States
CCR	Commission on Child Rights
CRU	Child Rights Unit
DCRP	Department of Child Rights Protection, Ministry of Education and Science
ECD	Early childhood development
FSC	Family Support Centres (NGO run, attached to the BHs)
FCSC(s)	Family and Child Support Centre(s) – the new Government-run Centres, replacing the Baby Homes and the FSCs
GCC	Grand Challenges Canada, International NGO funding innovation in low and medium-income countries
HDO	Dushanbe-based NGO, Hayot dar Oila, operates UMED FSC in BH2
Hukumat	A generic term for Local Government: it is used to refer to various levels of administration: City, District, Municipality and Region
Internats	Government Boarding schools - originating in Soviet era - for children with family problems and special needs
IRODA	A parent-run NGO, providing services for children on the autism spectrum
KFF	Keeping and Finding Families Project 2012-2015 (EU-funded)
Kishti	A former Family Centre located in the grounds of BH1 in Dushanbe
Mavorid	NGO-run Family Support Centre, co-located with Khujand BH
MoHSP	Ministry of Health and Social Protection of the Population
MoES	Ministry of Education and Science
MP	Mellow Parenting (Scottish-based international NGO)
PEO	President's Executive Office
PFF	Putting Families First project
PMPC	Psycho-Medical Pedagogical Commission, multi-professional panel making health assessments of children

Sarchashma	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

I would like to thank all those who spoke to me and shared their experiences, opinions and aspirations for the creation of positive family support services and the transformation of the Baby Homes in Tajikistan. Particular thanks are due to Dr Nazira Muhamedjanova who was my principal guide and interpreter during earlier field visits and during the interviews conducted over Skype for this report.

Special thanks to the staff teams of the two Family Support Centres, and their managers, Zamira Nuridinova and Nigora Rasulova, for their welcome and facilitation of meetings and interviews with parents. Particular thanks to the parents who had used the services of the Family Support Centres, who so openly shared with me something of their troubles, and the help they had received from the support workers. Thanks also to Umeda Ergasheva, the Tajikistan *Putting Families First* Project manager who organised the interview process, and negotiated access to local experts and officials, and who gathered online comments from parents. The report has also benefited greatly from the detailed comments of UNICEF colleague, Salohiddin Shamsiddinov, Child Protection Officer.

I also need to acknowledge the UK-based Project Manager, Jonathan Watkins, an enthusiastic, compassionate and analytical social worker, who has facilitated my evaluation and been available for multiple conversations and email. I have made extensive use of his experience and drawn on his understanding of the impact of the project, but the emphases and conclusions of this report are all mine.

Introduction to the report

This is the final stage of a 3-part evaluation process of a 42-month project, which ran from January 2017 until June 2020, subsequently extended until 15 August 2020. There were three funding streams, the principal one being the EU: EU Aid from December 2016 for 44 months; UK Aid from February 2018 for 28 months; and Grand Challenges Canada from July 2017 for 24 months. Two reports have been published previously: an initial stage report (Milligan, March 2018) and an interim report (Milligan, March 2019). This final report will evaluate the project against the targets set out in the funding agreements and report on key informants' views of the sustainability of the project outcomes and the need for continued support to the new Family and Child Support Centres. It will also draw on material from the earlier reports to analyse key elements in the project 'story' overall.

Impact of the Covid pandemic on the evaluation

The conduct of this stage of the evaluation has inevitably been affected by the Covid 19 pandemic. Whereas I was able to visit the project sites in Tajikistan and interview stakeholders for the first two reports, I have been unable to travel to the country for the purposes of this report, due to the restrictions associated by Covid 19. The data in this report is drawn from Skype interviews with many members of the project staff, including Directors of the former Baby Homes, and I have also had feedback from parents. I issued a questionnaire to stakeholders including Government officials and others including the local UNICEF office and received written replies from them all. I have received a detailed written reply from the UNICEF Child Protection officer, which has been very helpful. Finally, I have conducted lengthy telephone and Skype interviews with the Tajikistan project manager and the UK Project manager, who have also supplied me with various project reports and data.

Executive Summary

Putting Families First project (January 2017 – August 2020)

The *Putting Families First* project aims to support the Government of Tajikistan to transform four government-run Baby Homes, for children from 0-4 years old, into non-institutional Family and Child Support Centres. The main funder of the project is the EU External Aid agency with further contributions from UK Aid and Grand Challenges Canada. The project builds on previous EU-funded projects and is led by HealthProm, a UK-based international NGO.

The three specific objectives (outcomes) agreed with the funders are:

1. Transformation of the Baby Homes (BH) 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.

HealthProm has assembled a group of Scottish social services consultants to provide support to local NGOs who are the implementing partners of the project. The Scottish consultants provided training materials and consultation to the local NGO project leaders, and ad hoc supervision to the Tajikistan Project Manager. UNICEF Tajikistan is also an associate and key supporter of the project; it has been working with the Government of Tajikistan to reduce reliance on institutional forms of care for children, and instead establish a range of community-based support services for vulnerable families.

Two of the local NGOs run Family Support Centres (FSCs) in the grounds of the Baby Homes: Umed FSC in BH2 in Dushanbe, run by the NGO Hayat dar Oila (HDO), and Mavorid FSC in Khujand BH, run by NGO Sarchashma. From these two FSCs staff reach out to the other two Baby Homes, staff from the Mavorid centre in Khujand provide training and mentoring to Istaravshan BH, while staff from Umed FSC provide training and support to BH1 in Dushanbe. A third local NGO, Iroda – a parent-led NGO advocating for and providing services to families of children with disabilities– manages the *Mellow Parenting* part of the project. Under the transformation process it is anticipated that the bulk of the NGO staff from the two Family Support Centres will be absorbed into the transformed Baby Homes, bringing their expertise and capacity to develop the new services.

The international expertise consists of three Scottish senior social workers and an occupational therapist, and the Scottish NGO, *Mellow Parenting* (MP). The social workers and occupational therapist provide consultation, advice and training to the local NGO staff and project leaders, in all aspects of family support, alternative family care, caring for children with disabilities, case management, and child care practice. They also made annual visits to Tajikistan, primarily to deliver training courses and coaching. *Mellow Parenting* has developed parent support courses aimed at parents facing stress and difficulty in caring for their children. Their core programme consists of a one day per-week courses which run for 14 weeks. Parents attend with their pre-school children, and the course trainers provide group and individual guidance, while the children are cared for in a crèche. A Scottish management consultant advised the project on capacity building and change management.

The evaluation report

This report is the final stage of a 3-stage evaluation process and previous reports have been published at the initial and interim stages (Milligan, 2018; 2019). The author has been unable to travel to Tajikistan for the purposes of this final stage, due to the restrictions associated with the Covid 19 pandemic. The data in this report is drawn from Skype interviews with Government officials, and the NGO project staff. The views of parents were sought in face-to-face interviews in the earlier stage of the evaluation, and gathered via online survey for this last stage. The report is also based on data supplied by the project manager, and from monitoring reports submitted to the funders.

The Tajikistan context

The transformation of the Baby Homes is an initiative of the Ministry of Health and Social Protection of the Population (MoHSPP), supported by UNICEF, who have issued new regulations to guide this process. There are two Baby Homes in Dushanbe (the capital), one in Khujand, and one in the town of Istaravshan. The homes have served a large population covering the cities and the regions round about them. The Baby Homes are funded and supervised by the local government (Hukumat) of the town or city in which they are located.

The officials in the Child Rights Units (CRU) of the Hukumat, carry out gate-keeping functions in respect of children relinquished or abandoned by parents. These officials are key colleagues in the transformation process.

Building on previous projects

The current *Putting Families First* project builds upon a previous 3-year EU-funded project, *Keeping and Finding Families* (KFF) (Milligan, 2016). That project demonstrated, through NGO-run services, that family support, community-based outreach and alternative family-based care are viable alternatives to institutional care in Tajikistan.

Over the course of the project the two Family Support Centre teams (Mavorid and Umed) developed close collaboration with the Baby Homes staff, and there has been a steady transfer of knowledge and skills, via training and shadowing. The NGO staff have continued to develop their own family support skills, and they undertake intensive family work for parents in difficulty who may be thinking of placing their children in the Baby Homes. They have also received permission to undertake assessments of all the children currently living in the Baby Homes to see if they can be resettled with their birth families or extended family (kinship care).

The 'beneficiary targets' established at the outset of the project

The project agreed to deliver family support services through a variety of methods, and to provide a substantial programme of training to the staff of the Baby Homes and a range of other professionals and government officials.

The targets were as below

- 400 families supported in new Child and Family Support Centres
- 160 children in the baby homes (receive services)
- 100 rural families access services
- 80 CFSC staff trained in case management
- 30 Mellow Parenting groups
- 50 foster placements
- 100 professionals trained in child protection
- 200 children protected from harm
- 1 parent support group at each CFSC

- MoHSPP quarterly meetings
- 200 families given respite within:
 - 30 child respite places
 - 4 mother and baby places

Project achievements

1. Finalisation of government approval

At the outset of the project in early 2017, the new regulations were already well-known to all stakeholders, and had been submitted to the senior levels of the Ministry for ‘sign-off’. At that point the project managers hoped that sign-off would happen quickly and that this would give them the basis for starting on all parts of the transformation process working alongside the directors of the Baby Homes. However, it has taken most of the project period for each of the Hukumats to develop their own by-laws, to implement the MoHSPP regulations, and then to get them signed-off. This has meant that the Directors of the Baby Homes, with the exception of Istaravshan, have not been able to make any kind of plans to set up the new services identified in the Ministry regulations, or to transfer staff to new roles, until the end of the project.

In summary we can say that the transformation process is ‘de facto’ completed, with reorganisation now underway in Khujand and Istaravshan. The formal ‘de jure’ approval process of the Dushanbe Hukumat has just been completed during the last month of the project, marking an end to closed institutions for young children in Tajikistan. All the former Baby Homes are very different places compared with the start of the *Putting Families First* Project, with many fewer children in residence and many more families being supported through the new Family and Child Support Centres.

2. Practice change

Before all Baby Homes were *closed* institutions, now they are open for the community. Vulnerable families are now getting services from our centres and they are part of the community now; they are not excluded from the community.

(Nigora Rasulova, Manager, Umed Family Centre)

With regard to children and families currently referred to the centres the work consists of multiple forms of family support with a strong focus on *preventing* family separation (children being placed in a Baby Home). With regard to the children currently in residence, the focus of the FSCs is *reintegration*, that is reuniting children with parents, or other family members. The staff use a social work case management approach.

The daily work of the social work staff, who have also been trained in therapeutic methods, includes;

- developmental play activities with children
- Individual parenting guidance and counselling for parents
- structured parenting programmes
- advocacy with the authorities for access to cash benefits or housing
- physiotherapy and occupational therapy for children with physical disabilities
- respite care services
- speech therapy

Each child receiving a service has a key worker and their care is coordinated through a system of case management that starts with an individual assessment and progresses to reviewed care plans. Members of staff have developed skills to use assessment tools to monitor child development and social interactions, and feed back results into care plans.

The staff also report frequently assisting poor families, especially single mothers, with legal advice so that they can get birth registration and identification papers for their children. Family support practice has also been strengthened over the duration of this project through the contribution of *Mellow Parenting* courses and the use of standardised tools to improve quality of case management.

Mellow Parenting

The contribution of the *Mellow Parenting* (MP) programme has been crucial to the development of in-depth family support skills. *Mellow Parenting* groups have run throughout the project period in each of the two NGO Family Support Centres. Under the enthusiastic leadership of the local NGO, Iroda, they have also run groups in several other sites, including their own premises and that of other NGOs in Dushanbe and in the more rural Panjakent district. Learning to become MP facilitators has added significantly to the skills of the NGO Family Centre staff. MP provides accredited training course for facilitators. The MP organisation provides coaching, quality assurance and regular monitoring, and the local practitioners meet regularly to review progress and update their skills.

Using standardised child development tools

The FSC staff were trained in, and began to use, standardised child development and family functioning tools, to measure change and enhance the quality of case management. The standardised tools were introduced by *Grand Challenges Canada* (see p.31), under their global *Saving Brains* programme of grants to support early years' interventions. Staff were trained to use the tools with parents and children they were working with, to enter data into a digital tablet and upload to a confidential website, and these are now included in 3-monthly reviews of all the cases held by the centres. A data manager compiles the data for statistical and qualitative analysis.

The project managers believe that this is the first time such data has been collected systematically in family and child social services in Tajikistan.

3. Lack of progress in foster care

The project has not been able to build on the work of the pilot foster care programme by expanding the placement of children in foster care as anticipated. As the initial evaluation report explained, following a change in leadership within the PEO, the continuation of the pilot project was halted. The PEO instructed the Project manager to cease foster care work until regulations had been developed and adopted by the relevant Ministry and subsequently it emerged that Parliamentary approval for a change to the Tajikistan Family Code was also required. Responsibility for foster care was transferred to Ministry of Education and Science (MoES). Despite this setback the project has continued to take every opportunity to support the Department in question - the Department of Child Rights Protection (MoES) - with training, and has continued to lobby for the passing of the necessary legislative amendments. As a result of the block on fostering, the project leaders decided to focus more strongly on kinship care placements as a preferred option for those children who could not go back to birth parents.

4. Delivery of substantial training programme

The development and delivery of a large number of training courses has been a major feature of the project, with over 50+ events from 2017 – February 2020, when all in-person training stopped due to the Covid pandemic. Training courses usually last 2 or 3 days, while some awareness-raising events ran for 1 day. These trainings, considered as a whole, have involved all the component parts of the project, including the overseas experts from Scotland, the local experts, and the participation of other NGOs. They have been provided for care workers, health professionals, and government officials, and covered a wide range of topics such as attachment and child development, skills for daily care, and working with parents. There have been seminars around developing foster care knowledge and skills in managing foster care services. The topic of child protection has been addressed through numerous seminars with staff from government ministries, and local government departments.

Capacity building

A substantial amount of child care and family support capacity has been built. Evidence for this comes from the development of a case management system in the Centres and the outcomes in terms of families supported and children returned to kin. The words of the participants also vouch for the impact of training in terms of increasing knowledge and skills to support new ways of working. The foundations of the capacity to work in a much more child- and family-centred way, lies not just with the training events. Rather there is a related ‘pillar’ of new care practices that the NGO staff have demonstrated to their BH colleagues, especially in relation to children with disabilities. Time and time again the Baby Home care staff (pedagogues and nurses) talked about how they saw children with disabilities begin to develop in all kinds of ways that they had thought impossible. The Baby Home staff were keen to learn the new ways of working which were so effective. It is the combination of these two components – training plus observation of practice - that has built the capacity, even though the legislative framework and direction from the Hukumat has been lagging behind.

Sustainability

There is no doubt that there are risks to the long-term sustainability of the *quality* of the care practices that have begun in the new Family and Child Support Centres (FCSCs), as the Baby Homes have been renamed. The new FCSCs are operating in new ways with their current staff, but they are entirely dependent on the NGO Project-funded staff to lead the family visiting, assessment and case management practices. These are the key skills required to operate the new Early Intervention departments, as envisaged in the regulations governing the FCSCs.

The project funding finished in August 2020, and the Hukumats of Dushanbe and Khujand have not yet committed funds to take over the NGO-staff into the new centres. The exception is Istaravshan, where rapid progress has been made in the past eight months. In Istaravshan, the local Hukumat has provided funds for new buildings and new staff posts. The directors of the other FCSCs have not thus far created ‘transition plans’ to reorganise the buildings and create new spaces for their new services, nor have they worked out a way to transfer current staff into new departments and roles in the new FCSCs. Finally, they are not equipped to provide the continuing training necessary to equip the staff to undertake their new roles. For all these tasks they need continued assistance. The formal process of turning the Baby Homes into Family and Child Support Centres has been achieved but the new departments and systems have not yet been operationalised.

At the request of the MoHSPP, UNICEF commissioned consultants to set out how the FCSC regulations will be fully operationalised. These consultants reported in early 2020. Their work forms a template for the MoHSPP to follow that should lead to redistribution of funds from the former baby home institutional model to the new community FCSC model.

New Resources for continuity of change process

Given the lack of new Hukumat funding the need for continued 'bridge funding' is clear, and UNICEF has stepped in with a significant contribution. It has promised funds to allow 5 members of staff from each of the NGOs to be funded to deliver training and mentoring for the staff in the FCSCs. These posts are funded for 16 months.

HealthProm itself has been successful in bidding for money under a 'Covid Response' programme provided by the UK Embassy in Dushanbe. This will allow a further 3 members of staff in each NGO to be paid for 6 months to continue to support the transition. Together these funds will allow the bulk of the NGO staff to continue to be paid, in what is hoped will be a temporary transition, to allow the Hukumats time to allocate funds to allow each of the new centres to add some of the local NGO staff to join their staff.

Conclusions

NGO leadership of change

The lack of a governmental lead has led to the creation of a 'bottom-up' process of change initiated by the local NGOs, which started in advance of the sign-off and guidance to the new centres from the Hukumat. The transformation started with change in *practice* in the Baby Homes and then, with the support of the government structures, to gradually changing the decision-making processes in the CRU and Maternity Houses (who previously would place relinquished new-born babies straight into the Baby Homes, without any attempt to support the mothers). This context has required the local NGOs in the PFF project to win the support of the local CRUs and Hukumat, and introduce new concepts such as foster care and respite care for children with disabilities. The NGOs have established a good collaboration with the staff in the new Family and Child Support Centres and introduced new practices, such as the focus on family preservation, respite care and safeguarding from violence and neglect. They have built up new skills in case management and care planning, and working with families.

Many achievements in policy and practice

This report shows how much the project has achieved in establishing community-based, family support services in practice and not only in policy. Project achievements are multiple. It has:

- Brought about the transformation in practice and orientation of the former Baby Homes which are now Child and Family Support Centres.
- Prioritised kinship care placements for children who cannot return to birth mothers, or whose parents now live abroad.
- Embedded principles and practices around early intervention, family support and preservation.
- Developed a cadre of experienced staff who are now equipped to continue to strengthen their own practice.
- Contributed significantly to changing mind-sets about the parents of children in vulnerable conditions, based on respect and partnership.
- Developed social work case management skills, including assessment and providing a range of family-based support services, from short-term to longer term interventions.
- Established constructive relationships with the Hukumats responsible for the FCSCs.
- Consistently engaged with government departments and ministries and won the trust of Mother and Child Welfare section of the MoHSPP.

The fact that the transformation process has taken place is a major achievement, and the existence of the various cautions here, pointing out areas of continued delay, or gaps in the project achievements, should not detract from the fact that the Baby Homes have been replaced with Family and Child Support Services with an entirely different orientation and resourced to practice in new ways.

All-in-all this is a very new orientation in Tajikistan, and an example to other countries across the region.

Tajikistan Context

The Republic of Tajikistan is a Central Asian country which was formerly part of the Soviet Union. Tajikistan is a mountainous country with an estimated population of 9.5m. Its capital city is Dushanbe, with a population of around 850,000. The country's 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 and joined the Commonwealth of Independent States¹. Tajikistan suffered five 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. It is classified as part of the 'medium' group of countries in the UNDP global Human Development Index, ranked 127th out of 189 countries (2019).

The main contributions to the economy come from aluminium production and cotton growing, while remittances from Tajiks working abroad form a very high proportion of GDP, reaching 28.6% in 2019 according to a World Bank report². Tajik migrant workers abroad, mainly in the Russian Federation and Kazakhstan, have become by far the main source of income for millions of Tajikistan's people according to World Bank reports. Consequently, Tajikistan's economy has suffered greatly under the impact of the Covid 19 pandemic, which led many migrant workers to return home in the spring of 2020. One report suggests that remittances will fall by 53% in 2020 due to the pandemic³.

Structure of local government and child welfare administration

Tajikistan is divided into 4 provinces which are further divided into districts, towns, and jamoats (village councils). Tajikistan's government structures include Departments of Social Protection, which provide cash benefits and special equipment for people with disabilities. This department also carries out a number of social service standard-setting and monitoring functions, including approval of the programme of activities of the Chorbog Training centre, and it also holds the list of Approved Day Care centres which are eligible for State funding. Tajikistan does not have 'social work' departments as such, and few people are employed in social work-type roles within government ministries or regional, city and district administrations. Social Assistance at Home Units (SAHUs) exist in 42 out of the 68 districts of Tajikistan. These are funded by local authorities. They lack the knowledge and skills needed to safeguard and address the needs of vulnerable children and adults; they mostly provide basic care services such as cleaning houses and washing clothes and making sure there is adequate food in the house. UNICEF has been working with the Tajikistan government to reform its child welfare system into a less institutional and more 'community-based' one

¹ The CIS is a regional intergovernmental organisation, formed in 1991, on the break-up of the Soviet Union, https://en.wikipedia.org/wiki/Commonwealth_of_Independent_States

² https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=TJ&name_desc=false

³ <https://pressroom.rferl.org/rferl-tajik-service-radio-ozodi>

with a broader child protection aim. There is now a Commission on Child Rights (CCR) at national level, which reports to the President's Executive Office (PEO). The CCR oversees child care policy, and this structure is replicated at Province and District level. The local CCRs are multi-professional panels, which consider individual referrals and make decisions about placement of children and the services they should receive. In pre-school child welfare cases health officials play a leading role, in the absence of specialist social work personnel.

The officials who staff the Child Rights Units (CRU) carry out important gate-keeping functions in respect of children relinquished or abandoned by parents. These officials are key partners in the Baby Home (BH) transformation process and are referred to frequently in this report. They implement the decisions of the Commissions on Child Rights and also receive petitions for help from parents, but they are not equipped to actively seek out vulnerable populations or exercise a public duty to provide support and care.

The CRU acts as a secretariat to the local Child Rights Commission and carries out the decisions of the Commission with respect to individual cases. The CRU officials in Khujand and Dushanbe have been key partners in the delivery of the *Putting Families First* (PFF) project which this report is concerned with. It is local government (the Hukumat) which is responsible for the funding and oversight of the new Family and Child Support Centres, and thus they have to create and 'sign-off' their own version of the Ministry's regulations before the Baby Homes can stop working and the new Family and Child Support Centres can start. However, as all Government officials within Tajikistan operate within a strongly top-down system, they cannot take initiatives, or makes plans, until they have been specifically authorised to do so by their superior officers. The first stage of this process has been for the various Hukumats responsible for the former Baby Homes, to receive the Regulations issued by the Ministry of Health and Social Protection of the Population, and then begin to write their own 'by-laws'. The signing-off process within the Hukumats involves consultation with various departments, plus an indication of support from the Presidential Executive Office. The key aim of the *Putting Families First Project* is to support the creation of these new Family and Child Support Centres, by transforming the traditional closed Baby Homes with a new focus on community-oriented early intervention and family support.

The regulations themselves were signed off by the MoHSPP in July 2018. However, the process of signing-off the regulations by the Hukumats, and the issuing of by-laws, has been protracted. The Hukumats of Khujand and Istaravshan signed the regulations into local law in May and June 2019. The Hukumat of Dushanbe indicated its agreement with the regulations not long after, but only signed the document into law in September 2020. This has meant that that the Hukumat officials, including the Directors of the Baby Homes, have only started to be actively involved in implementing the new structures in the latter months of the project, when they have also been much absorbed in dealing with the Covid 19 pandemic. It has also proved very difficult for the author of this report to gain access to Hukumat officers, for the purpose of evaluation. Over the period of the project (January 2017-August 2020) there has been a marked turnover of key local government officials, including the CRU officer in Khujand and three out of the four Directors of the Baby Homes.

The staffing of the CRUs is very small, often just one person, and they have a wide range of responsibilities, being required to deal with all cases of children in need of special care due to disability, abandonment, juvenile offending, and more. Under the new FCSC Regulations the FCSCs will provide a range of services: including early intervention and supporting children at home; respite care; and a small mother and baby unit. The new FCSCs will carry out assessments of families for the CRUs and make recommendations about which service the child or family should receive. The CRUs will continue to make the final decision based on those recommendations.

Institutional care services

The CCRs make a paper-based assessment and decide where the child should be placed, if alternative care is required. For children older than 7 years nearly all resources available to CCRs take the form of institutional care; children's homes/residential schools– called 'internats', from the Soviet era. These homes are graded by age bands. These internats are the main form of care available to the CCRs if they decide that a non-disabled child can no longer remain at home. However, with respect to children with disabilities, in recent years there has been a growth of day centres as an alternative to institutional care.

The four former Baby Homes, which constituted the main operational focus of this project, are found in Dushanbe, Khujand and Istaravshan. The project therefore engaged with officials from these two provinces; Dushanbe City, and Sughd Province which covers the region to the north of Tajikistan, including the city of Khujand and the town of Istaravshan. The district and city/town Commissions consider all referrals from official agencies and also applications from parents who may wish to voluntarily place their children in internats or Baby Homes, because they are seeking work abroad.

In its report for 2017 the UN Committee of the Rights of the Child 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. So far, the Government has not adopted a system wide transformation process with respect to the internats, and the only structural reform processes are the establishment of day centres for adults and children with disabilities, and the Baby Home transformation process which is the subject of this report.

Baby Home numbers

There has been a reduction in the number of children in the four former Baby Homes since the start of the project; from 200 to 120. In late 2019 this downward trend was disrupted with the arrival of a group of 49 orphaned children from Syria, into BH2 in Dushanbe. These children are the orphans of Tajik nationals who had gone to fight for DAESH (ISIS) in Syria. Government officials are considering how to reintegrate these children into their extended families.

The Baby Homes Directors did not routinely gather or publish statistical data concerning the numbers of children admitted and their subsequent placements. The figures above do not show the 'throughput', that is the number of children arriving and leaving, and the length of stay. The project has gathered and collated its work with children and families and this is given in table form on p.22-23. The Project managers are quite clear that while there continues to be a number of referrals for admission to the former Baby Homes, via the CRU, the number of families diverted from placement and the numbers returned home are higher. That is to say the reduction is due to both reduced admissions and increased reintegration (shorter stays).

De-institutionalisation policy

The project partners, HealthProm and the local NGOs - with the support of UNICEF, have been working with the Ministry of Health and Social Protection of the Population (MoHSPP) to deinstitutionalise the care of young children, including children with disabilities, currently placed in the Baby Homes. This has been done by creating alternative family support services within the structures of the baby homes, including respite care options: thus gradually changing the traditional closed baby homes into centres for family support and early intervention without abruptly discharging children into unsafe circumstances. These Family and Child Support Centres have gradually pivoted the former baby homes away from institutional care towards prevention-focussed family support services, with diminishing numbers of residential places.

The transformation of the Baby Homes process has the enthusiastic support of the Mother and Child Department within the MoHSPP. The whole process of transformation is based upon the new Regulations issued by the MoHSPP, renaming the Baby Homes as Family and Child Support Centres, and giving them new structures and duties. The regulations were written by a UNICEF-funded consultant for the MoHSPP. The Ministry subsequently relied upon PFF project managers for support with editing and presenting the regulations for wider government approval. These new regulations reframe the work of the Centres in terms of preventive work to support families in difficulty to keep the care of their children – it is explicitly family-oriented and in this sense non-institutional. It sets out guidance for differentiating the work of the Centres into various departments, with specific aims around early intervention, respite care and short-term use of residential care. This transformation process does not aim to close down all the ‘beds’ in the home, and even allows that some may be longer-term where there are no other safe and healthy alternatives.

This project fits very well within a now global trend to de-institutionalise care systems for children, and replace them with a range of family support and alternative family-type care services. In response to a region-wide initiative by UNICEF Eastern Europe and Central Asia, the Government of Tajikistan endorsed the call to end the placement of all under-3s in institutional settings (UNICEF, 2013). By focussing on developing new community-based support services that aim to keep children with their family, the PFF project is operating in a way that is consistent with the UN-welcomed Guidelines on Alternative Care (2009). The Implementation Handbook that accompanies the UN Guidelines (Cantwell et al., 2012) emphasises that the focus of the Guidelines is to de-institutionalise whole *systems*, not just to close particular institutions.

UNICEF is an associate in the project and collaborates with HealthProm through a memorandum of understanding to develop and implement project plans. UNICEF provides a wider policy context for the project, and can open doors to senior political figures in Tajikistan. HealthProm and local partners bring project management and professional expertise to deliver the overall objective of ending institutionalisation of children under the age of three.

Cultural norms and family life

Dr Nazira Muhamedjanova, is an experienced doctor and ‘Early Years’ specialist, who is the Early Childhood Development advisor for the PFF project and has led many training sessions for the care staff. She explains that there are many challenges currently affecting families, which translate into creating vulnerabilities for children,

At the community level, families are weakened because of high levels of male migration for work in the Russian Federation and Kazakhstan. There is resistance to change because of conservative attitudes and the gendered nature of childcare within a patriarchal society. In common with most societies, vulnerable children in Tajikistan experience marginalisation and exclusion because of the stigma attached to their condition. Children with a disability are often kept out of sight; children born to a single mother are excluded from the wider nurturing community, and children in impoverished families lack full opportunities for development. Violence against women and children is usually seen as a family matter and goes unchecked by welfare and legal authorities.

(Interview with Dr N Muhamedjanova)

The dominance of an illness or medical model of disability

Parents living in poverty who lack family support face many challenges in providing care for their disabled children. Two of the four Baby Homes - Khujand and BH1 in Dushanbe, were identified as the homes which should care for these children. Senior staff from the Project have explained that in Tajikistan, as elsewhere in the region, there has been a tendency by professionals to view disability as something that needs medical treatment. This has led parents to seek out doctors who may provide these treatments. This is especially costly for parents in rural areas who have to travel a distance to a doctor. Unfortunately, the responses from various health professionals has been to provide 'treatments' such as vitamin injections or low-voltage electrotherapy – which have no therapeutic value for the child's disability. By contrast a social model of response to disabilities is slowly developing. 'Social' approaches are now being provided by the Family Support Centres and through *Mellow Parenting* groups (see below p. 20), which focus on supporting children and families, and including children in school and social life rather than hiding them away. The 'treatment' that works turns out to be stimulation, physical therapy and inclusion. In some cases specialist advice about helping children with certain conditions to eat is offered, and guidance given on the gradual development of motor skills. Language skills are promoted through speech practice, play and singing – all things which parents themselves can readily learn, implement for themselves, and cost nothing.

A number of parents of children with disabilities interviewed for this evaluation strongly confirmed this outcome – they came to a Family Support Centre because a friend or neighbour had told them about this centre which was offering *free therapies* for children with disabilities. Then, after they had taken part in the groups and activities they could see how the physical and language exercises were helping their child. The staff in the Family Support Centres also built up the confidence of the parents to continue many of these practices at home.

The PFF Project: structure, outcomes, objectives,

Building on previous projects

The current *Putting Families First* project builds upon a previous 3-year EU-funded project, *Keeping and Finding Families* (KFF) (Milligan, 2016). That project demonstrated that family support, community-based outreach and alternative family-based care are viable alternatives to institutional care in Tajikistan. During that project, with guidance and expertise from HealthProm and Scottish social workers, the local NGOs (HDO and Sarchashma) built up the Umed and Mavorid 'Family Support Centres', located in the grounds of Baby Home 2 in Dushanbe and Khujand Baby Home respectively. The staff of these two centres were also expected to work with the other two BHs on an outreach basis. The Mavorid team worked successfully with the Istaravshan staff and the Umed team were expected to reach out to the staff in Baby Home 1 in Dushanbe, which did not happen to the same extent, for reasons outlined below.

Over the course of the project the two Family Support Centre teams developed close collaboration with the baby homes staff, and there has been a steady transfer of knowledge and skills, via training and shadowing. The project also paid for the employment of a number of carer positions in Khujand and BH2, as they established respite services and small-scale 'Mother and Baby' units within their premises.

Since the NGO Family Support Centres were established the local Hukumats agreed that any parent considering relinquishing their child should be referred to the Family Support Centres first, and they have been very successful in preventing many of these relinquishments. These NGO centres provide individual and group support for parents and physical therapy classes for children with disabilities. During the *Keeping and Finding Families* project a pilot foster care programme was initiated to recruit and train foster parents for babies or toddlers currently in the BHs. This involved the placement of eight children into foster families.

The development of a fostering service was originally seen as a key outcome for the current project but progress has been limited due to changes in Government commitment, a lack of progress in passing amendments to the Family Code authorising the use of substitute families, and the issuing of guidance (see below, p.38).

Baby Home 1 Dushanbe

One of the four Baby Homes, Baby Home 1 Dushanbe, has not played a very active part in the project. The Umed Family Support Centre staff, located within Baby Home 2 Dushanbe were supposed to work with the staff in Baby Home 1 in Dushanbe, on an outreach basis - in the same way that the staff in Mavorid family Support Centre in Khujand reached out to and worked with the staff in Istaravshan Baby Home from the outset. Changes of Director at Baby Home 1 meant that it took a long time to agree a programme of training and introduce new ways of working. Nevertheless, many Baby Home 1 staff have now received training on topics such as attachment and child development, and on care for disabled children.

In an interview with this author for this evaluation the Director of Baby Home 1 seemed enthusiastic about the changes being proposed by the MoHSPP, but, unlike the other three baby homes, the staff have not so far been involved in case management, undertaking home visits and other forms of family support work.

Project Objectives

The overall objective of this project is 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.

As noted in the introduction, the project is focussed on the de-institutionalisation of care for young children, through the development of the new Family and Child Support Centres, which aim to serve families with children, aged 0-7 years. This process does not aim to close all residential places in the Centres, some of which may even be long-term places in the absence of any family alternatives. HealthProm and the local NGOs aspire to eliminate the need for any long-term places in the new centres, and to instead provide foster families and kinship care for any children who cannot be reintegrated with their families or kin. This reduction and elimination of long-term residential care is being achieved through the active development of early intervention family support services, and intensifying the resettlement of children currently living within the Centres.

The three specific objectives (outcomes) are:

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

The overall Project direction and management is provided by HealthProm, a UK-based NGO which has been operational in Tajikistan since 2006. HealthProm manages projects in the Commonwealth of Independent States, Afghanistan and Eastern Europe that support families, promote safe childbirth, improve the care and inclusion of children with disabilities, and develop best professional practices in child protection and inclusive education. For this project HealthProm provides overall management and external expertise and has engaged a number of agencies to bring family work expertise to the project. They recruited international social work experts, including:

- Social service staff from Falkirk District Council, a Scottish local authority, who have been involved with HealthProm as partners in previous projects in Tajikistan.
- Mellow Parenting, a Scottish-based NGO, which is also operational in Tajikistan and has been integrated into the work of the Family Support Centres.
- The Fostering Network, a UK NGO which supports those who foster and works to improve opportunities for fostered children.

Falkirk Council, Scotland, is a partner in this project. With Council support, Vivien Thomson, the Children and Families Service Manager, Morag O'Dwyer, a social work manager and fostering specialist, and Lesley Beath, an occupational therapist, provided expertise and support. Janet Smith, a senior social worker who works with the Fostering Network also gave her time, as did Jerry O'Dwyer, an independent management consultant. They visited Tajikistan on several occasions to work on the project to share their expertise in social work, foster care, alternative family care, rehabilitation and organisational change. As professional practitioners with up-to-date knowledge and skills who currently work in social welfare, child development, disability inclusion and organisational development, they were able to share best international practices and offer coaching. Vivien and Janet provided sustained input on foster care by re-drafting and editing Foster Care guidelines for use in Tajikistan, which were adopted by the MoES. They wrote and delivered a 'Training of Trainers' course in Tajikistan that prepared a group of 21 foster care champions who now stand ready to implement and train on the foster care regulations once the Government has

granted approval. Lesley and Morag provided training materials and delivered coaching for centre workers to improve their skills of rehabilitation of children with a disability. Jerry visited to support project managers to work for change across government and non-government organisations. In addition to the in-country visits, all offered remote support through Skype consultations. Janet and Vivien provided a sustained series of supervision sessions for the Tajikistan Project Manager that covered both service management and professional development; this served as an example for a 'performance and development review' model of supervision to be implemented by partners in Tajikistan.

The partnership between Falkirk Council, the Fostering Network, Mellow Parenting, HealthProm, UNICEF Tajikistan, Government and NGOs in Tajikistan is a significant strength of this project. It is an example of how international funding can bring together UK government and NGOs with Tajik government and NGOs to strengthen community-based social services in Tajikistan.

Not only has the team from Scotland given their time freely, they have also raised money for additional equipment and developmental toys.

Mellow Parenting (MP) runs 14-week courses in the NGO Family Centres and in other community venues across the country. The *Mellow Parenting* course, aimed at mothers with young children under 5 years, was the first course implemented in Tajikistan. Building on the widespread acceptance of the model established by the Mellow Parenting course, the organisation has developed courses for pregnant women (Mellow Bumps) and for fathers of young children (Mellow Dads). These are intensive, supportive parenting programmes aimed at parents and mothers-to-be who are facing a variety of difficult circumstances (see p.31 for more detail).

In Tajikistan the *Putting Families First* Project is overseen by Tajik NGOs; Sarchashma and HDO, under the leadership of the Tajikistan project manager, Ms. Umeda Ergasheva. NGO Iroda, a Tajik, parent-led, advocacy and service provider for children with disabilities, manages the Mellow Parenting programme of courses. The PFF Project has funded the training of the MP trainers, and the PFF project also funds Iroda to deliver the management and coordination of the MP programme. Professional practice development and training delivery is led by a local Early Childhood Development consultant, Dr Nazira Muhamedjanova.

The project in numbers

The initial project budget was approximately €1.1m, of which 80% was provided by the EU. The other main funders are UK Aid (Department for International Development) who contributed approximately 17%, Grand Challenges Canada (GCC), and UNICEF Tajikistan. The other funders led to some additional objectives and specific pieces of work, and the GCC-funded work covered 24 of the 42 months of the project. GCC provides expertise and capacity-building for measuring child development, and using these measurements to monitor the effectiveness of interventions.

Previous projects have provided funding for the staff posts within the various NGOs (Sarchashma, HDO and IRODA), to develop the two family support centres. The current project continues much of this funding but with a number of new posts providing new services, principally to promote the development of child protection, respite care services and a small Mother and Baby service. Funding was also provided to take 10 stakeholders, including Government officials, on a week-long study visit to Scotland in October 2018, hosted by Falkirk Council.

Among the posts funded by the project are:

- UK-based Project manager (0.4fte), Tajikistan-based Project manager (1.0 fte); UK-based project administration
- 20 NGO Family centre staff: including
 - Mavovid: 1 Manager, 7 family workers, 1 administrator, 1 data champion, 1 bookkeeper
 - Umed: 1 manager, 5 family workers, 1 administrator, 1 data champion, 1 bookkeeper
- 4 Child protection workers, placed in the new FCSCs
- 12 respite care workers, and 8 Mother and baby workers, based in the FCSCs
- 12 Mellow parenting trainers (p-t) plus 1 coordinator
- Falkirk Council 120 Consultancy days
- 4 BH Directors, contribution to salary
- Independent evaluation

The 'beneficiary targets' established at the outset of the project:

In negotiation with the EU External Aid agency, the project agreed to deliver family support services, through a variety of methods, and to provide a substantial programme of training to the staff of the Baby Homes and a range of other professionals and government officials.

The targets set in December 2016 were as below

- 400 families supported in new Child and Family Support Centres
- 160 children in the baby homes (receive services)
- 100 rural families access services
- 80 CFSC staff trained in case management
- 30 Mellow Parenting groups
- 50 foster placements
- 100 professionals trained in child protection
- 200 children protected from harm
- 1 parent support group at each FCSC
- MoHSPP quarterly meetings
- 200 families given respite within:
 - 30 child respite places
 - 4 mother and baby places

With the UK Aid component of the project, it was clear these numbers underestimate actual demand for family and child support services. The project undertook to reach 1,701 children with their families in the three urban FCSCs, and a further 110 through outreach to remote rural areas.

Inevitably the precise numbers and the formulation of targets has been revised over the course of the Project with agreement from the funders. Most notably, it has not been possible to place any children in foster care placements, on the basis of specific direction from the Government. The President's Executive Office reviewed the project's plans

to continue the foster care pilot and expand it, as per the funding agreement. The PEO decided that none of this work should continue until new foster care regulations had been developed and issued by the relevant ministry, in this case the Ministry of Education and Science (see p.38); these regulations, in turn, depended upon parliamentary revision of the Tajikistan Family Code. Neither of these impediments was evident at the start of the project. It was also not possible to begin the Mother and Baby service, or the residential respite service until the new Family and Child Support Centre regulations had been officially signed off, which happened towards the end of the project. In respect of the respite service (for parents of children with disabilities) the Mavorid and Umed staff were keen to offer some service to these parents and children. This they did by establishing a day-time respite service, which gave parents respite for a few hours during the day. As the Table below shows over 200 families did get access to one of the thirty respite places over the lifetime of the project.

Based on data gathered from Project sources, the following composite table gives a numerical account of the children, families and staff benefitting from the Project’s services across the 3.5 years of its operation.

Table 1. Original project targets and beneficiary numbers by end of project

Targets in grant bid	Number	Comment
400 families supported from new FCSCs 100 families in rural areas receive services	3205 individuals of which 1480 completed 6-month safer Care and development programme 1725 received short-term and/or crisis interventions	
160 children in baby Homes receive services	Currently 124 children in the former BHs, plus a group of 49 children returned from Syria	All the children in the BHs received services throughout the project – the average was approximately 160 at any one time.
30 Mellow Parenting groups (average 8 parents per group)	39	2017 – 10 groups 2018 – 10 groups 2019 – 12 groups 2020 - 7 groups
50 foster placements	0	As explained in the report the Government prohibited foster placements during the project
200 families receive respite within: - 30 child respite places - 4 Mother & Baby places	275 children	As explained in the report overnight stays by adults were not permitted until regulatory approval and new staff appointments made.

	0	
200 children protected from harm ⁴	103	The project manager commented that the relatively low numbers are an indication of the extent to which child abuse is hidden.
80 FCSC staff receive training in case management	125	

Although there were no numerical targets set for prevention of abandonment of children to institutional care, or for reintegration of children in institutional care, these numbers have also been recorded by the Project. A total of 75 families on the brink of relinquishing their children were helped to retain the care of their children. The project was also given permission to assess all the children in the Baby Homes, with a view to reintegration. A total of 228 children (137 from Dushanbe and 91 from Sughd) were reintegrated to their families over the course of the project.

Additionally, parent support groups of 10-12 parents were established in each of the NGO centres and took place monthly. The target of quarterly meetings with MoHSPP officials were greatly exceeded, and often took place weekly.

Impact of Covid on Project operations

Tajikistan was late to be affected by and acknowledge the spread of Covid, and the number of cases reported to date is relatively low, compared to the experience of many countries in Europe and the Americas. Iran is the nearest country which has had a large outbreak. Tajikistan may have been protected to some extent by the limited number of international travel links, although it does have a considerable number of migrant workers.

Nevertheless, the country has been affected, and in fact, the project NGOs played a very active role in helping the MoHSPP to develop hygiene and distancing guidelines in the early days of the pandemic. The project very quickly issued guidance to its own staff on hygiene measures and then moved to distance working. The MOHSPP approved the project's COVID work plan for use in other care settings. All in-person consultations and group meetings were cancelled from March onwards, and at the time of writing this report that continues to be the case. Tajikistan began to move out of its own Government-led 'lockdown' restrictions at the end of July, and the project staff will follow Government guidance while maintaining an active commitment to hygiene and distancing measures to keep staff, parents and children safe.

While aspects such as training courses, and Mellow Parenting groups have temporarily ground to a halt, the project staff have immediately moved to distance-support strategies using telephone based platforms such as Viber, and social media such as Facebook to continue providing one-to-one support from project staff to parents and encouraging the development of online groups using social media.

⁴ This relates to families in the community who presented in difficult life situations harmful to children and were given support

Some parents of children with disabilities could receive video sessions on issues including positioning the child while feeding, or communication and movement. Families were sent electronic information leaflets and offered online video sessions on how to follow hygiene rules during the pandemic. Importantly each Family Support Centre arranged for the most isolated and poorest families to receive direct aid in the form of food deliveries, and other supplies such as medicine and sanitizer, and also paper for children to use for play and drawing.

As part of the evaluation process for this report, 66 parents responded to an online questionnaire sent out by Putting Families First staff through their online parent support groups. The answers were collated and summarised by the Tajikistan project leader.

When asked about the impact of Covid on family life, approximately 50% of the respondents said that they did not have additional problems, but among the others a few reported cases of domestic violence, while others experienced depression and financial problems, while some parents reported that children missed being able to go outside and play with their friends.

A number of parents observed that, as a result of remote support, their children showed 'improvement of speech, movement, child became calm, learned to hold spoon and eat independently and make steps'. Some parents mentioned that 'most difficulties appeared with teaching child toileting'.

Parents had joint activities with their children, 'such as drawing, play with plasticine, play in inflatable pool, gardening, cooking, washing hands and wearing masks'.

(extracts from summary of parent-survey responses)

The respondents frequently expressed appreciation for the support they continued to receive, such as the twice weekly phone calls, and opportunities for phone consultation on specific issues and problems.

Structure and operation of the new Family and Child Support Centres

The New Regulations

Turning the former Baby Homes into Family and Child Support Centres (FCSCs) is described in the MoHSPP plans as a 'transformation' process. This is an indicator of the intention to radically alter the use of the existing buildings and the work of the staff teams. Nevertheless, the centres operate within the same buildings, and all the Baby Home staff will transfer to the newly-named Centres. As we will see many staff are very enthusiastic about their new roles.

There is no doubt that the new regulations are a radical departure from previous practice. The new regulations require the staff to work with families so that the families can look after their own children. The staff in the Centres are expected to support families in difficulty and to provide only short-term accommodation, with a strong focus on returning children home when they do have to be admitted. Staff seek out extended family members (kinship care) to take on caring responsibilities if parents are unable to look after their children. To these ends the staff undertake home visits, and make assessments of children's needs and family capacities, and use case management and care-planning methods, including regular review.

The Regulations issued by the MoHSPP, propose that each Centre establish a Multi-Disciplinary Team who will consider all referrals to the Centre – before the child is admitted. They will be responsible for conducting an initial assessment, and recommending which services are required, and which department of the centre will work with the child and family. The Multi-Disciplinary team will be the main point of contact between the FCSCs and the CRU, it will be a two-way process. The CRU will make referrals, and the Multi-Disciplinary Team will assess, returning the assessment to the CRU who will make the decision in each case.

Current departments responsible for administration and housekeeping (cooking, cleaning, washing and maintenance) will continue.

New Departments will be created:

- Department for Short Stays; one group of children may be in residence from Monday-Friday, returning to the family at week-ends; a second group may have a 7-day placement for a maximum of 6 months. During this time the Centre staff will work with parents with the aim of rehabilitation; or if the parents and kin are not available an alternative family will be sought.
- Early Intervention Department – will work intensively with families to strengthen their caring capacity. This department will offer 3 regular services:
 - Day care and rehabilitation for children with disabilities
 - Respite care service
 - Play facility for children with disabilities
- Mother and Baby unit – allows a small number of mothers with babies to stay together for a short-time during a crisis, until the crisis is resolved and permanent accommodation found.

It is also anticipated that the FCSCs will run a fostering service for any of the children in their care who require short and longer-term alternative families, once approval has been given.

Alternative Family Care

Given the difficulties in getting foster care established, the UK and Tajikistan Project Managers moved towards re-framing foster care as one part of an 'alternative family care' strategy. Within this they decided to place a greater emphasis on kinship care, and getting the project staff to work more intensively on pursuing extended family options. This reflects that most children residing in the former baby homes do have extended family. In practice, this means that children already living in a Baby Home and children at risk of being separated from their parents go through a three stage process: First; every effort is made to support the birth families to care for or resume care of their children. The project staff undertake assessments of the individual needs of children and of the capacities of their parents, with an emphasis on safeguarding as part of a wider welfare planning approach. Second, if the birth parents are unable to care for their children, then the project teams search for relations who could offer a home, and assess the suitability of that home and offer support. Only if these two approaches are unsuccessful would the project teams turn to foster care. A review of the children residing in the former Baby Homes showed that no more than 10% lacked family, or extended family and kin, who could potentially care for them. It is the project's experience that foster care should be seen as a part of a range of alternative family care options, and available when birth, or extended family/kin, cannot provide a home.

Current realities – finalising regulatory approval

At the outset of the project in early 2017, the new regulations, were already well-known to all stakeholders, and had been submitted by UNICEF to the senior levels of the Ministry for 'sign-off'. At that point the project managers hoped that sign-off would happen quickly and that this would give them the basis for starting on all parts of the transformation process alongside the directors of the Baby Homes. However, there then followed an extended process of frequent iterative refinements during which the project management in Tajikistan closely supported the MoHSPP with technical knowledge and editorial skills. During the fieldwork undertaken for the first evaluation report in late 2017, all the Directors of the Baby Homes said that they couldn't make any plans until the sign-off. This Ministry sign-off happened in mid-2018. It was only around this time that the Project Managers became aware that the sign-off from the Ministry would not in fact be the starting point for implementation of the ways of working and setting up the new services envisaged in the regulations.

We noted earlier that the Government of Tajikistan is a rather 'closed' system, and none of the Project partners, nor UNICEF, knew exactly how the approval process would proceed. In mid-2018 HealthProm learned that there was an extra step in the permissions required to begin new operations. The Homes and CRU could not start to work on setting up new departments or allocating staff to them until they had been instructed to do so by written regulation (by-laws) issued by the relevant local government unit – the Hukumat of Sughd for Khujand Baby Home, the Hukumat for Istaravshan for the Baby Home there and the Dushanbe Hukumat for the two Baby Homes in the capital. This meant further delay at the official level. The Hukumat for Sughd province and Istaravshan District issued their written 'by-laws' implementing the new Regulations for their respective institutions in mid-2019, two and a half years into the project.

The Hukumat in Dushanbe was the last to finish the approval process, and the relevant document with the Mayor's signature was only received in the final month of the project August 2020, although the Hukumat had signalled its approval some months earlier. The Tajikistan project leader, who is based in the Umed Centre at BH2, was able to

get a meeting with the Deputy-mayor for the city early in 2020, and invite her to visit BH2 Dushanbe, which she did. The Deputy-Mayor spoke to parents as well as staff, and pronounced herself very satisfied with what she found. Following this visit the Tajikistan project manager was informed that the new Hukumat by-laws had been drawn up and passed through the relevant departments, including the legal department of the Dushanbe Hukumat.

In both these places considerable good work continues, the staff team of the Umed NGO continue to work closely with the staff on the BH2 Dushanbe and continue to liaise with and deliver training to the staff in BH1 Dushanbe (currently interrupted by the Covid restrictions). Importantly the CRU continue to reduce the number of referrals to both homes and request the project staff to undertake family assessments and offer non-residential assistance.

In summary we can say that the transformation process is 'de facto' completed, with structural changes now underway in Khujand and Istaravshan. All the Baby Homes are very different places compared with the start of the Putting Families First Project, with fewer children in residence and many more families being supported. The whole orientation of the staff, including in BH1, is now to work much more closely with parents. Staff in three of the four homes are now very familiar with new ways of working, including assessment and reintegration of children with families, a previously unknown practice. Any Baby Home staff fear and resistance has disappeared, and staff are well aware that there will be plenty of work for them under the new arrangements. In an interview for this report, the Director of BH1 Dushanbe expressed her enthusiasm for the new direction and said she is keen to make progress – she envisaged only needing 15 beds on a continuing basis, a major change from the 100 beds which it provided only a few years ago.

How the project drove the transformation process

Introduction

In this section of the report we look in more detail at the substantive achievements of the project in embedding new practices to support the new regulations.

Over the course of the project, the project teams focussed on two areas of engagement:

- supporting senior staff in the MoHSPP to advocate for change, developing new concepts and putting those concepts into policy
- increasing collaboration with the BH staff teams, created the conditions for a 'knowledge and skill transfer' approach with the NGO staff demonstrating new care practices and delivering training to the BH staff.

This led to an increasing collaboration and alignment of work; creating an understanding of the importance of attachment for young children, and the need to create a nurturing style of care for children separated from their families. Meanwhile senior staff gave a considerable amount of time to strengthening links with the local authorities, and delivered a wide range of both training and awareness-raising seminars with a wide range of stakeholders. The senior official with responsibility for the direction of the new FCSCs is very positive about the effectiveness of the practice collaboration at the heart of the Putting Families First project,

The PFF project initially brought a lot of innovations that gave many positive results. The old post-soviet system has been changed, the approach has been changed, the attitude of medical practitioners to their work has changed, and the knowledge of the staff of institutions about new approaches has been increased.

(Dr Aziza Khodzhaeva, Head of Mother and Child Health, MoHSPP)

The Study Tour

The project management had organised the October 2018 Study Tour to Scotland to bring representatives from the various Government departments and agencies together to look at the operation of foster care in Scotland and the social services context in which it operated. Falkirk Council Social Services hosted the tour, and the project leaders organised a series of briefings and events to expose the participants to various services for children and families, including those with disabilities. The tour programme was a demanding one and included sessions where the participants worked as a group and made presentations on what they were learning from their visit. The delegation was a high-level one, with Deputy Ministers from both MoHSPP and MoES present, plus representatives from the PEO and the Hukumat from Dushanbe. The project NGO managers were also present, as was the child protection officer from UNICEF Tajikistan.

1. Practice change: creating new practice for new services

Before all Baby Homes were *closed* institutions, now they are open for the community. Vulnerable families are now getting services from our centres and they are part of the community now; they are not excluded from the community.

(Nigora Rasulova, Manager, Umed family Centre)

What we like is partnership with families, working deeply with the community. We are providing them new services. We found we get very close with families and we start working with disabled children. We start new services, and we see the ability of the child becomes much better than before intervention. We like new way of work, bringing new services to the community.

(Staff, Istaravshan FCSC)

The *Putting Families First* staff teams in the NGOs have successfully established a positive working relationship with the staff teams in the former BHs. The *Putting Families First* project is the third successive EU-funded project, and the second UK Aid-funded project that HealthProm has carried out with HDO, Sarchashma (Mavorid) and Iroda, building up the skill base of the NGO-run Family Support Centres and demonstrating new ways of working, and establishing good relationships with the BH Directors and staff teams, while continuing to advocate for systems change. Through a substantial volume of training (delivered through the national training centre at Chorbog as well as through the project), years of practice experience and external mentoring from qualified social workers and an occupational therapist, the FSC staff came to understand themselves as social workers and physical and speech therapists (for children with disabilities). At the beginning of the current project, the NGO staff had already delivered foundational training on attachment theory and had begun to demonstrate a different way of engaging with parents who were in distress, thus avoiding the relinquishment of their young children to the Baby Homes.

Previously the BH staff had been focussed largely on a passive model of care of children with disabilities, simply feeding and cleaning with little mental and emotional stimulation. Staff did not expect that the children could continue to grow and develop capacities in a similar, though slower, trajectory to children without disabilities. For those children who were not disabled the passive style of large group care was similarly based on a very limited understanding of child development. Despite the best intentions and the kindness of individual caregivers, this passive model of care did not allow children to develop trusting, long-term, loving relationships with family or staff members. The concept of attachment as an essential element for good child development was not generally understood or factored into policy decisions, and inevitably children suffered from the harmful effects of lack of attachment.

While this orientation, and understanding of the importance of the birth family or attachment to carers was not completely new at the beginning of the PFF project, this new way of working was now intensified. Training

continued with a strong focus on supporting families in extreme poverty (who were considering relinquishing their children), and returning children to birth families and kin. Thus the NGO staff had to learn to assess children and families in more depth, and how to manage and mitigate child protection risks with parents who were struggling due to poverty and exclusion from their wider family. The NGO staff developed case working and care-planning approaches. In parallel the leaders of the NGOs were in regular contact with the CRU officers informing them about the options for prevention of separation, and the possibility of returning children home. The Hukumats and the CRU officers took on board the message that children belonged with parents and the CRUs became increasingly reluctant to accept self-referrals where parents were going abroad to work, for example. The mantra of 'children belong with their families' has become widely accepted over the course of the project, both inside and outside the former Baby Homes.

FCSCs give the opportunity to provide support to vulnerable families and children. It will ensure the growth and development of the child in a safe family environment and prevent the break of attachment.

(CRU Officer, Dushanbe)

The partnership helped to achieve good results. During the project period vulnerable children from the Baby Home and the community have got early intervention services. Before, this kind of services was not available at all. After the transformation of the Baby Home new services became accessible for children from institution and the community. Staff of the Baby Home have been trained.

(CRU Officer, Khujand)

That said, the existence of many hundreds of thousands of Tajik migrant workers is an indicator of the depth of poverty in the country and lack of opportunity to earn a minimum standard of living at home. One consequence is that many families are under pressure, particularly where a mother becomes a single parent, without the support of extended family. In these circumstances some women are unable to afford very basic services such as birth registration and identification documents for children. Unregistered children are denied access to health and education services and many parents who come to the FCSCs face such challenges.

The two sets of staff (NGO and BH) continue to develop their practice with the NGO staff leading on practice development. It is the NGO staff who have themselves received the greatest amount of training and mentoring from the external experts from the project, particularly in regard to case management and care-planning, but they have been successful in passing on their knowledge to their colleagues. During preparation of this report interviewees were asked a question about new ways of working, and another about working with parents, and the quotes below are typical, and oft-repeated during the various phases of the evaluation:

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 Dushanbe)

There were lots of material 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)

Group work with parents in difficulty – the Mellow Parenting contribution

The contribution of the *Mellow Parenting* programme has been crucial to the development of in-depth family support skills. A key part of the MP model is a quality-assured ‘training of trainers’ process. All those who deliver the MP courses must be trained and approved by the central organisation, and subject to annual refresher training. Since MP first started operating in Tajikistan a significant number of child care workers – from the NGOs and also among the (former) Baby Home staff - have been trained as ‘facilitators’ and are thus able to offer the courses on an ongoing basis.

In terms of adapting the MP courses to the Tajikistan context, relatively little change was required in terms of general content. The International Development Lead for MP reported that some of the changes were around the environment and delivery, such as starting early and having a long coffee break mid-morning rather than a lunch break, and finishing early afternoon. One key area to consider was the fact that intergenerational family living arrangements are the norm, especially outwith the large cities. This means that the grandmother is an important figure in the lives of her daughters and daughters-in-law, and their children. The project created a Grandmothers session that can be delivered before a group starts especially to support the mother-in-laws to allow their daughter-in-laws to attend the session and realise the benefits that coming to the groups will bring to their grandchild. Further, the recruitment to the ‘Dad’s group’ – the *Mellow Dads* programme – was a very significant breakthrough in terms of acknowledging the role of fathers in caring for their children and encouraging them to talk together about family life. In this way, and in others, the PFF project has worked within the Tajikistan cultural context but also stretched it.

MP groups have run throughout the project period in each of the two NGO Family Support Centres. Under the enthusiastic leadership of Iroda they have also operated in several other sites, including Iroda’s own premises and that of other NGOs in Dushanbe and in the more rural Panjakent district.

MP facilitators run 14-week structured parenting courses which are aimed at parents who are experiencing difficulties, for a variety of reasons, in taking care of their (young) children. 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 the facilitators. There has been an average of eight parents in each group. The programme also provides kindergarten care for the children while the parents are in their group.

The Project ‘beneficiary targets’ include 30 MP groups being run over the period of the grant, and the project has overtaken its 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 organisation’s headquarters in Glasgow, Scotland. There are regular structured supervision sessions for all facilitators, using peer meetings and skype-based support from Glasgow, and annual refresher training. The MP coordinator and facilitators 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 following account of 'Z' and her family was gathered for use by MP in its reporting procedures. It is quoted here as it illustrates 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 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)

The MP organisation had started with one main course – simply called *Mellow Parenting*, aimed at parents with young children (under 3 years). Several new variations, based on the same model of delivery are now delivered; *Mellow Dads*, aimed at fathers and *Mellow Bumps*, aimed at pregnant women. In Tajikistan, most of the courses delivered have been *Mellow Parenting*, but the facilitators have been successful in running both *Mellow Bumps* and *Mellow Dads* several times in the latter part of the project.

Using standardised child development tools

The FSC staff were trained in and began to the use standardised child development and family functioning tools to enhance the quality of case management.

Staff were trained to enter data into a digital tablet and upload to a confidential website, and these are now included in a 3-monthly review of all the cases held by the centres. A data manager compiles the data for statistical and qualitative analysis.

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 are 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 and families' social networks and how they change over time).

This was introduced under funding and expertise from the *Savings Brains* programme run by Grand Challenges Canada. 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 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 provides a measure of the developmental gains of children receiving social services support.

The 'challenge' the project set itself with Grand Challenges Canada was to prove the concept that replacing institutional care in Tajikistan with an innovative set of interventions has a positive effect on child brain development in the first 1,000 days of a child's life.

Measuring the progress of children

The project managers believe that this is the first time such data has been collected systematically in family and child social services in Tajikistan. The following extract from a project report on the use of the tools gives a useful summary of what this work involved and how it has contributed to the strengthening of child and family social work practice

During 2018 and 2019 we assessed 369 children using services at Marvorid and Umed measuring indicators of development. 318 of these children had a disability. We measured growth, cognition, skills acquisition and social development. We found:

- 90% showed improvement in contact between mother and child;
- 80% showed improved cognition;
- 88% of children improved physical growth;
- 45% of children acquired 6 or more new skills over 6 months;

- 70% of children improved their social/emotional development;
- 69% of children improved their speech and language skills;

We have taken steps to incorporate skills and knowledge about data within our teams and for it to become an integral part of our daily work. We have nominated and trained four 'Data Champions', two located in Khujand and two in Dushanbe.

(extract from a Project report on the GCC funding impact)

These skills, knowledge and overall social work orientation of the NGO staff have been gradually shared with some of the BH staff. The Directors of Baby Homes report that all their staff have received training in key concepts such as attachment, brain development, and working in partnership with parents. However, to date only a few Baby Home staff have developed the more advanced practice skills in case management, home visiting and family support, assessment and care-planning, when they have worked alongside NGO-staff on a particular case. The Directors report that in order to complete the transformation process they need the continued input from the NGO-partners to provide ongoing training and mentoring in the new ways of working.

'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 Baby Home. 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 Dushanbe)

Practice change embedded

It is clear that child and family social work has been established in services for families with young children, and is now embedded in the new Family and Child Support Centres, as this dialogue with FCSC staff in Istaravshan, via translation, shows:

Q. What are the main benefits from the PFF project?

What we got from the project – it helps us a lot, what we got is new connections, with new people, new professionals including family doctors, professionals from Sarchashma. We learned about working with people from local government, we learned new skills, we got a lot of trainings, so we learned how to help disabled children.

Q. Do the people in the town understand that the BH centre has closed and you are working in a new way?

– we wrote about it in newspaper, we spoke on radio – now the community know us as professionals, because we talked in media and through home visits about the importance of child development and early intervention.

Q Do all families welcome you? You say you enjoy working with families in the community, but I wonder do some families not like to see you, do they resist you perhaps?

Yes, in the beginning they didn't trust us but we continued discussions and conversation and we explained to them, we told them there is a way to help your child, there are new services that can improve child's ability, we explained and they accept us... Yes because most of the (disabled) children couldn't walk, they learned to walk, to talk, even there is some children who couldn't talk at all and they start to talk, and community see result of our work and they start to trust us. Now there is no problem. Also when we talk to families we talk a lot about child rights, we know, we explained the importance of measuring the improvement in Mum and child's relationship, and after our intervention mother is taking better care of her child.

Q. What about other kinds of problems, where child is not disabled but is neglected in some way example?

There was a family which didn't allow their child to go to school, but after working with this family they understood the importance of education, and they took their child to school.

Also we worked with child who was not disabled but they didn't even have documents about child's birth or other important documents, and we help them to get it.

We also worked with families where there is divorce and they want to give their child to the Baby Home, but we worked psychologically with these families and we prevent putting child to BH.

We even worked with parents, with a man who didn't want to have any relationship with new-born child, didn't want to give his name to this child, didn't want to pay – but we have law that man has to pay for child – alimant. But after our intervention this man changed and he gave his name to the child, and he start to pay. We did it together with the local CRU, and we worked with the regional Women and Children's Committee, another branch of government.

(Skype dialogue with staff, Istaravshan FCSC)

This current social work approach can be characterised as mainly preventative and rehabilitative – that is, work associated with *preventing* family separation (children being placed in a Baby Home) and *reintegration* work to resettle a child from the BH back to the parents or kin. This work takes many forms, starting with 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 and advocacy with the authorities for access to cash benefits or housing. The staff also report frequently assisting poor families, especially single mothers, with legal advice so that they can get birth registration and identification papers for their children. Other forms of practical help include provision of day-respite for children with disabilities, and help with access to housing. The NGO staff have been able to draw on money from a small UK-based 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 the demand of caring for a child with disabilities. Recently, during the time of Covid restrictions, the director and staff of the Istaravshan FCSC have been successful in raising money from local businesses to help fund some refurbishments to the Centre and pay for food parcels for poor families - a new approach for a government official to take.

2. Working with government – achievements and challenges

Achievements

It needs to be recognised that the local project partners, have achieved a great deal by even securing the 'space' in which to operate, and begin to provide new services to vulnerable children and families. The 'space' in this sense is both the physical presence on the campus of the BHs in Khujand and Dushanbe, and the permission to operate. Achieving space on the BH campuses has proved effective leverage for change because it gives on-site access to families for gatekeeping, and to baby home staff for professional development. Gaining permissive space is underpinned by the provision of external grant-funding and capacity-building expertise. There has been a considerable expansion of the non-government sector within Tajikistan in recent years, with local NGOs starting up, and the government developing a system of commissioning and contracting out of services. Under this system, these local NGOs have started to run a number of day-care services for children and adults with disabilities. The Government still does not allow many external NGOs to operate in Tajikistan. HealthProm itself is not registered in Tajikistan but works through and with the local NGOs.

The PFF project senior staff have worked hard to win the trust of government officials at ministry and local government (Hukumat) levels. In particular, the project has achieved a positive partnership with the MoHSPP, who were responsible for developing the 'transformation' regulations in the first place and issuing them. This positive partnership has continued throughout the project and the NGO Umed in Dushanbe has been invited to the MoHSPP to contribute the development of 5-year work plans in response to the recommendations of the UN Committee on the Rights of the Child. The MoHSPP has also been supportive of and helped facilitate a number of training and awareness-raising sessions on child protection for officials from various ministries and members of the Child Rights Commissions from across the country.

In the past year, this partnership has continued to deepen and the local NGOs have collaborated with the MoHSPP on a pilot programme to develop an Early Screening Tool that can be used consistently across the country. Further, the project leader and early years' specialist have advised the MoHSPP on revision of the Psycho-Medical Pedagogical Commission (PMPC) rules. The PMPC is a multi-professional health panel, which looks into the cases of children with long-term health needs or disabilities and recommends action. These PMPC referrals constitute a large percentage of the referrals currently made to the Family Support Centres. The CCR and CRU only consider cases of children who made be at risk of being placed in a residential facility.

The Ministry of Education and Science (MoES) is responsible for implementing the 2015 Law on Child Rights Protection, which includes a section on establishing foster care. This responsibility lies with a recently established Department of Child Rights, which contains very little child welfare expertise. In 2019 the MOES received a set of guidelines on foster care written by this project with support from Falkirk Council to bring to life Article 44 of the Law on Child rights Protection. The Ministry accepted these guidelines and started the approval process by circulating them to other ministries for their comment and approval. While the MoES has not been able to make much progress in terms of issuing the guidance on fostering or getting the legislative changes approved, they have welcomed project staff to deliver training to the team of officials in the new Department, in foster care practice and

procedures. The Deputy Minister for Education participated in the Study Tour to Scotland in 2018, and said that he was committed to introducing foster care. Unfortunately, he has recently moved position, and been replaced by an official who has not grown in awareness of foster care with the project.

Challenges

These achievements can only be properly understood if the scale of the challenge has been understood. A major problem facing the project from the beginning has been the difficulty in getting formal approval for any new developments, even where draft regulations had been in existence for several years, and agreed by all the relevant participants, including government officials. As an example the development of foster care has been in various annual plans but has not come to pass. The Project managers have had to learn how to interact with a government system which has historically seen itself as largely self-contained, and not used to working closely with NGOs and INGOs. From close observation of this process it is clear that there are significant cultural and governance factors at work. In Tajikistan there remains a legacy of respect for institutional solutions to social problems; institutions which remain within the direct control of the government. So far there are few in-country drivers for deinstitutionalisation apart from UNICEF, local NGOs and public organisations; the motivation, and money, largely comes from well-meaning outsiders. This is not a good basis for change, especially in a top down, command and control administration. UNICEF plays a very important role, both as a supportive local partner of the project, and as an agency which has access to the highest levels of the government and the President's Executive Office.

Government is also carried out through many different structures, all of which have to formally agree to any new development, even one as relatively minor as a change of use of a residential facility. As mentioned in the context section at the beginning of this report, the government structures also operate with very limited delegation of authority – which has led to long delays for final 'sign-off' by the Minister or Mayor.

The *Putting Families First* overall project leader reflects on working with the government,

In spite of all the 'challenges', we are actually following a government lead, not imposing our ideas willy-nilly. Back in 2006 on my first visit, I met the Director of the Dushanbe City Health Department who asked HealthProm to work to support families to reduce the need for the Baby Homes. He moved to the MoHSP and facilitated our involvement throughout the project. Whilst Ministries agree with the objectives of the project and have not had them forced upon them, they don't know how to achieve them. The few visionaries in government are subject to the same challenges as us, maybe more. Also they are brave, as the consequences of failed innovation would be serious for their careers.

(Jonathan Watkins, HealthProm, interview)

3. Limited progress on fostering

As noted it has not been possible to continue the work of the pilot foster programme by resuming placement of children in foster care (Milligan, 2016). As the initial evaluation report explained, following a change in leadership within the PEO, the continuation of the pilot project was halted. The previous project undertook training about foster care, and helped the MoHSPP develop draft regulations. However, the Tajikistan project leader was instructed not to continue with any fostering work, until the regulations had been developed and adopted by the relevant Ministry, and now the responsibility was transferred to MoES. Despite this setback the project has continued to take every opportunity to support the Department in question - the Department of Child Rights Protection, (MoES) - with training, and has continued to lobby for the passing of the necessary legislative amendments.

Article 44 of the 2015 Law on Child Rights Protection states that the *'Placement of orphaned children and children without parental care in foster families shall be established according to the legislation of the Republic of Tajikistan'*. Progress towards implementing this law continues to be slow because of the limited resources, skills and knowledge of the Department of Child Rights Protection in the MoES, and because parliamentary amendment to the Family Code legislation is required.

The UNICEF Child Protection officer reports that UNICEF has been active in trying to facilitate the approval of foster care, yet the complex relationships between various Ministries and Government departments, and the lack of knowledge of foster care within the MoES, and turnover of staff, means that approval is not progressing.

Following on from the study tour in October 2018, the project managers attempted to lobby and give support when they have had the opportunity, and the inability to progress this aspect of the project does not lie with the project.

The project Leader has written about the issues they face and how they continue to work on this area,

The DCRP is a new unit of the Ministry of Education and Science of Tajikistan. Currently the regulation of this department is being finalised and staff members are not convinced enough of what their work is and what tasks they are authorised to carry out. We have conducted capacity building training for staff of DCRP covering all aspects of a rights-based approach to the development of foster care, including conducting assessments, inter-agency work, etc.

(From the HealthProm year 3 Monitoring Report)

The project leader who was involved in the training, reports that, *'most of the topics were completely new to the team, and participants showed great interest and desire to learn'*. The staff of the NGOs, and indeed many of the staff of the ex-BHs are familiar with the concept of fostering through training, and some were involved in the assessing of children and families, and the placing and monitoring of the eight children from the pilot programme, conducted under the earlier *Keeping and Finding Families* Project (Milligan 2016).

The project leaders and staff have done as much as they can to prepare the ground, so that when approvals are given, practice will be able to re-start rapidly. Falkirk Council and the Fostering Network devised and delivered a Training of Trainers course that has prepared a cohort of 21 professionals ready to implement foster care.

4. Delivery of substantial training programme

The development and delivery of a large number of training courses has been a major feature of the project, with over 50+ events from 2017 – February 2020, when all in-person training stopped due to the Covid pandemic. Training courses usually last 2 or 3 days, while some awareness-raising events ran for 1 day. These trainings, considered as a whole, have involved all the component parts of the project, including the overseas experts from Scotland, the local experts, and the participation of other NGOs.

Within the project no cost extension period (June – August 2020) a very intensive programme of training was provided to a large number of frontline staff from all the Baby Homes, so that they could be more equipped to take on their new roles. In this period project staff were able to complete retraining of 125 staff. They also arranged for the delivery of a one-month accredited Social Work training course delivered by State Educational Centre. Completion of this course enabled participants to get a state certificate that will give them the opportunity to be employed in the new social work positions in the FCSCs.

Examples of training courses and audiences are provided below. They demonstrate the breadth of the outreach that the project has achieved, often working with NGO and state partners:

1. Early childhood development for BH staff, sample topics,
 - a) Norms of speech development
 - b) Sensory stimulation for young children,
 - c) Cognitive development of young children
2. Effective interagency cooperation in the field of early intervention and inclusion, for representatives of education, health, Social protection and Child rights Units, held in 3 locations across the country.
3. Individual social work with vulnerable children and families, prevention of child abuse and prevention of domestic violence – all provided to BH staff in Khujand and Istaravshan.
4. individual and group training offered to 180+ parents covering a range of topics, including:
 - a) improving childcare skills
 - b) self-control of emotions and self-care skills,
 - c) adaptation of home environment for child's needs
 - d) understanding specific disabilities and conditions
 - e) and many more!
5. Child protection training courses
 - a) Content specifically about recognising and responding to children in need of care and protection from violence, abuse and neglect (Article 19 of UNCRC). This was delivered to a range of NGOs and also to senior officers in a range of ministries.
 - b) And child protection as integrated into the 'safer care and development approach', through the welfare approach of Getting It Right For Every Child (The Scottish integrated health and well-being approach). This was a component that informed all the training courses.

Impact of the training programme

The staff from the Baby Homes were all able to give examples of what they learned from the training courses and all the Directors said that they very much hoped that the project NGO staff would continue to offer training and practice development to their staff in order to fully implement the new regulations.

When asked about the benefits of the courses for those who were being trained to deliver MP courses, the Mellow Parenting coordinator, spoke about the skills of the trainers – overseen by MP, and the quality of the training materials, and the links with health professionals:

Completely comprehensive, and very competent facilitators – the programme trainers delivering the programmes to the families – they were very good in their practical skills, and understanding the MP programme.

Secondly, the materials which we have already translated into two languages (Tajik and Russian), a helpful resource ready to be used and also materials for families as well.

Thirdly good communications with Government and NGO partners – for example when we did the mellow Bumps programme for pregnant women, we had good cooperation with the City Health centres, with the gynaecologists, with the MoHSPP and with the medical professionals, who had referred the participants to this programme. They are aware now about how these topics are important.

(Zukhra Safarova, Mellow parenting Coordinator, Tajikistan)

The MP coordinator also spoke with enthusiasm about how they had taken key principles from their MP training and delivered it to other NGOs and local officials, in order to spread the word about the importance of maintaining children in families wherever possible, and introducing people to concepts around child development and brain development.

So we advocated the MP approach not just for work with the most vulnerable families, but also we tried to share these practice with our partners all over the country. It is important that this focus on parenting, on early child relationships should be spread and implemented by most of the early childhood professionals.

(Lola Nasriddinova, Director of IRODA)

Capacity building

Here in the PFF Project we can say that a substantial amount of ‘capacity’ has indeed been built. Evidence for this comes from the development of a case management system in the Centres and the outcomes in terms of families supported and children returned to kin. The words of the participants in training also vouch for the impact in terms of their knowledge and skills to handle new ways of working. The term ‘capacity building’ is much used in extending child protection across the developing world. It is often synonymous with training. The foundations of the capacity to work in a much more child- and family-centred way, lies not just with the training events. Rather there is a related ‘pillar’ of practice that has played a complementary role - the new care practices that the NGO staff have demonstrated to their BH colleagues, especially in relation to children with disabilities. Time and time again the Baby Home care staff (pedagogues and nurses) talked about how they saw children with disabilities begin to develop in all

kinds of ways that they had thought impossible. Baby Home staff recounted that they saw children making huge progress in language; saw young disabled children begin to walk, and they saw how the NGO staff were working one-to-one and in small groups with the children to help them make this progress. The Baby Home staff were keen to learn the new ways which were so effective. It is the combination of these two components – training plus observation of practice- that has built the capacity, even though the legislative framework and direction from the Hukumat has been lagging behind.

A second area of capacity building has been with partner NGOs who have improved their skills in organisational and project management, and in team management. With support from Jerry O'Dwyer, volunteer management consultant, project managers learnt about project cycle management and how to achieve organisational change. With support from Vivien Thomson and Janet Smith, project managers became more skilled in social work team management.

5. Development of community-based child protection

Tajikistan does not usually deal with children's protection issues through the courts of law; only adoption matters come before a court, and courts play no role in protecting children from violence, neglect and abuse. Matters of family life are seen as private and only subject to state intervention in cases of serious injury. Equally, women's rights are seldom supported by the state. Changing economic pressures and migration leading to the breakdown of traditional family structures create difficult life situations for women and children. Civil society groups such as Sarchashma play a part in protecting children's rights through advocacy and education, but no state run multi-agency child protection services exist. Under the system of institutional care, the state could reassure itself that it had taken some action to protect the most vulnerable children abandoned by their families. Although Tajikistan is a signatory to the UN Convention on the Rights of the Child there are few actions that have been taken to implement the requirements of Article 19 of the UNCRC – the State's duty to protect children from violence, abuse and neglect within the family, the community and its institutions.

In a process of de-institutionalisation many more vulnerable children are retained within and returned to their families, with support and monitoring by the child welfare organisations and staff. There is a consequent need to train staff to assess the seriousness of risk that children may face and the intensity of supports that parents may need. There is also a need to train professionals and government officials about the risks of abuse and neglect that children may face in 'community settings'. Undertaking this work is challenging when there are no laws specifically addressing how to respond to harm to children in family settings, and when there are few 'referral pathways' whereby a concerned parent, or neighbour or professional could bring a situation of neglect or abuse to the attention of the authorities.

Framing child care as 'safer care and development'

This is the context that led to the third high-level objective being included in this project: '**Strengthening the capacity of local authorities in child protection within the community**'. The *Putting Families First* project has addressed this objective in a number of ways, notably through an extensive programme of training, awareness-raising, distribution of information to parents, and strengthening networks with other NGOs active in the field. The project drew on an integrated framework for conceptualising the care and protection of children that has been developed in Scotland - the GIRFEC model, an acronym which in full stands for *Getting It Right For Every Child*.

This model is an overarching approach which sets child protection within a broader 'wellbeing' framework, and includes a set of policies and procedures which all agencies are required to use; whether in social services, education or health. It aims to integrate services to families, and seeks to frame intervention around early intervention and family support. Where a child's well-being is compromised support should be provided by schools or community nurses for those under school age, wherever possible. Only the most serious cases should be passed to the social services. The GIRFEC approach aims to unify, and simplify, services to families by only having a single 'child's plan' – instead of multiple, individual education plans, health plans, or social work care-plans. It has also adopted a single form of assessment; the 'assessment triangle' which all professionals and agencies are required to use. The protection of children who have suffered abuse and neglect, or who are considered to be at risk of severe harm, are therefore set within this wider framework of systems and services which cover all children.

A key underpinning feature of the whole approach has been a model of children's needs and rights which is the foundation of the assessment and intervention process. According to this framework of 'well-being indicators', all children are expected to be,

Well-being (SHANNARRI)

The Getting it right for every child (GIRFEC) approach supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential. At home, in school or the wider community, every child and young person should be:

Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included

These eight factors are often referred to by their initial letters – SHANARRI.

They are *wellbeing* indicators which help make it easier for children and families and the people working with them to discuss how a child or young person is doing at a point in time and if there is a need for support.

(Scottish Government, <https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>)

The PFF project has adapted this concept and promoted child protection through a focus on well-being in their case management and care-planning. Whenever project staff assess families, they address child protection issues using categories of 'safety, health, inclusion' and so on. This allows them to address sensitive issues such as excessive physical punishment of children, or domestic violence.

All our training courses have a child protection element that focuses on safeguarding within the wider context of the GIRFEC model: safety, healthy, achieving, nurtured, active, respected, responsible and included.

(Jonathan Watkins, Project Manager, interview)

Child Protection workers

A real innovation of the project has been the appointment of four workers as 'Child protection' (CP) workers, two in each of the project family centres. These are senior staff in the project who have received a lot of training and whose role is very wide-ranging. One of the tasks of the child protection worker is protecting the rights of beneficiaries of FCSCs and providing legal assistance in cases of abuse or violence against a child or mother. They also conduct training sessions on child rights and domestic violence for staff of FCSCs and parents. The Child Protection worker is also required to actively collaborate with relevant services, including the state Committee on Women and Family Affairs, the League of Women Lawyers, the CCR and the Centre for Women's Identity, for conducting awareness-raising campaigns among the population on the topic of violence against women and children.

Widening impact on other sectors and regions

One particular set of training has had a very significant impact on child welfare practice in the Maternity Houses. The project reports that they conducted a series of training events for 44 national CRUs and 56 Maternity Houses. The focus of this campaign was prevention of young child institutionalisation. As a result, 56 representatives of maternity wards, 44 Heads of CRU/CRC from different part of the country (Dushanbe, Sughd, Khatlon, Badakhshan Autonomous Oblast) increased their knowledge about:

- Improving interagency cooperation in identifying and referring vulnerable families and young children;
- The importance of raising children in a family environment;
- Alternative forms of family care and social services;
- The importance of attachment for early childhood development;
- The importance of cooperation with the family in resolving problems;
- Support of vulnerable families to overcome difficult life circumstances and strengthen the potential of the family.

After the seminars, staff from Maternity Houses and CCRs began contacting FCSCs regarding the issue of placement of new-born babies and solving problems of vulnerable families. The project has supported MoHSPP to conduct monitoring visits to Maternity Houses and CRCs to assess how these bodies deal with crisis situations and work to prevent abandonment of new-born babies in Maternity Houses. Most of Maternity Houses now record the instances when a mother wants to abandon her baby. There had been a lack of collaboration between Maternity Houses and CRCs to prevent babies' abandonment and maternity houses have not usually referred mothers in crisis to alternative social services. This situation has begun to change following the seminars and representatives of CCRs reported that the number of families having children with disabilities who are considering abandonment has reduced.

Sustainability

There is no doubt that there are risks to the long-term sustainability of the *quality* of the care practices that have begun in the new FCSCs. The new FCSCs are operating in new ways with their current staff, but, whilst most members of staff have internalised the foundation principles of new ways of working, they are entirely dependent on the NGO Project-funded staff to lead the family visiting, assessment and case management practices – which constitute the bulk of the work of the Early Intervention departments. The FCSCs have their mandate to work in the new ways and all of them have experienced a greater or lesser degree of practice change. A senior official from the MoHSPP, who is a key supporter of the project was clear when asked if the FCSCs were now ready to carry out all their functions,

No they can't. FCSCs need help from NGOs, as NGOs are currently one of the key partners of MoHSPP on transformation of BHs and help to work at community level.

(Dr Aziza Khodzhaeva, Head of Mother & Child Health, MoHSPP)

There are no guarantees for a smooth transition. The project funding is at an end and the Hukumats of Dushanbe and Khujand have not yet committed themselves to taking over the NGO-staff into the new centres. The exception is Istaravshan, where rapid progress has been made in the past eight months. The directors of the other new FCSCs have not created 'transition plans' to reorganise the buildings and create new spaces for their new services, nor have they worked out a way to transfer current staff into new roles. Finally, they are not equipped to provide the continuing training necessary to equip the staff to undertake their new roles. For all these tasks they need continued assistance.

Even in Istaravshan, where the Hukumat has provided money for new buildings and new posts, the Director feels that they will need continued mentoring from the Mavorid-based staff and further training in family work for all of his staff. The other directors likewise said that they needed to have access to continued training moving beyond new care concepts into detailed case management and family engagement skills. There is a need to teach main-grade staff to use computers for case records, and to support senior staff to take initiatives to find philanthropic funding among local communities and businesses, and not simply to wait for the Hukumat to find capital funding for renovations and equipment.

The Tajikistan project manager hopes that the Hukumats in Sughd and Dushanbe will fund enough new posts to retain the bulk of the staff of Mavorid and Umed teams. These staff groups are well-equipped to staff the Early Intervention Department within each FCSC, anticipated in the regulations. A request for these posts has been made in Sughd for the Khujand FCSC, and a reply is awaited. Request for new posts in both FCSCs in Dushanbe is anticipated as soon as the authorisation signed by the Mayor is received.

In 2019, at the request of the MoHSPP, UNICEF consultants provided technical support to set out the processes needed to fully operationalise the FCSCs. The consultants worked closely with project staff to develop a detailed road map for implementing the FCSC regulations; wrote job descriptions for the FCSC staff members; developed standard operating procedures and guidelines for implementing the new regulations; carried out a training needs

assessment for all FCSC staff; devised and pre-tested a gatekeeping mechanism for referral pathways to prevent unnecessary institutionalisation of young children; and, developed a system for data management at the operational and management levels. This work was done in collaboration with *Putting Families First* project team members and forms the basis for the MoHSPP fully to implement the regulations.

New resources for continuity of change process

The need for resources is clear, and UNICEF has stepped in with a significant contribution. It has promised funds to allow 5 members of staff in each of the NGOs to be funded to take on training and mentoring for the rest of their colleagues. These posts are funded for 16 months.

HealthProm itself has been successful in bidding for money under a 'Covid Response' programme provided by the UK Embassy in Dushanbe. This will allow a further 3 members of staff in each NGO to be paid for 6 months to continue to support the transition. These funds have been awarded in the expectation that the Hukumats will eventually fund new posts in the Centres to allow all the NGO expertise to be transferred into the new Centres.

Iroda has also found some new resources to pay for the *Mellow Parenting* facilitators in the short-term but they want to do more,

The objectives we have, yes it is a difficulty for us, to make the Mellow Parenting project sustainable, but now we don't want when the project finishes, just to stop it. So we are trying to think and discuss with everyone in Iroda – staff, parents, partners and so on – how this programme should just be a natural part of Iroda. Now we can't even imagine the organisation without this programme. So now it is an objective for us to get funding to sustain this programme.

(Lola Nasriddinova, Director, Iroda)

The longer-term future of the all the highly experienced staff from the Mavorid and Umed centres is at the moment uncertain. In the short-term the UNICEF and UK Embassy funding is making a crucial difference and covers most of the staff in the two main NGOs, except for the MP coordinator, and the (part-time) MP facilitator positions. The issue of sustainability is compromised most in the area of senior-level practitioners. The senior managers of the two NGOs, and the Tajikistan-based project manager have contributed enormously to the learning transfer, and lobbying of the various local authority and ministry departments. How the momentum for quality change is sustained is perhaps the greatest unknown at this point? UNICEF will certainly continue to play an important supportive role.

Given that external support has been in place since 2006, perhaps now is the time for international support to step back to allow the local experts and leaders to move forward the policy and practice agenda. The project has been successful in embedding the changes within government and legislation, but true sustainability occurs when the government and local NGOs provide the framework and finance for social service delivery.

Key recommendations for moving forward on deinstitutionalisation through family support

At the end of the *Putting Families First* project, all the traditional baby homes had transformed into Family and Child Support Centres. This process was complete in law, but not fully complete in practice. I recommend that the FCSC regulations be implemented by the MoHSPP and local government with the support of NGOs and UNICEF. The MoHSPP and local government have a period of grace of about a year, during which they should complete their budget review so that existing funds are properly reallocated from the baby home format to the FCSC format. FCSC staff members should be formally recruited on the basis of suitability for the tasks of family support, promoting child development and protecting children from harm.

This project has clearly shown the need for collaboration between the government, local government and local NGOs. I was struck by the comment of Dr Aziza Khodzhaeva, Head of Mother & Child Health, MoHSPP, quoted on p.44, when asked of the FCSCs were ready to carry out all their functions; she replied, “No they can’t. FCSCs need help from NGOs, as NGOs are currently one of the key partners of MoHSPP on transformation of BHs and help to work at community level”. I recommend that the local NGOs, with UNICEF, remain involved on two levels. First, to provide continuing support with best professional practices, and, second, to be external monitoring agents with the role of reporting back to the MoHSPP and UNICEF on the quality of care provided in the FCSCs.

It is disappointing for all concerned that no new foster care placements have been made during the lifetime of this project. The pathway and obligations in the government’s work plan are clear, procedures have been written and a cohort of trainers trained. I recommend that local NGOs, with UNICEF, continue to advocate for foster care services to resume, and to remain in contact with and seek support from friends in the Fostering Network and Falkirk Council (Scotland). There is a role for international NGOs who can bring new ideas and support, but leadership should now lie with local State and NGOs.

The project has done well to implement a ‘safer care and development’ approach to child welfare and family support. Project team members have developed good skills in promoting the welfare of children in need of care and protection and who have delayed development because of a disability or disadvantage. However, children suffering from violence, abuse and neglect usually remain enclosed within their family and hidden from professional and State help. I recommend that the project continue to deliver training about recognising and responding to children who are harmed by violence, abuse and neglect. A future project should prioritise a multidisciplinary approach to protecting children from harm. This is a major gap in the Tajik child protection system, to be addressed as a matter of urgency.

After such an intense period of growth and development arising from the project, a period of consolidation will cement the project gains, and strengthen local autonomy. During this period, I recommend plans are made for future initiatives that strengthen the evidence base for family and child support, further build the capacities of local NGOs, strengthen partnerships that include the State and non-state sectors for delivering services; for example, multi-agency child safeguarding and building the capacities of the Social Assistance At Home Units so they can extend their reach to vulnerable children and families.

Finally, I recommend that all involved in devising and delivering this project should work to increase and broaden the pool of knowledge for supporting vulnerable children and families, safeguarding children and women, and strengthening alternative family care systems. Evidence-based best practices are available internationally, not least through continuing partnerships with wider international support networks, but also through local learning from ‘south-south’ cooperation.

Conclusions

NGO leadership

Given the lack of human and financial capacity in the government, the challenge of developing new, non-institutional services, has fallen on NGOs and reliance on external funding from the EU, UK, Grand Challenges Canada and other non-state development partners. While the local NGOs have risen to the challenge, and sought out funding to pursue their vision, the lack of buy-in from parts of the government is perhaps not surprising. Despite the initial request for help from the Medical Director of Dushanbe City Health Department and his vision for alternatives to the Baby Homes, the weakness of the project has been that it is largely externally driven. The foundational concepts and practices have been brought into Tajikistan by external actors, in partnership with local NGOs.

Even though it was the Deputy Prime Minister back in 2013 who announced the commitment of the Government of Tajikistan to keeping all under-3s out of institutional care, the many responsible ministries and local government departments, have simply not taken the initiative in implementing that commitment, despite the presence of a series of substantial EU, UK and other, grants. These grant-funded initiatives have demonstrated new ways to keep young children out of institutional care, and helped draft new policies and procedures. While the Project has found some supportive Government ‘friends’ beyond the Mother and Child Department within the MoHSPP, there have been no *assertive champions* on the non-institutional approach within MoES or the Hukumats. Perhaps this is not entirely surprising, given the lack of tradition of social work in the country, and the small funds that the Government has to address the health and education needs of the whole population. Prioritising spending on the poor and excluded is always a political challenge in any country.

The lack of a governmental lead has led to the creation of a ‘bottom-up’ process of practice change initiated by the local NGOs, which started in advance of the legislative sign-off and receipt of the authorising documents. The transformation started with change in *practice* in the Baby Homes and then, with the support of the government structures, to gradually changing the decision-making processes in the CRU and Maternity Houses. This context has required the local NGOs in the PFF project to win the support of the local CRUs and Hukumat, and introduce new concepts such as foster care and respite care for children with disabilities. The NGOs have established a good collaboration with the staff in the new Family and Child Support centres and introduced new practices, such as the focus on family preservation, respite care and safeguarding from violence and neglect. They have built up new skills in case management and care planning, and working with families in the community. All-in-all this is a very new orientation in Tajikistan, and an example to other countries across the region.

The UK-based Project Manager, Jonathan Watkins, has described the way that Government bodies traditionally address individual welfare problems as ‘petition-oriented’: responding to requests from families in trouble. Thus Government officials are not used to operating a rights-based, proactive service. The new system of community-based, domiciliary family support (as opposed to centre or institution-based support), requires a more outward

looking, flexible and 'mobile' approach. What the project has implemented in relation to the vulnerable families and children are not just new ways of working within an accepted framework, but a bottom-up push for a new framework, requiring a whole new approach from Hukumat officials as well as new practices from care-workers. Further, this new approach has begun to drive not just a new set of administrative decisions but also the implementation of a new mind-set. The *Putting Families First* Project, building on many years of previous work, has achieved this change of mindset at the crucial Hukumat level. Despite all the delays and hindrances caused by changeover of personnel, and lack of capacity within government generally, this is a very significant achievement. The signing-off of the new regulations and the directives from each Hukumat, means that there are no 'Baby Homes' to go back to. What exists now are Family and Child Support Centres, with a strong mandate to support families and prevent separation of children.

Many achievements

This report has shown how much the project has achieved in establishing community-based, family support services in practice and not only in policy. Project achievements are multiple. It has:

- Overtaken all high-level aims and targets, with the exception of fostering.
- Worked hard to prioritise and support kinship care placement for children who cannot return to birth mothers, or whose parents now live abroad.
- Brought about the transformation in practice and orientation of the former Baby Homes which are now Child and Family Support Centres.
- Embedded principles and practices around early intervention, family support and preservation.
- Developed a cadre of experienced staff who are now equipped to continue to strengthen their own practice.
- Contributed significantly to changing mind-sets about the parents of child in vulnerable conditions, based on respect and partnership.
- Developed social work case management skills, including assessment and providing a range of family-based support services, from short-term to longer term intervention.
- Established constructive relationships with the Hukumats responsible for the FCSCs.
- Consistently engaged with government departments and ministries and won the trust of Mother and Child Welfare section of the MoHSPP.

'Tajikistan's baby homes existed for about 70 years and remained fairly unchanged from the original Soviet model until our intervention began in 2006. The Putting Families First project is the culmination of 15 years of advocacy, investment and family support. This represents a final stage in the transformation process whereby the Ministry of Health and Social Protection of the Population finalised new regulations that were then put into practice through new bylaws by three local government authorities. This led to the formal transformation of all the traditional closed baby homes into community-oriented family and child support centres'. (Jonathan Watkins, HealthProm, Project Manager)

The sustainability of current levels of quality service is not ensured but evidence from the Hukumat responsible for Istaravshan demonstrates a full commitment, with money provided for new buildings and new posts and successful partnership in practice with multiple local agencies and departments of government. The UNICEF follow-on funding

will make a huge difference to the next phases, given that the project funding ended on 19th August 2020 and the Dushanbe Hukumat is only at the beginning of taking on its new financial responsibilities for the two FCSCs it is responsible for.

The fact that the transformation process has taken place is a major achievement, and the existence of the various cautions here, pointing out areas of continued delay, or gaps in the project achievements, should not detract from the fact that the Baby Homes have been replaced with services with an entirely different orientation and resourced to practice in new ways. There is always much more that needs to be done in the field of human welfare practices across the world.

There is much yet to be done in Tajikistan but a great deal has been achieved.

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