Turkmenistan
Review of the situation of children from birth to three year old in institutional care

«The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role.»

UN Guidelines for the Alternative Care of Children, 2010

Child wellbeing series
Issue 5, 2015

unicef

The study presents the results of the effective cooperation between the Government of Turkmenistan and UNICEF as a follow up to a Call to Action "Ending the placement of children under three in institutions: Support nurturing families for all young children" upheld by the Turkmenistan high-level delegation at the Sofia ministerial meeting on 21-22 November 2012 in Bulgaria. The objective of the extensive review was to gain insights into main reasons of placement of children under 3 years old in infant homes and develop effective policy recommendations aiming at reducing the number of children in infant homes by creating alternative care solutions and by strengthening prevention and support services for the vulnerable families.

The United Nations Guidelines for the Alternative Care of Children state that institutional care should not be used for children under the age of three. Family is the best enabling environment for the growth, well-being and protection of children. Therefore, efforts should be directed in the first place to nurture children in a family by parents or, where appropriate, by extended family. Decisions regarding the placement of the child under the institutional care should be determined on a case-by-case basis to ensure the full protection of the child and should take into account the best interest and the rights of the child.

Methodology and data collection

The study applied a number of internationally tested data collection instruments aiming to generate data that can help to inform the formulation of recommendations for the development of national policies to prevent the institutionalization of children under the age of three.

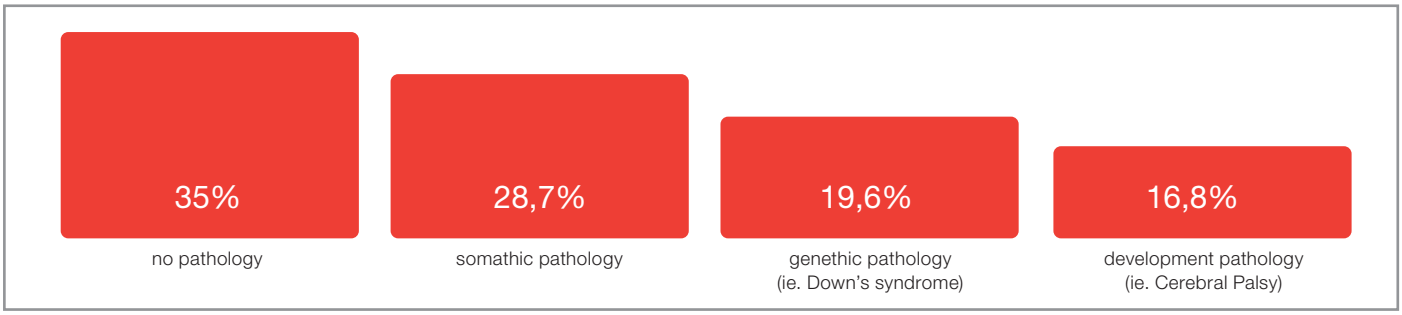
The data was collected by a research team of 16 Ministry of Health and Medical Industry specialists through structured interviews with staff and service users in 4 infant homes, 12 maternity hospitals in urban and rural areas in the regions with infant homes. The review was also informed by analysis of auxiliary data provided by the Ministry of Health and Medical Industry and their regional representatives, as well as data from personal files of infants in the care of all four infant homes at the time of the fieldwork.

Key findings

There were 143 children living in four infant homes in December 2013. This represents about 37 infants per 100,000 children aged under 3 years of age which is a low rate compared to most other countries in the Central Asia region. Roughly a further 46 infants per 100,000 children aged under 3 years of age, are placed into guardianship each year. Just over 60% of all children who left the infant homes in 2012 left for adoption placements, with some regional variations. Most of the children leaving for adoption are from Ashgabat and Lebap infant homes. Around 1/3 of Mary children left for adoption and the remaining 2/3rds returned home to their families. Across the whole country in 2012 almost 90% of children either returned home or were adopted when they left the infant homes.

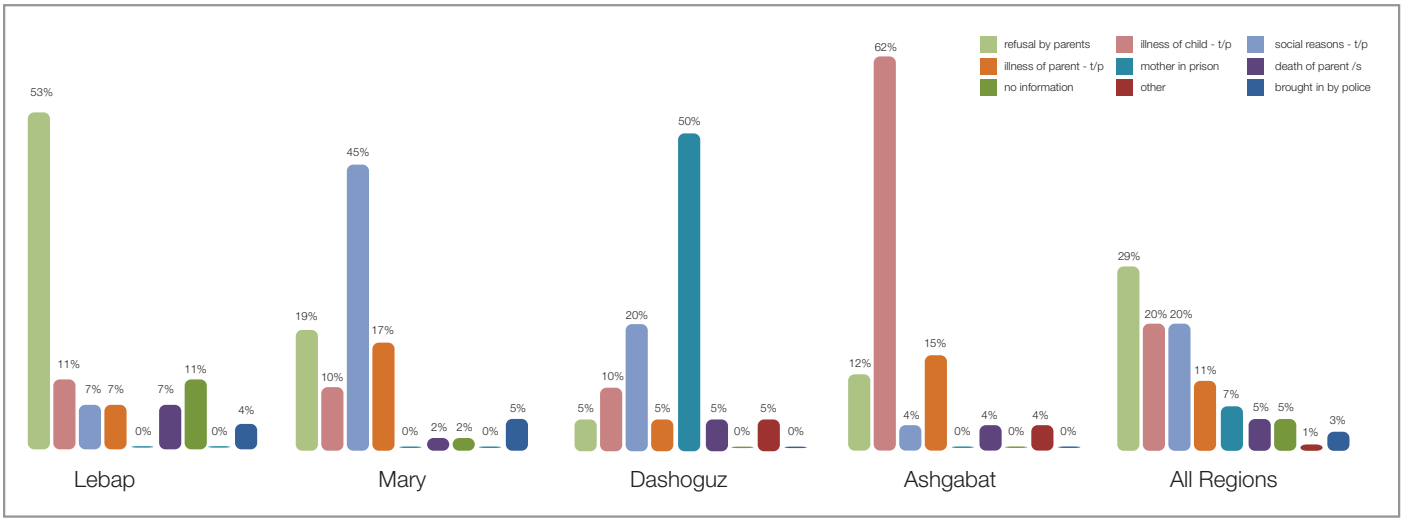
Of all 143 children who were in the care of the infant homes in December 2013, 71% entered at the age of 0-6 months. The average length of stay was 11.4 months for all children in all the infant homes with some regional variations – average length of stay for children in Lebap and Dashoguz infant homes in December 2013 was 19 months, in Ashgabat infant home was 16 months and in Mary infant home was 8.8 months. 36% of children had confirmed disability or pathologies, 64% were without pathologies or with some somatic diagnoses.

Health status of 143 children resident in the infant homes in December 2013
Source: MoH data collection teams; author's calculations



There is a high level of family contact with 50% of infants including many children with disabilities receiving visitors (even if infrequently) or telephone enquiries. 53% of those who have been completely refused by parents and family have a disability, but only 25% of newborns who were refused and were living in the infant homes in December 2013 had a disability. Overall the main reasons for children to be in the care of the infant homes, based on the data for 143 infants resident in December 2013 were: refusal by parents (29% of all cases); temporary placement for social reasons including mothers serving sentences in the women's penal colony (27%); temporary placements because of the child's illness (20%); temporary placement because of parental illness (11%). There are significant regional variations with each infant home having a different main reason for placement.

Reasons for placement into infant homes – proportions of each infant home population and the country as a whole
Source: MoH data collection teams; author's calculations



The study identifies a typology of three groups of children who enter the care of the infant homes:1) babies without disabilities; 2) babies and older infants with disabilities who enter mainly because of their disability or developmental difficulties; 3) babies and older infants who enter for mainly social reasons or parental illness.

The main factors influencing decisions of parents to relinquish children or place them temporarily aren understanding of disability based mainly on medical or health issues; lack of understanding of the needs of young children; a crisis in the family or other set of circumstances which challenge the ability of the family to care for their child; lack of any other alternatives; a recommendation from an official source or from a neighbor or friend to place the child. Professionals perceive the reasons to lie more with the psychological, social and personal circumstances of the mother of the child and lack of support from her parents or relatives.

The study summarises views of maternity hospital and infant home staff on how prevention of relinquishment can be strengthened. The study also summarises the experiences of a group of mothers of young children with disabilities at the birth of the baby and subsequently in terms of caring for their child in the community without recourse to the infant home.

Conclusions and implications for policy and practice focused on prevention

The following recommendations are intended to help decision-makers to move forward and develop an overall vision and a detailed plan of action that can lead to a reasonably fast, but carefully planned and measured, reduction in the numbers of infants being cared for in infant homes across Turkmenistan.

Policy on the prevention of child relinquishment. Preventive measures need to be put in place in materni-

ty hospitals. Prevention of abandonment regulations, guidance, mechanisms for referrals and interventions need to be put in place in all maternity hospitals linking out to the Guardianship and Trusteeship organs, policlinics and other support services in the community. Consideration should be given to the employment of social and psychological workforce in maternity hospitals and policlinics to provide qualified support in ante-natal and post-natal periods. In order to improve the quality of services offered in maternity hospitals, medical staff should be trained in communication, in developing tolerance and tackling discrimination towards women at risk of abandoning a child; as well as developing some work techniques that would contribute to the formation and consolidation of attachment between mother and her baby.

Training is also needed for staff in maternity hospitals and antenatal health services on talking to parents of children with disabilities. Consideration needs to be given to ante-natal parent training classes and to strong reproductive health services among the most vulnerable men and women. This type of policy requires not only the development of abandonment prevention measures in maternity hospitals, but also the development of community based services that can support mothers and their babies upon leaving the maternity hospital.

Policy on child and family support services /systems strengthening and development

The roles and accountability of Guardianship and Trusteeship bodies need to be reviewed, including regulations and staffing and interaction with health, education and social welfare sectors. The Guardianship and Trusteeship bodies may play an important role in the design of an effective gate-keeping system for all children and ensuring an inter-agency collaboration to prevent infant abandonment. Protocols for inter-agency collaboration may need to be developed in order to ensure better coordination of preventive measures undertaken by different sectors. Social services that can offer psycho-social support need to be developed for work with mothers, fathers and the extended family. Early intervention services should be designed to provide effective interventions both earlier in the life of children and in the life of the family problem. Consideration needs to be given as well to the development of family support services to provide social work support to families where there is a risk of child separation in the communities.

Policy decision on adoption procedures and particularly how the route to adoption should be handled for all infants. The authorities have to decide if there really has to be a period of 'hospitalisation' in the infant home pre-adoption, realizing that even a short period of separation of the infant from the family/family care could lead to long-lasting effects for the child development. The infant could be living in a temporary family arrangement while decisions are taken and social and health assessments are completed. Alternatively, the infant could be living with the potential adopters if the adopters can be approved in advance and be ready to take a child at any time after their approval. Also, the authorities should decide if stricter procedures have to be put in place, including the approval of adoption in court and not by the Guardianship Authority as it is currently.

If it is not possible to place children directly into adoptive families from the maternity hospital then options should be explored for developing alternative family-based care for infants without parental care. The family support centre or infant home retains responsibility of care for the child, but the child is attached to a particular staff member and lives with that staff member until the adoption is approved.

Policy of family care and support for children with disabilities. This study has shown that there are surprisingly few infants with disabilities who are completely abandoned by their relatives; there are high levels of visiting compared to many other countries. This is a very positive base from which to build a strong policy of family care and support for children with disabilities, social inclusion and inclusive education. A range of services need to be developed that can reach out to families in their homes that are based on a multi-faceted model of disability, not only on the medical needs of children. The International Classification of Functioning Child and Youth version offers an excellent basis for developing both policy and practice. The types of services that can help to ensure that families are able to care for their children with disabilities and will continue to

do so and therefore not place them either temporarily or permanently in an infant home or any other type of institution include:

Understanding disability awareness campaign – either as part of the disability policy or as a separate policy intervention, there is a need to raise awareness among health, education and social sector personnel about disability, to ensure that skills and knowledge are updated especially among health and education professionals. There is also a need to raise awareness among parents of children with disabilities about a less medicalised understanding of disability and among the general public about understanding disability, designed to reduce ignorance and stigma.

Strengthen policy and preventative child and family social services as an alternative for children entering infant homes for social reasons - an efficient case management, gate-keeping and monitoring system can help to ensure that as soon as a family approaches the infant home or the local municipal authorities for help they are referred to a team of local social workers who have been trained to carry out multi-faceted assessments of the needs of the child and the whole family and develop a plan for meeting those needs. In the cases of some of the family situations documented above in this study, some very basic intervention consolidating partnership relationships between governmental services and services offered by non-governmental sector could have helped to prevent entry into the infant home and supported the child in the family.

Policy and action plan on the transformation of infant homes into support services/day care centers, early intervention services or multiple purpose support services. Infant homes should consider employing social workers, psychologists to work with children and parents for family reunification – move from a medicalized model and introduce a social approach. Consideration should be given to the opportunity of the infant homes to be transformed into day care with some 24 hour groups and insist on children going home in the evening or at weekends – this is very close to the current situation. The change would be to have a shared care between the infant home and the family so that the family retains responsibility and the infant home helps to broker a more structured role of the family in caring for the child. Where a child has no family contacts and there is no possibility of resurrecting them, the options explored above for developing family-based or family-type care should be explored.

Data collection and monitoring on infants and babies needs to be systematized to support the implementation of new policies on infant abandonment prevention and support for children with disabilities and their families. Review existing requirements in data collection in maternal hospitals and infants homes with regard to abandoned/relinquished/placed for temporary care children and propose improvements which are based on the new policy goals. In the short term the secondary data dimensions examined for this study can be used as a basis for a regular data collection exercise which can help to both inform new policy development and monitor implementation.

Possible immediate actions: Develop and implement a policy and action plan for babies and infants which can include the following steps:

- Expansion and alteration of the functions of the infant homes in accordance with the International Classification of Functioning as it relates to babies and very young children.
- Strengthening the existing health, education and Guardianship organ services; create new services to support children and families in difficult life situations while conserving the strengths of existing strong family values and informal care systems.
- Prevention of infant abandonment and relinquishment in maternity hospitals by issuing guidance to staff and training staff in basic counseling and communication skills; general and targeted measures to prevent unplanned pregnancies.

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