



SCHOOL OF SOCIAL WORK  
*Uzbekistan Social Work Education  
for Excellence Project (USWEEP)*

## FINAL REPORT

# The Social Service Workforce (SSW) in Uzbekistan: Strengths, Challenges, and Ways Forward

Submitted to



March 2019

The investigative team  
of the Columbia School of Social Work,  
Social Intervention Group (SIG)

## *Table of Contents*

<b>I</b>	<b>ACKNOWLEDGMENTS .....</b>	<b>3</b>
<b>II</b>	<b>EXECUTIVE SUMMARY .....</b>	<b>4</b>
<b>III</b>	<b>GLOSSARY .....</b>	<b>7</b>
<b>1</b>	<b>BACKGROUND.....</b>	<b>9</b>
1.1	Situational Analysis of Uzbekistan.....	9
1.2	Key Terms, Frameworks, and Indicators .....	10
1.3	Social Work Profession and Education Globally .....	14
<b>2</b>	<b>METHODOLOGY .....</b>	<b>15</b>
2.1	Study Design.....	15
2.2	Data Collection and Procedures.....	15
2.3	Recruitment and Sample Description.....	16
2.4	Analytic Plan .....	17
<b>3</b>	<b>KEY FINDINGS.....</b>	<b>18</b>
3.1	National Regulatory Bodies for the SSW .....	18
3.2	National Regulatory Framework for the SSW .....	21
3.3	Strengths of Current Social Welfare in Uzbekistan.....	22
3.4	Stakeholder Mapping Findings .....	23
3.4.1	SSW in Health .....	23
3.4.2	SSW in Education.....	26
3.4.3	SSW in Labor and Employment.....	30
3.4.4	SSW in Juvenile Justice.....	31
3.4.5	SSW in Local Community Mahallas.....	34
3.4.6	SSW in Women's Committee.....	36
3.4.7	SSW in Center "Oila" .....	37
3.4.8	SSW in Youth Union .....	39
3.4.9	SSW in RCSAC.....	39
3.4.10	SSW in the Association SOS Children's Villages in Uzbekistan .....	41
3.5	Current Status of Social Work Education .....	48
3.6	Current Status of the Social Work Profession.....	50
3.7	Limitations.....	51
<b>4</b>	<b>MAIN CONCLUSIONS .....</b>	<b>52</b>
4.1	National Regulatory Bodies and Framework for the SSW.....	52
4.2	Nationwide Composition of the SSW (Titles, Functions, Levels) .....	52
4.3	SSW's Roles, Functions, and Professional Standards .....	55
4.4	Social Work Education and Accredited Short-Term Courses.....	56
4.5	Current Status of the Social Work Profession in Uzbekistan .....	58
4.6	Awareness about Social Work .....	58
<b>5</b>	<b>RECOMMENDATIONS.....</b>	<b>59</b>
<b>6</b>	<b>REFERENCES .....</b>	<b>66</b>
<b>7</b>	<b>APPENDIX .....</b>	<b>68</b>

## I ACKNOWLEDGMENTS

The Columbia School of Social Work (CSSW) team was honored to conduct and present the results of this study assessment of the Social Service Workforce (SSW) at this very important time of radical reforms of the social services sector in Uzbekistan, initiated by the country's president. We would like to express our deep appreciation for the support provided for this study by Ms. Tanzila Narbaeva, the Deputy Prime Minister/Chairperson of the Women's Committee of Uzbekistan, and Ms. Dilorom Tashmukhamedova, the Director of Scientific and Practical Research Center «Oila» under the Cabinet of Ministers of the Republic of Uzbekistan.

We express our candid appreciation to all who contributed to this study and thank the following participants of the focus groups and interviews:

- The frontline workers, specialists, administrators, and managers of the social service providers of Health, Education, Employment and labor, Internal affairs, Prosecutor's office, local authorities (khokhimiyats), Mahalla, Women's Committee, Center "Oila", Republican center for social adaptation of children, SOS Children Villages, Istiqboli Avlod, and Oidin Nur—who provided us with substantial and honest information regarding functions, services, and needs to move forward in developing the social service system and cadre of professional social service providers;
- Students and academics of social work departments of the National University, Samarkand and Fergana State Universities who actively participated in the discussion of the current situation with social work education and its prospects; and
- Especially those families with children with disabilities for sharing with us their experiences as service consumers.

We would also like to thank our national partners—the National University of Uzbekistan (NUUz), the Chancellor Dr. Avazjon Marakhimov, and the national team—Marifat Ganieva, Yulduzhon Umarbekova, Nodira Latipova, and Victoria Alekseeva—for their coordination and support during data collection, analysis, and desk review, and for their input in discussions of how the results of the study are to be utilized in social work education and in-service training.

We express our sincere gratitude to UNICEF-Uzbekistan for giving us the opportunity to conduct this study, and we thank UNICEF Representative Mr. Sascha Graumann and the Deputy Representative Mr. Afshin Parsi for strong leadership and commitment to support strengthening social work and the SSW in Uzbekistan. We especially thank the excellent child protection team, its leader Mr. Furkat Lutfulloyev, and the child protection national consultant Ms. Diana Isayeva for their professional guidance and intensive support during all phases of this study. We thank colleagues from social policy, health, education, disability, and other units, volunteers of UNICEF-Uzbekistan, and colleagues from the Regional UNICEF office for their contributions to study implementation and feedback on the interim and final reports.

The investigative team of the CSSW Social Intervention Group (SIG) included: Ms. Lyudmila Kim, Co-Investigator, Lead Author; Dr. Timothy Hunt, Principal Investigator; Dr. Louisa Gilbert, Co-Investigator; Dr. Nabila El-Bassel, Co-Investigator; and Ms. Jennifer Komos Hartmann and Ms. Caroline Prichard, Research Assistants.

For inquiries contact: Ms. Lyudmila Kim, [lk2313@columbia.edu](mailto:lk2313@columbia.edu), Dr. Timothy Hunt, [th2258@columbia.edu](mailto:th2258@columbia.edu), or Ms. Diana Isayeva, [disayeva@unicef.org](mailto:disayeva@unicef.org).

## II EXECUTIVE SUMMARY

The United Nations Children's Fund (UNICEF) partnered with Columbia School of Social Work's (CSSW) Social Intervention Group in June 2018 to examine the current functions and capacity of the social service system in Uzbekistan to provide social services to families and children. The major aims of the study, called "Social Service Workforce of the Social Sector in Uzbekistan: Strengths, Challenges, and Ways to Move Forward", were to:

- (1) Identify social service workforce** (hereafter SSW) composition, functions, capacity, and readiness to administer, regulate, monitor, and support a qualified workforce to offer direct social programs and referral services in collaboration with partner organizations and educational systems;
- (2) Identify challenges and gaps in the current SSW system** and priorities for SSW development in Uzbekistan, including the profession of social work; and
- (3) Offer solutions** to address the issues and gaps to further strengthen the SSW.

The SSW is defined as "paid and unpaid, governmental and non-governmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families" (GASSW, 2015). The SSW implements programs that support families and children in communities by addressing poverty, reducing discrimination, increasing access to needed services, promoting social justice, and preventing and responding to violence, abuse, neglect, and family disintegration (GASSW, 2015).

Using an ecological framework and a Theory of Change model (see Figure 1), this report aims to support the government and key stakeholders of the social service system in improving the well-being of children and families through conceptualizing and continued development and support of the current and future SSW in Uzbekistan. The report describes the study methodology and findings from data collected between June and September 2018. The findings incorporate data from focus groups and a desk review of national legislation regulating social services. In total, 195 individuals participated in focus groups, including administrators, providers, service recipients, educators, and students from four cities in Uzbekistan; 166 individuals completed a survey; and 35 UNICEF documents and over 65 statutory laws, decrees, and regulations were reviewed. This final report incorporates feedback stakeholders provided to an interim results brief report submitted in October 2018.

Findings are presented with a review of key participant characteristics and their involvement in social service or social work functions in education, health, social protection, and justice sectors. Finally, the report includes key successes and challenges as well as recommendations and limitations using a multilevel approach for a way forward in developing the social service system and the profession of social work in Uzbekistan. The Final Report is accompanied by two supplemental documents: (1) Stakeholder Analysis and (2) Full Appendix.

### Main Findings and Conclusions

#### Strengths in The Current Uzbekistan Social Welfare System

- Tackling social vulnerability issues and providing social support to families and children are priorities of governmental policies and are reflected in the statutory legislation and structures of agencies and their missions and functions.

- The structure, numbers, titles, and professional requirements of the overall SSW across stakeholders have been expanded over the last two years. This specifically concerns specialists working with women and families, specialists on child social protection, inspectors for prevention, and specialists working with youth.
- A strong governmental commitment to strengthen the unique Mahalla system as a preventative community support system is impressive. With further investment in the professional competence of community staff, Mahalla may become the key provider of preventive community-based services for families and children.
- The investigative team witnessed an openness among stakeholders to learn about international experience of best-evidenced solutions to address social issues affecting families globally and in Uzbekistan.
- Models of social service delivery and utilization of trained social workers exist in a selection of NGOs.
- The overall human resource potential in child and family welfare in Uzbekistan is tremendous.

### Challenges and Gaps of the Current SSW

#### 1. National Regulatory Bodies and Framework for the SSW

- Many overlapping stakeholders are involved in the social service system for families, children, and youth welfare. As of this report, there is no primary governmental agency responsible for family and child welfare. As a result, social support services are provided to vulnerable families by different stakeholders with limited coordination, likely compromising the services' effectiveness and efficiency.

#### 2. Nationwide Composition of the SSW (Titles, Functions, Levels)

- The current SSW is sizable yet fragmented, dispersed across stakeholders, and represented by numerous functions, professionals, paraprofessionals, and allied workers. The composition of the current SSW by level and types of services is disproportionate. The greatest portion is represented by employees of rehabilitation and care institutions, and the smallest part is composed of the specialists providing direct services in district community-based services. Community-level preventive SSW includes mostly paraprofessional workers who lack formal training and supervision to adequately provide social support services to vulnerable populations.
- An institutional, medical model of child care is still prevalent in the child protection system and contributes to the disproportionate composition of the SSW. Re-shaping the composition of the SSW to strengthen its capacity to work directly with vulnerable families must coincide with the transformation of the child care system.

#### 3. SSW's Roles, Functions, and Professional Standards

- The SSW is assigned numerous functions but is most often left without proper professional guidance and standards in working with vulnerable families, and lacking in support provided by trained supervisors experienced in social services.

#### 4. Social Work Education and Re-Training Courses

- Social work education is not effectively linked to the social service system and does not yet meet the full training needs of SSW personnel. Social work education is not yet available in all regions of Uzbekistan.
- Considering the lag in developing social work academic education, the accredited short-term social work courses is an interim solution to increase the number of social workers and re-train the existing SSW professionals.

#### 5. Current Status of the Social Work Profession in Uzbekistan, Professional Associations Recognized and Approved by the Government, Codes of Ethics, and Licensing Regulations for the SSW Cadre

- The social work profession is not well defined by statutory regulations; social workers are not recognized as the main social service providers; and educational requirements for the social work profession are confused in the state register. There is no common framework for a SSW professional code of ethics. Registration, certification, and licensure are not yet introduced for any of the SSW occupations.

#### 6. Awareness about Social Work

- Awareness regarding the social work profession is poor; its crucial role in developing, coordinating, and providing services for vulnerable populations is not fully understood by social sector stakeholders, including ministries, regional and district departments, administrators, and practitioners.

### Recommendations for Strengthening the SSW

#### # **Recommendations for Planning the SSW**

- 1 Introduce an Agency or Department for Child and Family Welfare.
- 2 Build a national SSW network/alliance involving social sector stakeholders.
- 3 Map and assess needs in social services and identify services and SSW cadre required.
- 4 Revise educational and professional requirements of SSW cadres.

#### **Recommendations for Developing the SSW**

- 5 Align education and training with global standards and efforts to strengthen the SSW.
- 6 Enhance field education and exchanges for social work students and faculty.
- 7 Further professionalize social work and the SSW.

#### **Recommendations for Supporting the SSW**

- 8 Support the capacity of professional SSW through continuing education. Implement in-service training on social work on the premises of the centers of excellence of higher education and other stakeholders (e.g., Center “Oila”, Avloni Institute).
- 9 Support paraprofessional SSW through professional development training informed by a more in-depth contextual needs assessment.
- 10 Support the SSW with trained strength-based supervision.
- 11 Provide the frontline workforce in the social service system with supportive working conditions, motivating incentives, and measures to highlight potential signs and symptoms of burnout and vicarious or secondary trauma and ways to mitigate.
- 12 National stakeholders should discuss the possibility of creating and supporting a National Association of Social Workers and Social Service Workforce.
- 13 Raise awareness about social work among the public and stakeholders.

### III GLOSSARY

**Allied professionals** work “closely alongside the [SSW] and [have] some responsibilities for social sector processes such as community outreach and mobilisation, early identification, assessment, referral and joint casework.” People who deliver social services with degrees in nursing, medicine, law, or education may be called allied professionals (GSSWA, 2015).

**Case level direct services** are one of four roles identified for the SSW in which the SSW identifies client needs and referrals to appropriate services. (UNICEF & GSSWA as in Pearson & Bess, 2017)

**Certified social workers** are social workers (see definition below from GSSWA, 2015) with certification or licensure in the profession of social work. Common requirements are a specialized degree, licensure exam, and completion of continuing education hours.

**Child and youth care worker** is “a professional practitioner who promotes the optimal development of children, youth and their families in a variety of settings, such as early care and education, community-based child and youth development programs, parent education and family support, school-based programs, community mental health, group homes, residential centres, rehabilitation programs, pediatric health care and juvenile justice programs.” (GSSWA, 2015)

**Evidence-based practice (EBP)** “a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services...These are interventions that, when consistently applied, consistently produce improved client outcomes.” (National Association of Social Workers, NASW, n.d.).

**Paraprofessionals** “are employed in social services in roles that do not have a requirement for a specialised formal education but require training to ensure the specific responsibilities and functions of the role can be executed. This can include home care workers/home attendants (often given the job title ‘social workers’ in some parts of the ECA region), residential care workers, foster carers, youth outreach workers, personal assistants for persons with disabilities and other personnel who play an important role in delivering social services.” (OPM, 2018)

**Preventative work** is one of four roles identified for the SSW in which the SSW applies early detection mechanisms for sensitive issues like domestic violence and substance use. (Pearson & Bess, 2017)

**Professional** “[denotes] membership in a profession that is well recognized, often for the specific degree or level of education that it requires, a particular ethical or moral code of conduct, and/or licensing or certification to practice. Among social service workers, the term refers to those workers with at least a bachelor’s degree in a field directly related to social services, such as social work.” (Bunkers et al., 2014)

**Promotive work** is one of four roles identified for the SSW in which the SSW raises awareness about social issues and advocates for access to services. (Pearson & Bess, 2017)

**Social service system** is “a system of interventions, programs and benefits that are provided by government, civil society and community actors to address both the social welfare and protection of vulnerable populations.” (GSSWA & UNICEF, 2018)

**Social service workforce (SSW)** includes “paid and unpaid, governmental and nongovernmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families. The SSW focuses on preventative, responsive and promotive programs that support families and children in our communities by alleviating poverty, reducing discrimination, facilitating access to needed services, promoting social justice and preventing and responding to violence, abuse, exploitation, neglect and family separation.” (GSSWA & UNICEF, 2018)

**Social work** is “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.” (International Federation of Social Workers, 2014)

**Social worker** is a “graduate of a school of social work who uses his/her knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations or society in general). Social workers help people increase their capacities for problem solving and coping, and they help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies. Social workers may work directly with clients addressing individual, family and community issues, or they may work at a systems level on regulations and policy development, or as administrators and planners of large social service systems.” (GSSWA, 2015)

**Specialized rehabilitative work** is one of four roles identified in which the SSW engages in specialized treatment and counseling (e.g., with clients experiencing physical or mental health problems, disabilities, or abuse. (Pearson & Bess, 2017)

**Stakeholder** is the term used throughout this report to refer to a government ministry or agency or non-governmental organization that plays a role in the SSW.

**Theory of change** for strengthening the SSW is an overarching, multi-sectoral guide to “UNICEF’s work on addressing violence against children. It presents a strategic vision, lays out an integrated systems approach to violence prevention and response and proposes a package of evidence-based strategies across sectors - including but not limited to social welfare, health, education and justice - both for preventing violence and improving the lives of children and adolescent victims when violence does occur.” (Pearson & Bess, 2017)

**Uncertified social workers** are “employed in statutory decision-making or social work roles in social service-providing organisations that require professional competencies in social work, and have no social work degree or equivalent certification. In the ECA region for example this includes personnel engaged in statutory decision-making in child protection systems (such as local authority guardianship and trusteeship specialists) who do not have a social work degree or equivalent certification.” (OPM, 2018)



# **1 BACKGROUND**

The United Nations Children's Fund (UNICEF) partnered with Columbia School of Social Work's (CSSW) Social Intervention Group in June 2018 to examine the current functions and capacity of the social service system in Uzbekistan to provide direct and referred social services to families and children. Guided by the ecological framework and a Theory of Change model, this study aims to support the government and key stakeholders of the social sector in improving the well-being of children and families through conceptualizing and continued development and support of the current and future SSW in Uzbekistan.

## **1.1 Situational Analysis of Uzbekistan**

Uzbekistan is the most populous country in Central Asia with more than 32 million people, one-third of which constitutes children up to age 18 (State Committee of The Republic Of Uzbekistan On Statistics, 2018). Like many other countries with a transition economy, Uzbekistan experiences many social issues, such as poverty, unemployment, labor migration, health issues, family breakdown, and others, that cannot be addressed without a robust social service infrastructure (Marat, 2009; Sammon, 2017).

The president of Uzbekistan has enforced new laws and issued several decrees addressing these social issues, charging government ministries with enacting resolutions and regulations to strengthen the effectiveness of social services. In the national Strategy of Actions 2017-2021, development of the social sector was identified among key policy priorities aimed at:

“... consistently increasing employment and income of the population, improving the system of social protection and health care, increasing the socio-political activity of women, implementing programs for the construction of affordable housing, developing and modernizing road transport, engineering and communication and social infrastructures, development of the sphere of education, culture, science, literature, art and sports, improvement of the state youth policy” (Decree of the President of the Republic of Uzbekistan, 2017).

Child welfare and related legislation have been of particular interest to national and international stakeholders. The Uzbekistan government, with the support of UNICEF, has focused attention and resources on the child and family social service system and workforce for more than 10 years. The Law on the Guarantees of Child Rights of the Republic of Uzbekistan (2008) identifies child welfare-involved populations as socially vulnerable children under age 18 with special social support needs, including orphans, children with disabilities, children without parental care, and children from low-income families.

Children in Uzbekistan face multiple difficulties due to migration, substance misuse, domestic violence, trauma and mental health issues, malnutrition, alternative family care arrangements, involvement with the law, or institutionalization (Ganieva & Kim, 2011; Sammon, 2017). A UNICEF report (Consultants of the Center for Fiscal Policy, n.d.) cited national statistics claiming there were at least 40,837 children living in various types of residential institution in 2012, such as baby homes, ‘Mekhribonlik’ children’s homes, boarding schools for children with special needs and from low-income families, family-type children’s homes and SOS villages. Many children in Uzbekistan are institutionalized due to family poverty or labor migration (Consultants of the Center for Fiscal Policy, n.d.; Sammon, 2017). Yet, numerous studies show that children in institutional care experience multiple issues, such as developmental delay, emotional and behavioral problems, and mental health disorders, that

may have long-term effects (Ajduković & Sladović, 2005; Crenson & Crenson, 2009; Dumaret, Donati, & Crost, 2011).

Since 2005, UNICEF has initiated the de-institutionalization of the system of social protection of welfare in Uzbekistan and concluded that social workers are essential for implementing necessary reforms. However, up until now, few service providers employ social workers for professional service provision to vulnerable children and families.

As social services are a relatively new field in Uzbekistan, no single entity is responsible for financing and planning the SSW. Currently, social welfare functions in Uzbekistan are divided among many entities. At least six government ministries and local authorities, and the key non-governmental structures, such as Women's Committee, Mahalla, and others, serve in different social service roles. Though there are many strengths within each of these entities, such fragmentation in the system inevitably creates inefficiencies in service provision and distribution of resources.

As the social work profession is in its nascent stages of development in Uzbekistan, practitioners or workers of the social sector often lack the important skills, expertise, and professional education to provide services for vulnerable populations. Social work education and practice frameworks are essential in re-conceptualizing the SSW's services and division of responsibilities among the stakeholders of the social service system.

## **1.2 Key Terms, Frameworks, and Indicators**

Social work is the major professional occupation in the SSW (as defined in the Glossary) system globally. The SSW implements programs that support families and children in communities by addressing poverty, reducing discrimination, increasing access to needed services, promoting social justice, and preventing and responding to violence, abuse, neglect and family disintegration (GASSW, 2015).

A wide array of terms is used in documents included in the desk review and related documents, addressing the development of the SSW and the social work profession globally and in country-specific contexts. For instance, UNICEF's Europe and Central Asia (ECA) Call to Action (OPM, 2018) references qualified and non-qualified social workers, uncertified social workers, paraprofessionals, professional specialists, and allied workforce. We applied both the UNICEF as well as Global Social Service Workforce Alliance (GSSWA) terminology (see Glossary) to a certain extent but adapted to the country's context.

The assessment strategy and recommendations were heavily guided by the GSSWA Social Service Workforce Strengthening Framework promoting a well-planned, well-trained, and well-supported SSW that effectively improves the lives of vulnerable children and families. UNICEF, in partnership with the GSSWA, divides the roles of the SSW into four categories (see Figure 1): promotive work, preventative work, case-level direct services, and specialized rehabilitative work (Pearson & Bess, 2017). In its promotive work, the SSW raises awareness about social issues and advocates for access to services and policy changes. The SSW acts in a preventative capacity when it applies early detection mechanisms for such social issues as child abuse and neglect, domestic violence, substance abuse, health and mental health issues. Case level direct services involve identification of client needs and referrals to appropriate services. Specialized treatment and counseling are part of the specialized rehabilitative work in which the SSW engages.

UNICEF & GSSWA (2018) identified several factors or statistics indicative of the strength of the SSW in any given country. Some examples of SSW indicators are as follows:

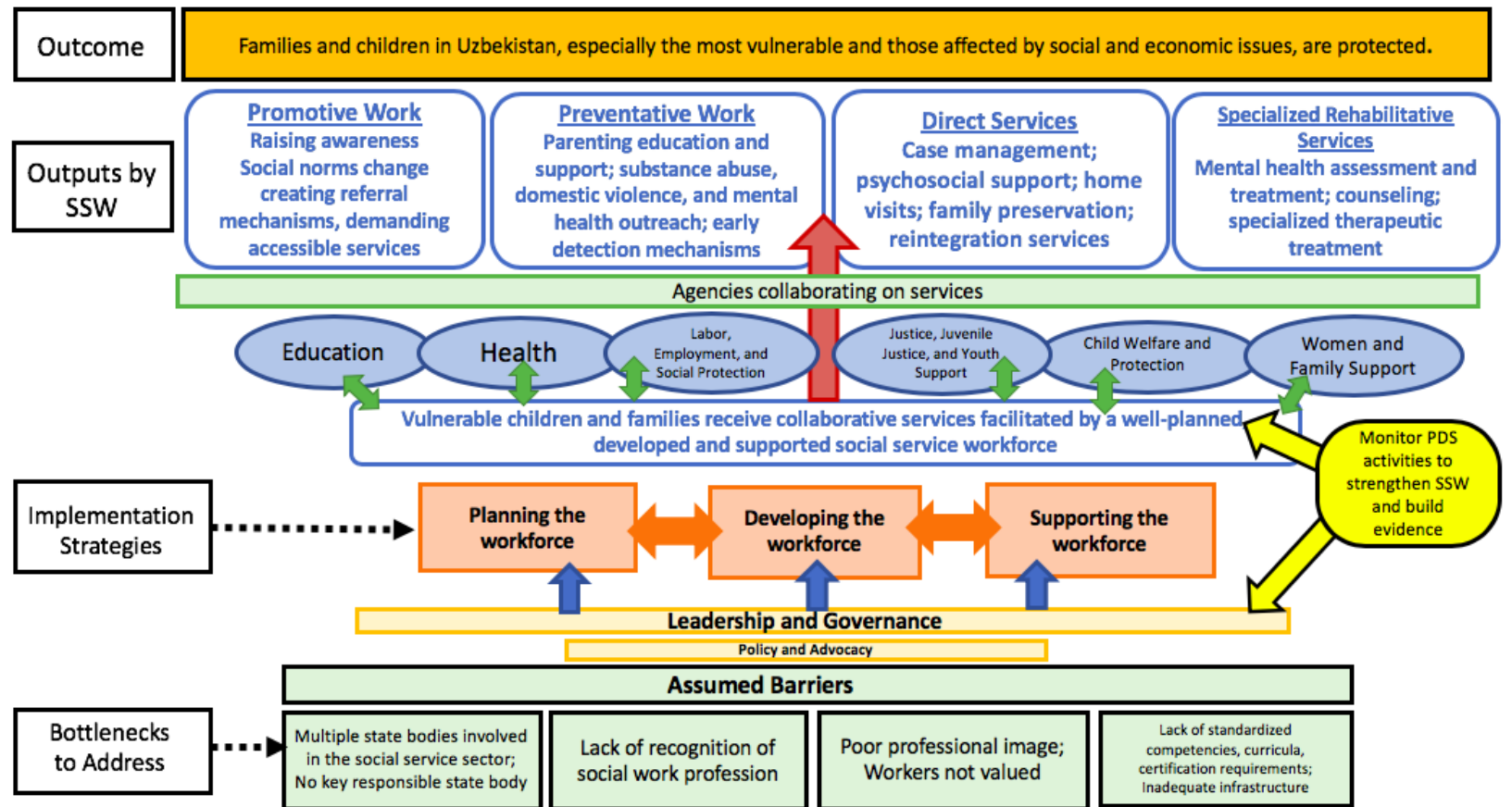
- Nationwide mapping of the SSW;
- The number of social service workers, according to type (i.e., cadre, governmental, non-governmental), with responsibility for child protection per 100,000 children;
- Vacancy rates of government SSW positions by cadre;
- Professional associations recognized by the national government as legitimate and legally approved; and
- Publicly disseminated professional codes of ethics and licensing regulations for each SSW cadre.

Other specific indicators utilized for the analysis of the SSW in Uzbekistan are described in the results section of this report.

### **Theory of Change**

Country-specific efforts to address social service needs may benefit from following the adapted “UNICEF Theory of Change: Strengthening the Social Services Workforce Model” (Pearson & Bess, 2017) by implementing activities to inform “Planning the Workforce” and “Developing the Workforce.” This theory of change model focuses on the capacity of the SSW to improve outcomes for vulnerable families and children. It utilizes a frame identifying four types of services (i.e., promotive, preventive, direct service, and rehabilitative) through six primary domains of service (i.e., health, education, labor with unemployment and social protection, child welfare, and women and family support) representing both governmental and non-governmental sectors. Figure 1 to follow and the methodology section of this report address these components.

Figure 1. Theory of change (modified for this study)



\*Adapted from UNICEF Social Service Strengthening Strategy to Prevent and Respond to VAC (2017)

(Note: “PDS” in the right yellow box stands for Planning, Developing and Supporting the SSW)

## The Ecological Perspective

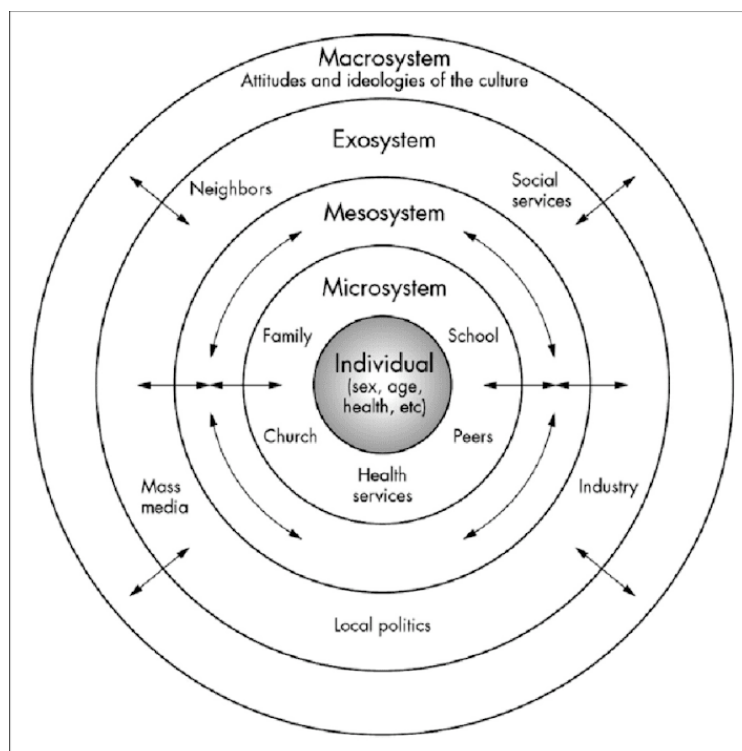
The ecological framework (Bronfenbrenner, 1981) is based on the assumption that individuals and families need to be viewed and understood in the context of the environment. It provides a visual representation of the ecological system which consists of various subsystems at four levels: the individual or microsystem, the family or mesosystem, the community or exosystem, and the societal or macrosystem. At the inner part of the ecosystem, children and families are impacted by multi-layered subsystems, such as neighborhood, peers, schools, extended family, workplace, social services, religious, economic, and political systems, and cultural norms, values, and beliefs, valid at a specific historical time and geographical location (see Figure 2).

The ecological framework proposes that no single factor can explain why some individuals or groups are at higher risk or in need of social services or protection more than others. Their vulnerabilities and strengths are the outcomes of interaction among many of the above-mentioned factors and systems. Therefore, solutions require interventions and support on multiple levels to be effective, comprehensive, and sustainable (Bronfenbrenner, 1981).

The ecological approach provides a broad and holistic view of the etiology of social problems and is a crucial framework for designing social service interventions and for conceptualizing the SSW system. Thus, the development of effective child welfare and family support systems should target not only vulnerable families but also local communities, schools, polyclinics, statutory social services, social programs and policies, mass media, and cultural and religious systems.

Following this framework, the presented study examines the ability of the current social service system to address various environmental factors that contribute to the well-being of children and families in modern Uzbekistan. The results will inform next steps for further development of an effective social service system and the strengthening its frontline workforce.

**Figure 2. Bronfenbrenner's Ecological Systems Model**



### 1.3 Social Work Profession and Education Globally

*“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.”* (Global definition of social work, approved by the International Association of School of Social Work (IASSW) and the International Federation of Social Workers (IFSW) in 2014)

As a primary profession or occupation represented in the SSW, social work has long shown its leadership in practice, research, and policy advocacy globally. The Global Standards for Social Work Education and Training were adopted by the IASSW and IFSW in October 2004 (Hare, 2004). According to the Standards, institutions of social work education should aim to meet the goals within four domains: the Social Work Profession (4.1.1.), the Social Work Professional (4.2.2), Methods of Social Work Practice (4.2.3), and the Paradigm of the Social Work Profession (4.2.4).

Sample competencies within each domain are listed, along with example courses from each of the above curricula that may serve to meet criteria for global standards, in Appendix A.10. Curricula that contain courses focused in and across domains help to build social work knowledge and skills that contribute to global social work goals, including promoting positive social change, advancing justice and human rights, and enhancing the well-being of all people (IFSW, 2012).

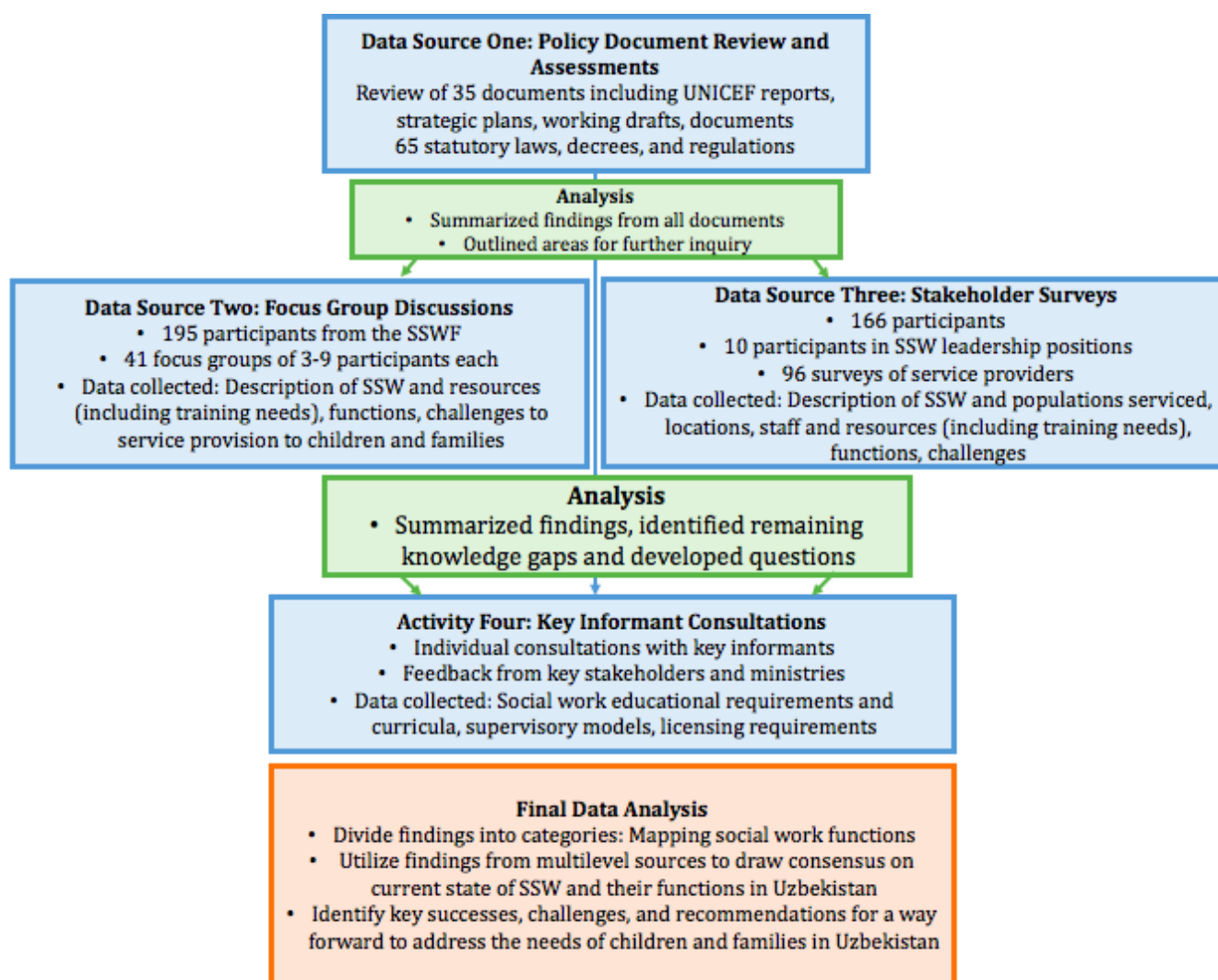
In addition to the four domains that address educational curricula, the IFSW also sets guidelines for best practices in the creation of educational programs. These standards highlight the ethics expected of social work professionals and educational institutions, the importance of the development of practical skills through field education, involvement of students within their education plans, a culture of inclusivity within programs, and re-evaluation of programs over time (IFSW, 2012). Each of these standards should be carefully considered during the development of new programs and curriculum implementation.

## 2 METHODOLOGY

### 2.1 Study Design

Figure 3 is an overview of this study's SSW mapping and context assessment design. It describes data collection activities and lists the number of participants from each data source.

**Figure 3. Study design**



### 2.2 Data Collection and Procedures

The methodology for this descriptive study is primarily qualitative with a mixed methods approach involving primary and secondary data and analysis including the data sources articulated in Figure 3. Formative activities (i.e., focus groups, surveys, and in-depth interviews) were conducted by Dr. Timothy Hunt, Ms. Lyudmila Kim, Yulduzhon Umarbekhova (national team), and Diana Isayeya (UNICEF National Child Protection Consultant), along with translators proficient in Russian, Uzbek, and English. The desk review, which took place from June through November 2018 and included the review of reports, assessments (completed and in draft), pertinent policy, and legislation in Uzbekistan, was completed in both Russian and English by CSSW Country Principal Investigator Ms. Kim.

Semi-structured guides with 15 open-ended questions were developed for conducting focus groups and in-depth interviews to elicit information from key informants (see Appendix A.2). The interviews were augmented with a brief survey composed of 14 questions, which included a set of sociodemographic questions, education and job titles, and social work functions performed by the interviewees at their organizations (see Appendix A.3). Standard social work functions outlined in the U.S. National Association of Social Workers (NASW) Social Work Core Functions were utilized for the survey questionnaire (NASW, 2014).

The interview and focus group protocols detailed the informed consent process (see Appendix A.4). The acknowledgement of voluntary audio recording for transcript accuracy and note-taking was made clear during the consent process. To protect confidentiality, no names were used during the interviews and the digital recording was stored on a password protected laptop until transcription was completed and deleted upon completed analysis. Only the research team had access to the recordings used for this thematic summary. The survey, focus group guides, and consent forms were translated into Uzbek and Russian and reviewed by CSSW and UNICEF regional staff for clarity. All participants were offered a written copy and voiced understanding of the risks and benefits to participation prior to the beginning of the interview.

The interviews and focus groups were completed in June and July 2018 at UNICEF's headquarters in Tashkent and in service organizations, three universities, governmental offices, and ministries in Tashkent, Samarkand, Fergana, and Bukhara<sup>1</sup>, Uzbekistan. It was important to assure the confidential nature of interviews, especially since they were conducted in organizational offices, close to fellow staff, supervisors, and, in the case of universities, faculty. To reduce the likelihood of response bias, the interviews were conducted jointly with international CSSW team members, UNICEF staff or a member from the Uzbek National Team, and a professional translator ready for discussions in English, Uzbek, and Russian. Responses were checked for accuracy and validated by bi-lingual CSSW and UNICEF staff.

## 2.3 Recruitment and Sample Description

The UNICEF team, in collaboration with the CSSW team, recruited participants for focus groups, in-depth interviews, and surveys using purposive sampling guided by the ecological framework referenced earlier, and considered their social service stakeholder status, level, population serviced, decision making authority and leadership, and governmental and non-governmental status for a wide range of respondents engaged with the SSW and the protection of children and families. No compensation was provided for participation. UNICEF staff informed participants by invitation that participation was voluntary and that their input would be used to inform policy and practice in the protection of children and families through understanding and building the SSW.

Table 1 divides the 195 participants by gender and location. Out of all the participants, 166 individuals completed the demographic and social functions survey. Of these, 49 (30%) were men and 117 (70%) were women. Participant ages spanned from 19 to 72 years of age, with an average age of 40. The largest number of participants fell between ages 36-45 (40 individuals) and only six individuals were over the age of 65.

**Table 1. Focus group respondents by city and gender**

---

<sup>1</sup> The interviews in Bukhara were not initially planned; one focus group with a local NGO was conducted there at a later stage.



<b>City (number of focus groups conducted)</b>	<b>Number of participants</b>	<b>Female n (%)</b>	<b>Male n (%)</b>
<b>Tashkent (27)</b>	110	88 (80%)	22 (20%)
<b>Fergana (5)</b>	31	18 (58%)	13 (42%)
<b>Samarkand (8)</b>	51	32 (63%)	19 (37%)
<b>Bukhara (1)</b>	3	3 (100%)	0
<b>Total (41)</b>	195	141 (72%)	54 (28%)

All participants worked in social services in direct practice or leadership, taught or studied at university, or received social services. 134 survey respondents (75%) had some form of higher education (bachelor's or master's degrees), eight respondents (5%) had doctorate degrees, 32 (19%) had some form of specialized secondary education, one had a high school diploma, and one identified educational background as "other." The most common educational backgrounds were in humanities (including social work), law, health, and business or financial studies.

Participants were employed with the following stakeholders: education (preschool, public, secondary, and higher education), health, employment and labor, internal affairs, prosecutor's offices, Mahalla, local authorities (Khokhimiyats), Women's Committee, Center "Oila", NGOs, Republican Center for Social Adaptation of Children (RCSAC), SOS Children's Villages, Istiqboli Aviod, and "Oidin Nur". See Appendix A.5 for more sample details.

## 2.4 Analytic Plan

The data analysis included a thematic analysis guided by the ecological framework and triangulation of data from documents and qualitative interviews. For the analysis of data collected from various sources, the common indicators established by GSSWA and UNICEF for mapping the SSW, as well as the indicators included in the interviewing protocols and agreed upon by the local team, were utilized. These indicators included national regulatory legislation, staff composition, services and target group, caseload, professional and ethical standards, educational requirements, training needs, and others.

Focusing on qualitative analysis, the investigative team did not intend to systematically collect statistical data of social service staff resources. However, some data were available through participant interviews and desk reviews and were incorporated in the findings.

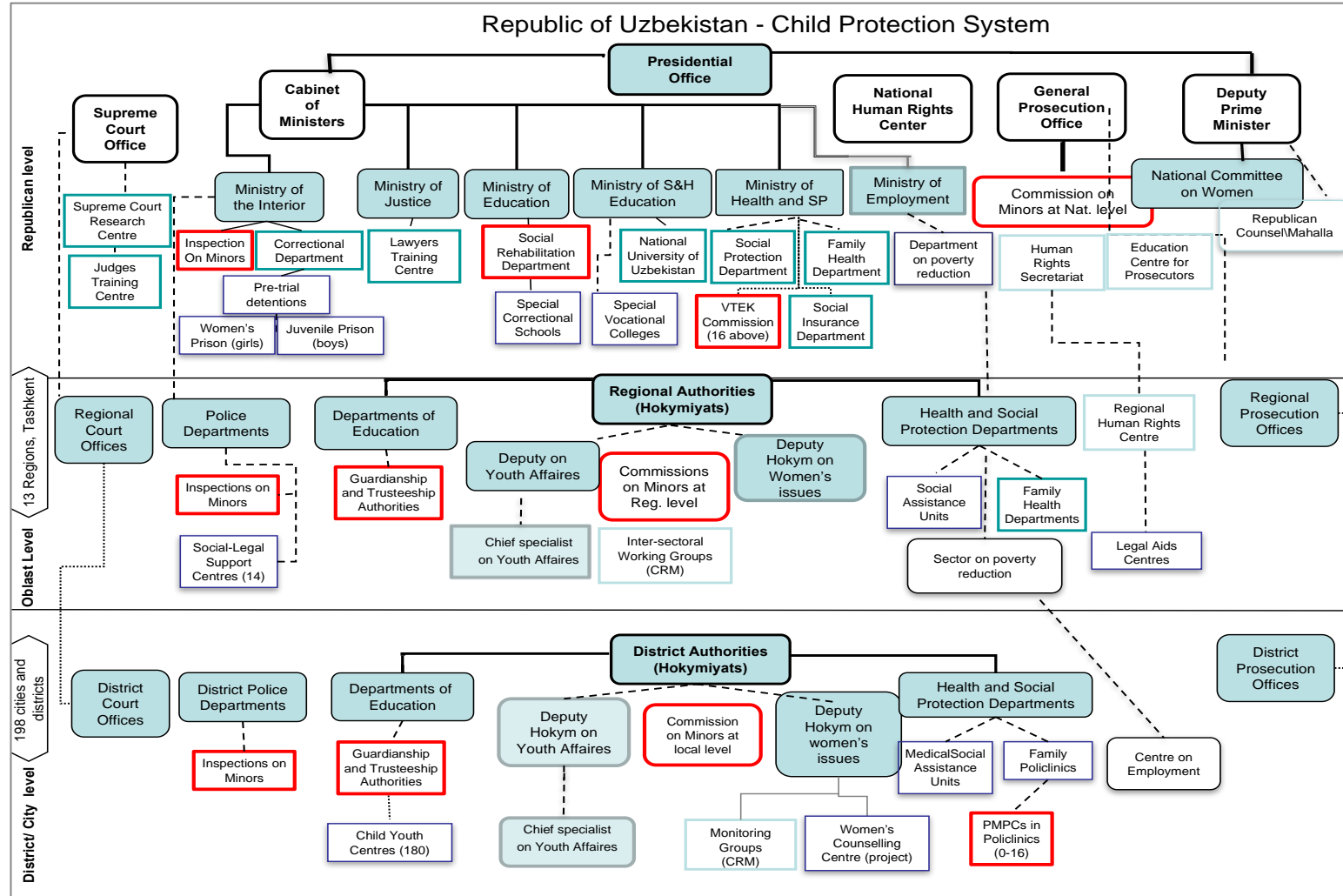
The report further presents the analysis of the key 13 stakeholders of the child and family social service system, depicting the current situation regarding SSW composition and gaps within each of the stakeholders. The stakeholder analysis provided a solid basis for summarizing main findings regarding the current workforce of the social service system for children and families. Based on main findings and conclusions, the investigative team proposes several recommendations to be considered to further strengthen the SSW in Uzbekistan.

### **3 KEY FINDINGS**

#### **3.1 National Regulatory Bodies for the SSW**

The desk analysis of legislator regulations has demonstrated that the social service system for families and children in Uzbekistan is highly fragmented, similar to the findings of UNICEF about the child protection system (Concept/Vision for the Child Care Reform in Uzbekistan, n.d.). As seen in Figure 4, child protection system functions are shared among various governmental and organizational stakeholders (UNICEF, 2018). At least 13 governmental structures are involved in the development and implementation of social programs for vulnerable individuals, families, and children: Ministry of Health (MoH), Ministry of Public Education (MoPE), Ministry of Preschool Education (MoPrE), Ministry of Higher and Specialized Secondary Education (MHSSE), Ministry of Employment and Labor Relationships (MoELR), Ministry of Internal Affairs (MoIA), the Prosecutor General’s Office (PGO), Local Authorities Khokhimiyats, Local Communities Mahalla, Women’s Committee, Center “Oila”, and Youth Union. Many local and international non-governmental organizations play a significant role in the provision of social services for vulnerable families and children, including the Republican Center for Social Adaptation of Children (RCSAC) and SOS Children Villages Uzbekistan. Table 2 displays key stakeholders and their social service area(s) of focus: health, education, labor and employment, juvenile justice and prevention, social protection, child protection, youth support, family support, and women’s support.

Figure 4. Institutional structure related to child protection (Concept/Vision for the Child Care Reform in Uzbekistan, n.d.)



**Table 2. Social sector stakeholders responsible for social support services and social services domains**

SSW Areas(Right) Agencies and interested parties(Below)	Health	Education	Labor and Employment	Juvenile Justice and Prevention	Social Protection	Child Protection	Youth Support	Family Support	Women's Support
Ministry of Health (MoH)	✓			✓	✓	✓		✓	✓
Ministry of Public Education (MoPE)	✓	✓		✓	✓	✓	✓	✓	
Ministry of Preschool Education (MoPrE)	✓	✓				✓		✓	
Ministry of Higher and Specialized Secondary Education (MHSSE)	✓	✓		✓	✓	✓	✓		
Ministry of Employment and Labor (MoEL)			✓	✓	✓			✓	
Ministry of Internal Affairs (MoA)			✓	✓	✓	✓			✓
Prosecutor General's Office			✓	✓		✓	✓	✓	✓
Local communities (Mahallas)	✓		✓	✓		✓	✓	✓	✓
Local authorities (Khokimiyats)	✓		✓	✓	✓	✓	✓	✓	✓
Women's Committee	✓		✓	✓			✓	✓	✓
Center "Oila"	✓	✓	✓	✓			✓	✓	
Youth Union	✓	✓	✓	✓			✓		
RCSAC	✓			✓		✓		✓	
SOS Children's Villages	✓					✓	✓	✓	

Each of the stakeholders has a unified three- or four-level organizational structure. The national or policy level is represented by the national ministry departments and other stakeholders responsible for social issues. The regional level includes respective departments in 13 regions and Tashkent, which oversee the approximately 200 district or city level departments. The most local level consists of about 10,000 small neighborhoods, or mahallas. Local authorities, or khokhimiyats, ensure interagency and multidisciplinary interaction among stakeholders.

Governmental social service providers and public organizations run by the government (such as Mahalla or Women's Committee) were the particular focus of interest for this analysis; therefore, the only NGO service providers included in this analysis are the RCSAC and SOS Children's Villages Uzbekistan. Due to resource limitations, the mapping does not include other governmental and non-governmental service providers, such as psychiatric and drug treatment clinics, extracurricular children's centers, or services on entrepreneurship for low-income families, people with disabilities, and others.

### **3.2 National Regulatory Framework for the SSW**

National legislation in Uzbekistan pertaining to the SSW is immense. Key laws (below) define socially vulnerable groups or target groups and the direction of social policy and programming.

- The Law on Guarantees of Child Rights (2008)
- The Law on Social Protection of People with Disabilities (new edition 2008)
- The Law on Prevention of Child Neglect and Delinquency among Minors (2010)
- The Law about Self-Government Bodies of Citizens (new edition 2013)
- The Law on Guardianship and Trusteeship (2014)
- The Law on Counteracting the Spread of the Disease Caused by the Human Immunodeficiency Virus (HIV) (2014)
- The Law on Social Services for the Elderly, Disabled, and Other Socially Vulnerable People (2016)
- The Law on State Youth Policy (2016)
- The Law of Uzbekistan "On Mediation" (2018)
- The Law on Domestic Violence (draft 2018)

The resolutions regulate the functioning of specific state social service providers and define their structure, functions, programs, and staff composition. In particular, the resolutions focus on such services as provision of employment support to low-income families, socio-medical patronage services, in-home care to the elderly and people with disabilities, guardian and trusteeship services, medico-psychosocial support to children in institutional care facilities, social and legal support to children in conflict with the law or at-risk, specialized rehabilitative services for children with disabilities, medical and psychosocial services for families affected by HIV, and many others. (See Appendix A.7.)

Enforcing the social service-related laws, decrees, and resolutions of the President and Cabinet of Ministers has been particularly intensive over the last two years. Almost half of all the reviewed state legislative documents are dated between October 2016 and December 2018. With the recently enacted legislative measures, contemporary social problems such as migration, domestic violence, mental health disorders (including suicides), crimes and offenses among women and youth, and trafficking have been opened for public discussion and policy

development. New services such as housing and employment programs for socially vulnerable families, women, and youth, as well as domestic violence and suicide prevention services including crisis phone call services have emerged. Many recent decrees and resolutions aim to strengthen the roles of national stakeholders, such as Women's Committee, Mahalla, Youth Union, and a newly established Center "Oila," and to address the needs of vulnerable families, children, and women.

### **3.3 Strengths of Current Social Welfare in Uzbekistan**

- Tackling social vulnerability issues and providing social support to families and children are the priorities of governmental policies and are reflected in the statutory legislation and structures of agencies, their missions, and their functions.
- The structure, numbers, titles, and professional requirements of the overall SSW across stakeholders has been expanded over the last two years. This specifically concerns specialists working with women and families, specialists on child social protection, inspectors for prevention, and specialists on working with youth.
- A strong governmental commitment to strengthen the unique Mahalla as a preventative community support system is impressive. With further investment in the community staff's professional competence, Mahalla may become the key provider of preventive community-based services for families and children that would offer a continuum of response options to include friendly support and paraprofessional and professional services depending on needs.
- During interviews and meetings with key stakeholders, the investigative team observed high motivation and commitment to working with vulnerable populations and to assisting children and families in Uzbekistan to become stronger. Without exception, interviewed workers at all levels—from a local community to a national department—expressed a great demand and strong willingness to expand their professional competencies in the field of social support of vulnerable groups and modern social work interventions.
- The interviewed social service providers consistently expressed readiness to learn and to advance skills to more readily utilize professional and evidence-based approaches while demonstrating a proud acknowledgment of their structures and readiness to serve their community.
- The investigator team witnessed a great openness among stakeholders to learn from international experience the best solutions to address social issues affecting families globally and in Uzbekistan in particular, especially those that have been neglected for the last decade or more. These included people impacted by labor migration, child abuse, domestic violence, substance misuse, chronic health issues such as HIV, HCV (hepatitis C), and TB, and mental health disorders, including risks of suicide.
- Models of social service delivery and utilization of trained social workers exist in a selection of NGOs that can provide lessons from implementation in Uzbekistan to inform identification of effective tools and strategies to engage vulnerable families and children with special needs.
- Despite the fact that this report focuses more on gaps in the current social services sector, the investigator team would like to convey that the human resource potential in child and family welfare in Uzbekistan is tremendous.

Main findings and gaps in social welfare presented in this report are meant to help stakeholders navigate further improvement of the social sector through the SSW.

### 3.4 Stakeholder Mapping Findings

A separate document has been created with a full presentation of each SSW stakeholder, per the themes in Table 3. Some themes were not relevant or did not emerge in a stakeholder's narrative due to time, focus, key functions, or other factors. This report includes a portion of the full presentation, as detailed below. The full stakeholder analysis can be found in the accompanying document, "The Social Service Workforce (SSW) in Uzbekistan: Stakeholder Analysis."

**Table 3. 19 SSW stakeholder themes**

1. Core services
2. SSW composition
3. Number of workers in the field, system, or organization
4. Educational background (actual and required)
5. Legislation (local and international)
6. Target group or population
7. Caseload or workload and worker-to-child ratio
8. Social services or interventions provided
9. Interdisciplinary or interagency approach
10. Ethical code
11. Core professional functions and competencies or skills
12. Professional standards, instruments, tools, guidance per research and best practices
13. Supervision or field education
14. SSW training needs, academic or in-service training centers, and training curricula
15. Licensing and professional associations
16. Awareness and attitudes of the staff about social work or social service
17. Motivation and readiness for professional and career development
18. Challenges
19. Recommendations on how to enhance the workforce

#### 3.4.1 SSW in Health

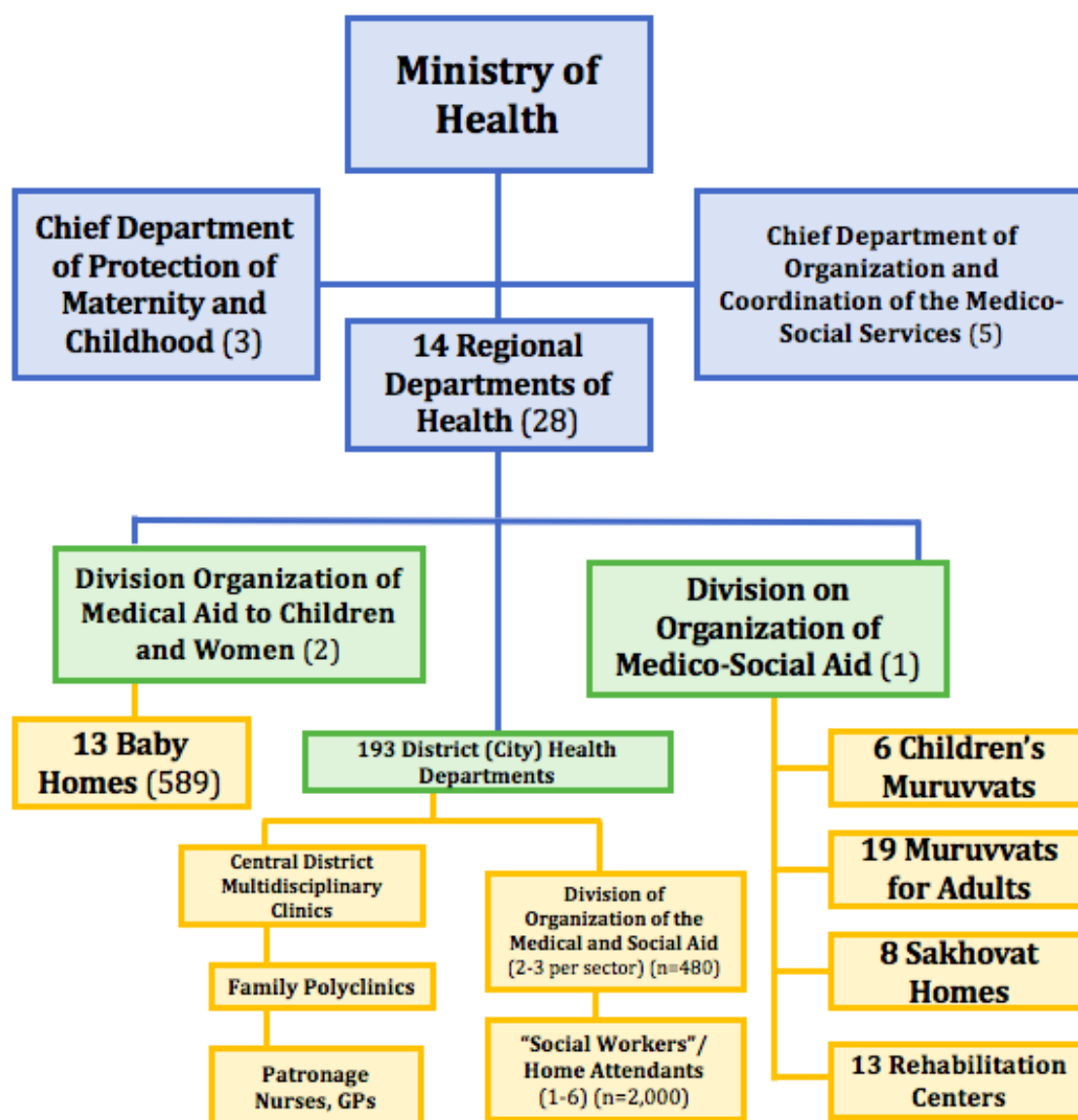
The **Ministry of Health (MoH)** is the state central coordinating body of health services. Per its website at <http://www.minzdrav.uz/en/>, MoH promotes "enforcement of constitutional rights of citizens for getting qualified medical care, guaranteed by the state level and quality of health care to population, equal access of population to all types of health care services provided." Its target groups are children, women and families, young children without parental care and/or from socially disadvantaged families, children and adults with disabilities/mental disorders/health problems, pregnant women, elderly living alone, and people with disabilities.

The Chief Department of Protection of Maternity and Childhood and the Chief Department of Organization and Coordination of the Medical and Social Services<sup>2</sup> coordinate and supervise provision of the following social services (see Figure 5):

- Medical and social patronage (e.g., home visits);
- Institutional child care for children of early age (e.g., baby homes);
- Institutional care for children and adults with mental disabilities and elderly people living alone (e.g., Muruvvat and Sakhovat); and
- Medical and social services for people with disabilities and elderly people living alone.

<sup>2</sup> The department was transferred from the Ministry of Labor to MoH in 2016.

Figure 5. Structure of social service providers in health<sup>3</sup>



### Summary and Needs: SSW in Health

The health sector fulfills a large and diverse group of functions that include medical, pedagogical, and psychosocial services in various settings subordinated to the regional and district departments of health. Despite strengths of this sector, many challenges were presented.

Interviewees of baby homes and Muruvvat reported high caseloads for social workers and psychologists providing psychosocial services: in some facilities, the caseload may reach 300 children per worker. In some facilities, social workers are only part-time, and sometimes only one full-time psychologist is available, which does not meet demands. Interviewees expressed a need for more psychologists and social workers on staff.

<sup>3</sup> Based on the structure of the MoH <http://www.minzdrav.uz/about/structure.php>



High workloads, lack of tools, and the need for professional support and guidance from supervision were mentioned. A medical model approach is predominant in care institutions that minimizes the social, psychological, and relational needs of health care. The social workers spend more time on administrative functions with limited time for direct work with families and children. They expressed frustration because of minimal financial incentives. For instance, there is a gap between qualification requirements (higher education) and salary. The social worker's salary is less than half that of a psychologist or special pedagogue in the same institution. This makes the post unattractive to university graduates and other qualified people.

Home health attendants, also referred to as social workers, provide a much-needed service for elderly and home-bound individuals. The position needs support as a unique occupation with clarification of title and responsibilities. Home health attendants reported being unable to provide needed support for their clients' multitude of issues due to lack of resources or capacity. Many client needs are beyond the worker's mandate and job description. Home attendant services are often the sole services for the target population, while the elderly and people with disabilities living alone have complex social issues that need comprehensive assessment and services, including housing, legal services, and counseling. All the services are reflected in the law on social services, but the law does not mention who should provide them and by what approach. Patronage nurses from the family polyclinics are not trained on screening and identifying social issues and rendering preventive social support.

In general, professional standards of social/psychosocial service provision are not in place in the health sector even though the ministry is a key statutory body for overseeing social services. The SSW primarily follows legislative regulations. Some regulations contain recommended tools for screening or assessment of a client's situation (e.g., assessment of living conditions, complex assessment tools for the elderly and people with disabilities). However, as discussed in the focus groups, workers rarely utilize these tools, which often have not been developed or tested for social work application. Relatedly, a case management approach is not implemented as an evidence-based method of effective service provision. The staff lacks the knowledge and skills of mental health service provision and is not utilizing evidence-based interventions. Clinical supervision to support staff providing direct client work is not generally provided.

The quotes below provide specific insight into some MoH concerns.

**Interview:** "Social worker's functions are diverse and include participation in court hearings, preparation for adoption. There are a lot of people wanting to adopt, we do this work jointly with Guardianship and Trusteeship. There is huge amount of paperwork that needs to be done for adoption. Besides, we work with adoptive parents, to teach them how to care of children, we educate them on child development and also some basic skills, for instance, how to put on diapers, feeding, bathing, communication with a child. We also work with biological parents in cases when a child is returning to the biological families. We welcome those parents who come to visit their children. our social workers mainly act as lawyers but much of their work is on working with parents." (Baby home director)

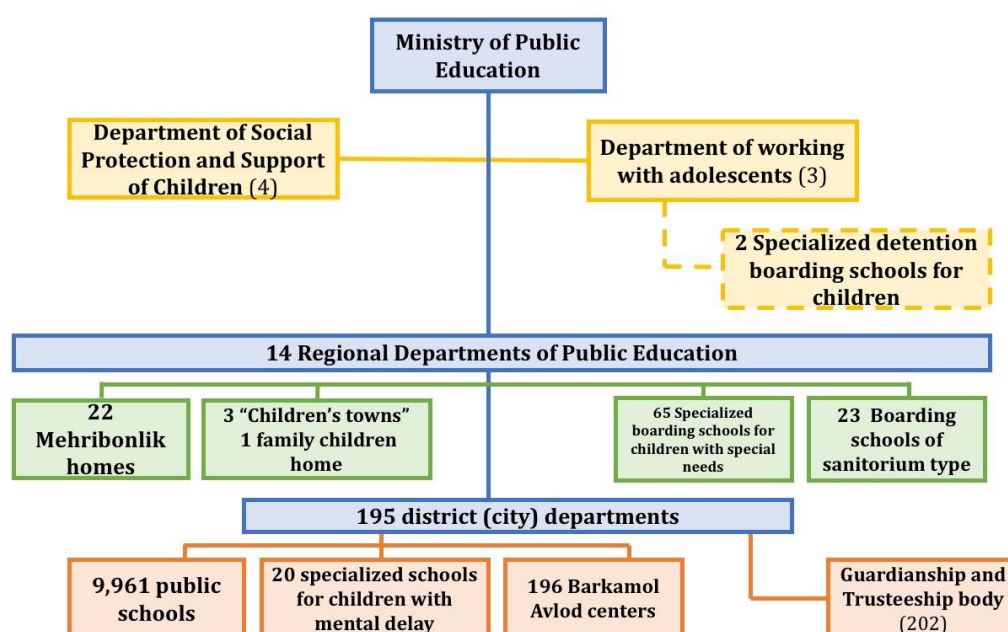
**Interview:** "There is only one social worker in the baby home. Therefore, I do not have enough time for all the children. Many of the children here are those abandoned by their parents. I need to obtain the ID documents, or work with the family when possible. I examine the child's history and try to understand the reasons of her/his placement in the care institution. It's a lot of work for one social worker but I am used to working in such difficult conditions". (Social worker at a baby home)

### 3.4.2 SSW in Education

The **Ministry of Public Education (MoPE)**<sup>4</sup> is the state central coordinating body of educational services for school-aged children. Per its website <http://www.uzedu.uz>, the mission of the MoPE is “development and implementation of a unified state policy in the field of general secondary and extracurricular education, to ensure spiritual, moral, intellectual and physical development of students.”<sup>5</sup> Its target groups are children (0-18 years old), without parental care, with disabilities/special needs/health issues, from socially vulnerable/low-income families, in conflict with the law, or at-risk.

Core social services are: “Improving the activity of Mehribonlik homes, ensuring social and psychological rehabilitation and legal protection of children left without parental care, promoting their integration into society and the development of social and vocational skills” and “Further improving the effectiveness of measures providing social guarantees for children with special needs, as well as those in need of treatment and rehabilitation, improve conditions for better adaptation and education (including inclusive education), improving the activities of specialized educational institutions (schools, boarding schools) for children with disabilities.”

**Figure 6. Structure of social service providers in public education<sup>6</sup>**



The Ministry of Preschool Education (MoPrE) is the state central body of coordination of educational services for children of preschool age (3-7) and with special needs. It is the newest of the state bodies, created in September 2017 by the President. Preschool services were part of the MoPE until 2018. The mission of the ministry is development and implementation of a

<sup>4</sup> The MoPE was undergoing tremendous transformations during the assessment. In the data collection phase, the whole top management staff changed, and no national level workers were available for interviews. A new presidential decree was issued, updating the ministry’s mission and structure. While findings were adapted to some extent, some information may be missing.

<sup>5</sup> President’s Resolution # 3931 of Sept. 5, 2018

<sup>6</sup> Based on the structure of the MoH <http://www.minzdrav.uz/about/structure.php>

unified state policy in the field of preschool education. Its website is <http://mdo.uz>. The core social services for MoPrE are preschool special educational services or kindergartens (KGs). Services are coordinated by the Department of Coordination of Activities of Special Preschool Educational Institutions, Rehabilitation and Health of Children of MoPrE.

There are 188 KGs for children with special needs, including 14 KGs of sanatorium type for children infected with TB or who were in contact with TB. The rest of the KGs are for children with different types of psychophysical impairments, similar to the types of specialized schools in the system of MoPE (e.g., children with severe speech impairments, hearing or visual impairments, with mental disorders, with impairment of the musculoskeletal system). There are KGs for children with multiple impairments and KGs specialized on one impairment. In total 20,012 children from ages 3 to 7 years are served.

Services include special education/correction; rehabilitation; health support; speech therapy; child development mental development support; and in some cases 24/7 care. There are no social workers on staff, even in the KGs where children stay 24/7.

**Focus group:** “Many KGs for children with multiple disabilities work around the clock. Children in these institutions need comprehensive support, many of them from low-income families. Parents take these kids for the weekend, but on Monday these kids come back untidy and bruised. Some children are not visited at all by their parents, and sometimes caregivers bring them home for the weekend. In the staff of the KG there are no specialists who would deal with issues and work with families.” (MoPrE, Tashkent)

### Summary and Needs: SSW in Education

Education is a primary service of the MoPE. Evidence-based care services for children without parental care have been slow to be implemented. Small efforts have been realized toward the de-institutionalization and reformation of institutions to small residential or family-type. Children’s institutions remain a primary type of care of children without parental care. Alternative care and preventive programs are limited. Mehribonlik homes have been the first service providers to introduce social work positions with key roles in multidisciplinary psychosocial and pedagogical services set up since 2008. However, further strengthening and support to the multidisciplinary team is needed.

A Guardianship & Trusteeship (G&T) specialist is a solo worker on child protection for a district or city with the population ranging from 50,000 to 400,000 people. Extensive workload was mentioned multiple times during interviews. The number and scope of G&T functions require different levels of G&T involvement and various professional skills (i.e., psychosocial assessment, casework, counseling, child protective investigation, support with adoption and alternative care, crisis interventions, multidisciplinary teams, court hearings, and paperwork and administrative functions). This is not realistic for one person to achieve sufficient coverage. As in cases of baby homes and Muruvvats, the caseload and child ratio of the team providing social and psycho-pedagogical services in Mekhribonlik homes are the largest.

**Focus group:** “There is only one social worker and 130 children in our Mekhribonlik. The social worker alone does not have time to solve the problems of all children, at least 3 social workers are needed. We need more social workers in children’s homes: children come to us from various family conditions with different problems. There are not only orphans, but also children from low-income families. When they return to their families, the parents still have

unresolved problems, for e.g., unemployment. It happens often that parents visit their children rarely, and then communication between the parents and children is disrupted. Moreover, here in the orphanage children are provided with good living conditions, food, cloths, furniture etc. They get used to it. But when they return home, conflicts may happen, as the parents are often unable to provide their children with such conditions.” (Social worker from Mehribonlik)

Lack of social work preventive services creates a situation when children from poor families, abused, neglected, with disabilities, at risk - those most vulnerable who need the support - end up in care institutions or correctional facilities. The number of specialized schools, boarding schools, and KGs for children with special needs and health issues is somewhat striking. Children with special needs experience multiple problems. The staff of the specialized schools are not able to address these problems due to a lack of related competencies, resources, and services. Social workers have never been introduced in the staff composition of the specialized boarding schools. Deputy directors and teachers have to address social issues, but there is a gap in their competencies of working with families.

**Focus group:** “There are defectologists-teachers (special educators), special educators with sign language, a psychologist and a neurologist in the staff of our boarding school. There is no social worker, and class teachers mostly work with parents. They address children’s emotional problem, but in difficult cases they refer to a psychologist. Our psychologist uses sign language and has the experience of working with deaf children. Unfortunately, there is only one psychologist in the staff and this is not enough. But there are no training programs for psychologists on working with deaf children. If a problem is serious and a neurologist prescribes the medication, we call the parents to take their child since our school is not a medical facility.” (Director, boarding school for deaf and hard of hearing children)

**Focus group:** “There are various kinds of problems that our children experience, most common are family problems. Our teachers try to help children, but they are not trained on this. Every day after classes, a psychologist works with children, but she can’t address all the problems. We need a social worker who would work with parents. Here in a boarding school, all children have families and parents, we are not a children home.” (Director of a specialized boarding school for deaf children)

The workers of specialized educational institutions interviewed for this study have been vocal about the need for social work services in their facilities, specifically for working with the families of children with special needs.

**Focus group:** “Our school is of the republican level, we admit children from all regions, even though there are such boarding schools in the regions. Despite this, families from other regions bring their children here, because they think that living conditions are better in Tashkent (in regions they may have no hot water or gas). The purpose of our school is to assist children in developing speech and hearing. But very few parents are interested in the child’s development, to them basic needs seem to be much more important. While their kids are in an elementary school, parents visit them often and take them home for holidays. But once the children grow up, the visits decrease, and the children end up staying in the facility for the whole academic year. In the results, the children feel homesick and often get sick physically. The school teachers reach out the parents to find out why they stopped coming. The parents usually either have no money for travelling to Tashkent, or they find other reasons. Children change here too. When they are small, they miss their parents and home. But when they grow up and go home for the holidays, they want to return to the school as soon as possible, because their family

members do not understand sign language and they can't communicate. We need social workers to work with the families.” (pedagogue, boarding school for deaf and hard of hearing children)

Most of the SSW staff of the boarding schools for children with special needs have specialized in different fields of special education, but all are titled “defectologist”. This title is commonly used in academic education and the classifier of the profession. Among focus group participants, defectologists were one of the most common titles among the staff of children’s institutions and boarding schools. Some participants supported the necessity for a title change.

**Focus group:** “The word ‘defect’ discriminate a child and it is hurtful for parents to hear that the child has a defect. We need to change our title to a ‘special educator’.” (Special educator, Samarkand)

State regulations on G&T specialists do not specify that social work or a related field is a required or preferred field of education. Focus group participants among G&T and SSW of children’s institutions are desperately lacking professional clinical supervision and case discussions. Many difficult child cases practitioners were serving were shared during the interviews. The assessment team referred interviewees to RCSAC for professional support.

Social workers in children’s institutions experienced many continuous challenges: low pay rates, low status, high work- and caseloads, burnout, and high turnover. Pay range is average according to focus groups (i.e., about 500,000 UZS, \$60, monthly). The benefits received by other specialists working in the same institution, such as medical doctors, pedagogues, special pedagogues, psychologists, and other pedagogical staff, have not been paid to social workers due to the difference in the post’s category and rate. This demotivates current staff and blocks social work graduates to apply to the position. In turn, it impacts not only the organization but the children’s wellbeing.

Direct psychosocial services are provided by a psychologist and special pedagogues. High workload and caseload and the amount the paperwork limit provision of direct psychosocial services to children, such as psychoeducation and mental health counseling. Staff of social workers needs to be increased at least to two: one case manager or caseworker (with BSW) and a senior social worker who will supervise the caseworker and provide direct counseling services to children and parents. Professional standards, guidance, and tools for the social workers are limited. The RCSAC is a solo organization that provides professional support and capacity building to Mehribonlik homes’ staff.

Missing classes and difficult behaviors are common reasons for placing vulnerable teenagers in the correctional schools and colleges due to the absence of community-based preventive and rehabilitative services for children and youth-at-risk. The professional capacity of the staff of the correctional facilities is poor; there are high profile cases of child physical and sexual abuse in the facilities by the staff. School capacity to work with children from socially vulnerable families is limited; there is no social worker on staff; school teachers and psychologists are not trained on screening and prevention of mental health, child abuse, or other issues.

**Focus group:** “Suicide among school students has increased lately in the country, also the number of vulnerable families and consequently, children with aggressive behavior, mental health problems in schools have increased too. School psychologist have to address these issues but how we can do it if there are 1000-1200 students in average per psychologist in one school.

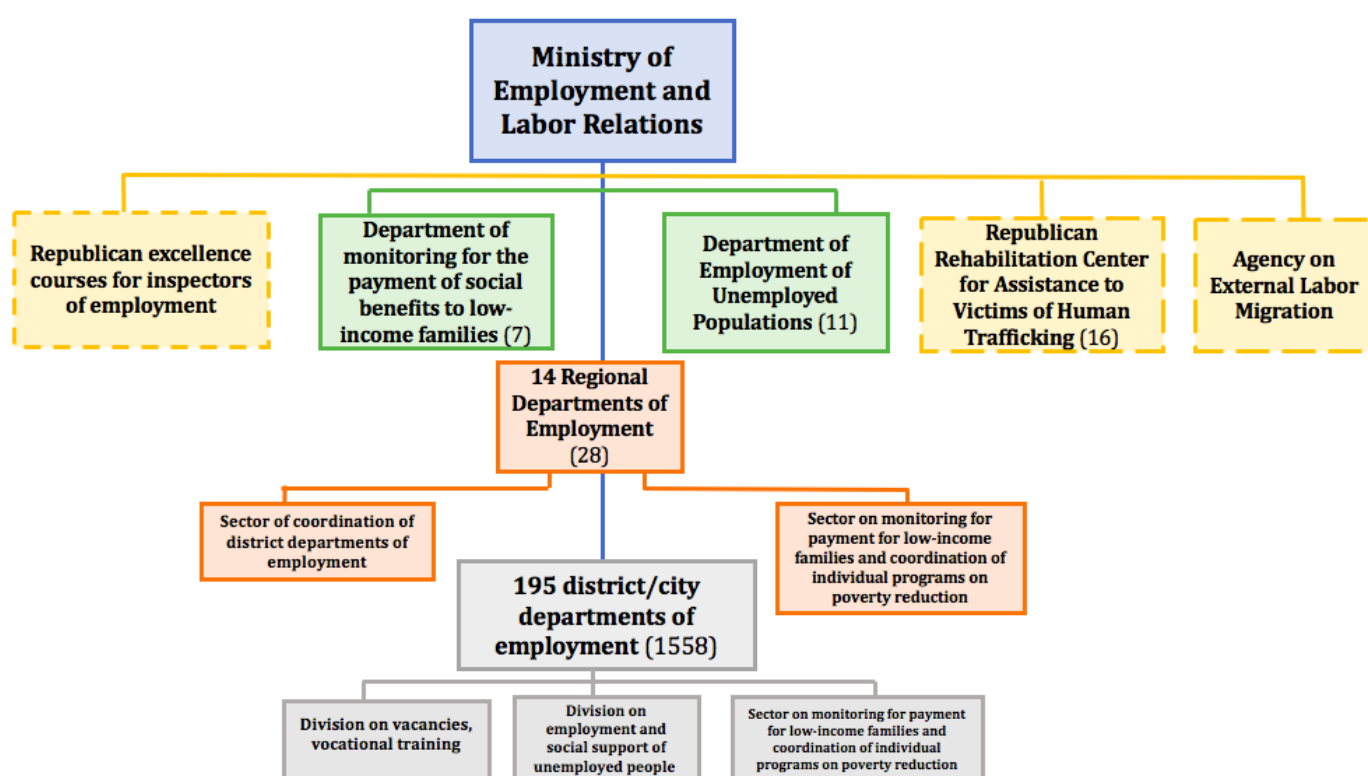
In my school, there are 2485 students and only one psychologist. The teachers help me but they have their own workload and responsibilities.” (School psychologist, Tashkent)

### 3.4.3 SSW in Labor and Employment

The **Ministry of Employment and Labor Relationships (MoELR)** provides oversight of economic and employment support. Per its website at <https://mehnat.uz/en>, the mission of the MoELR is to ensure the implementation of Uzbek residents’ rights “to work, free choice of work, fair conditions of labor and protection against unemployment in the procedure specified by law, social security in old age, in the event of disability and loss of the bread-winner, as well as in some other cases specified by law.” Its target groups are unemployed and low-income families, youth, former servicemen, formerly incarcerated persons, victims of human trafficking, and people who are socially vulnerable.

The MoELR provides economic and employment services (i.e., coordination and monitoring of quality training and employment services for unemployed people) and social protection alleviating poverty and vulnerability. The latter involves ensuring implementation of effective measures for vulnerable populations, organization and management of social security, and strengthening individual and targeted assistance to their service target groups.

**Figure 7. Structure of social service providers in employment and labor**



### Summary and Needs: SSW in Labor and Employment

MoELR is a key government stakeholder that provides employment support and poverty reduction measures to socially vulnerable populations. Specialists and inspectors of

employment of regional and district employment departments are the SSW. Interviewed staff at the city employment center studied economy, management, law, engineering, and philology as their specialties. Higher education has become required for the post of employment inspector, but there is no special training. A month of job training is provided for new employees via regional training courses. However, some focus group participants stated having a mentorship or on-the-job training instead.

District center inspectors of employment work directly with the target population and provide support to the public consultant on employment from mahallas. Mainly, the inspectors provide job search services or review cases for material support for people with low incomes. The assessment of a client's situation by the inspectors is not required and is not conducted; the services on strengthening families' capacity to reach economic self-reliance are missing.

Mahalla specialists on employment are lacking professional competencies, further monitoring of the employment is missing. There is a lack of case coordination; low-income families receive services from multiple different sources that are not linked. Social work services, methods and approaches (such as case management) are missing. The staff of employment centers are not aware of social work or the view is limited by the functions of home care workers.

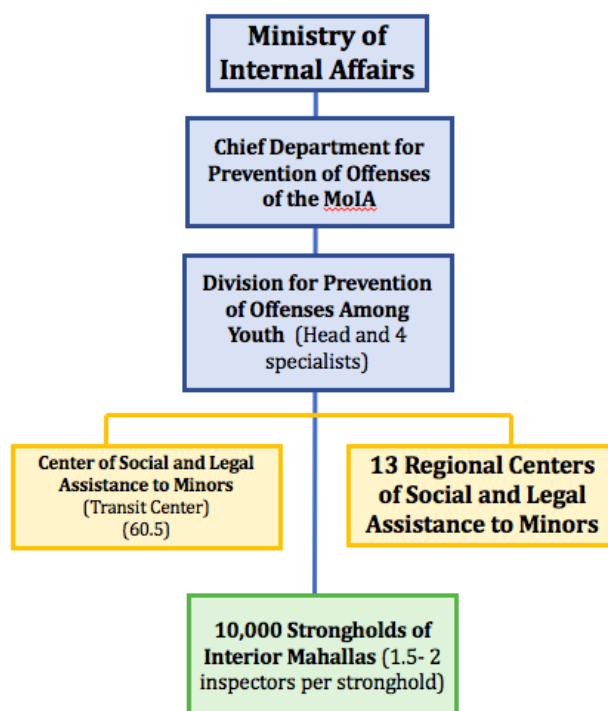
The employment and social protection service providers need to be linked with other service providers in the community. Service coordination by social workers is needed. For the effective employment service provision, psychosocial and counseling services for low-income families and other target groups are needed. There is a need to address emotional and other needs of the vulnerable families, in particular those who are going through economic hardships.

**Focus group:** “The inspectors of employment often have to deal with traumatized families and people – the ones who are seeking jobs. Many of the low-income families come to the inspectors in distress because of their economic situation. It is hard for them even to concentrate on viewing the vacancies. The inspectors experience difficulties because they are not able to address the emotional issues of those people and families— they don't have any competencies on that. Social workers are needed in the employment centers. There is a master's social work program at NUUZ; they should expand its specialization. It is necessary to work with low-income families and who are in a difficult life situation. A specialist should be armed to assist the family to overcome the difficulties, not only financial but other ones as well. Also, social workers specialized in working with formerly incarcerated, victims of trafficking and other groups are needed.” (MoELR specialist, Tashkent)

#### ***3.4.4 SSW in Juvenile Justice (MoIA, PGO)***

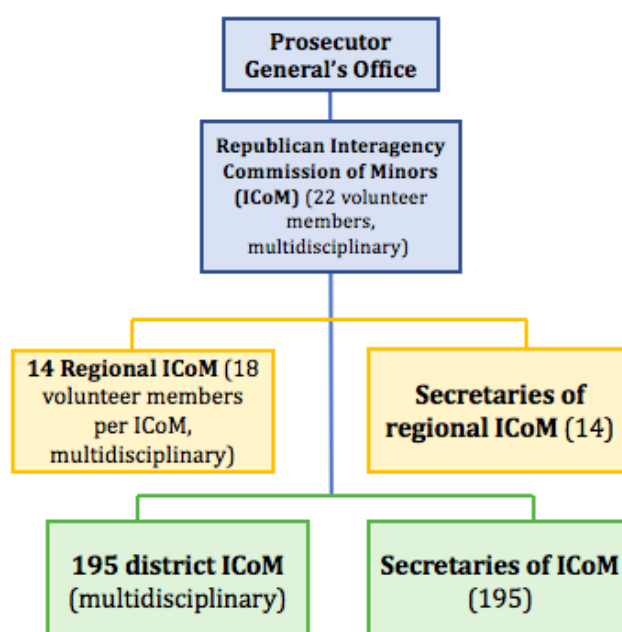
The **Ministry of Internal Affairs (MoIA)**, according to the Law on Internal Affairs Bodies of 2016, protects the rights, freedoms, and legitimate interests of citizens, property of individuals and legal entities, the constitutional system, ensuring the rule of law, security of an individual, society and the state, as well as the prevention of crime. Its target groups are children and youth (people under 30), including those in conflict with the law, with antisocial behaviors, or at-risk.

**Figure 8. Structure of social service providers in juvenile justice (MoIA)**



The **Prosecutor General's Office (PGO)**, according to the Law of the Republic of Uzbekistan on Prosecutors of 2001, ensures and strengthens the rule of law, protects the rights and freedoms of citizens, legally protected interests of society and the state, the constitutional order of the Republic of Uzbekistan, and prevents offenses. Its target service group includes all stakeholders implementing national legislation in health, education, and other social welfare sectors; stakeholders in juvenile justice; and minors in conflict with the law or at-risk.

**Figure 9. Structure of social service providers in juvenile justice (PGO)**





The workforce of the juvenile prevention system within MoIA consists of inspectors for prevention and lacks social work professionals. The functions of inspectors for prevention are similar to the functions of social workers in the juvenile system; however, the inspectors are not trained in social work with families and children in conflict with the law and at-risk children. Furthermore, community-based juvenile rehabilitative and family services that prevention inspectors and schools could refer to the at-risk youth, are not in place.

**Focus group:** “For now, 99 percent of work with the vulnerable families in mahallas are fulfilled by the inspectors for prevention. Some people don’t want to co-operate with the inspectors. It is understandable, parents may be afraid that their children will be registered in the police. There should be an intermediate service with specialists working with the families and minors/youth individually – not the police. For instance, this work can be done by school or the Guardianship and Trusteeship body. But indeed, for that G&T need to expand the staff as for one person per district this work won’t be possible. Another option is to organize the service in the local communities an introduce social workers in mahallas.” (Participants, MoIA)

There is potential to expand transit center services in Tashkent. The psychosocial staff are in place; the director of the Center in Tashkent is motivated and committed to the transformation of the transit center services into crisis services for families and children at-risk. Further training and assistance with transformation will be needed. There is also potential to build the capacity of inspectors for prevention in mahallas through organizing for them a certified training course on social work with families, children, and youth-at-risk. Specialization for social workers in prevention and the criminal or juvenile justice system seems to be in demand.

**Focus group:** “We definitely need to train a psychologist so that she could work with children with trauma and with antisocial behavior. But I also believe, we need to introduce social workers in our staff. I have this intention but my knowledge about this profession and their functions is limited. My understanding is that the functions of the inspectors and other specialists here are somewhat similar to social work functions [...] But there is a gap. Here in our Center most of the children are neglected by their parents. We bring them back home but nothing change - they run away again, live in the streets and are brought to the Center in some time. The work with their families is not set at all, there are no services for these families. As a manager, I understand the demand and I am open to reforming our Center in the family crisis center or something like this.” (administrator, Center of social and legal assistance to minors)

The PGO is responsible for several important functions at national, regional, and district or city levels, but it lacks needed professional approaches and tools. Secretaries of ICoM do not apply professional instruments or case management in working with cases of minors who committed administrative offenses. As a result, many children placed in specialized correctional schools are referred wrongly. In addition, the function of monitoring institutions and children’s rights do not seem to be performed by ICoMs adequately due to a lack of capacity and resources and high workloads and caseloads (Sammon, 2017). This results in systemic violations of the rights of children in specialized schools and colleges for children at-risk, which has been covered by the media. Importantly, the absence of community-based family services and juvenile rehabilitation services may determine decisions that place children in specialized correctional institutions.

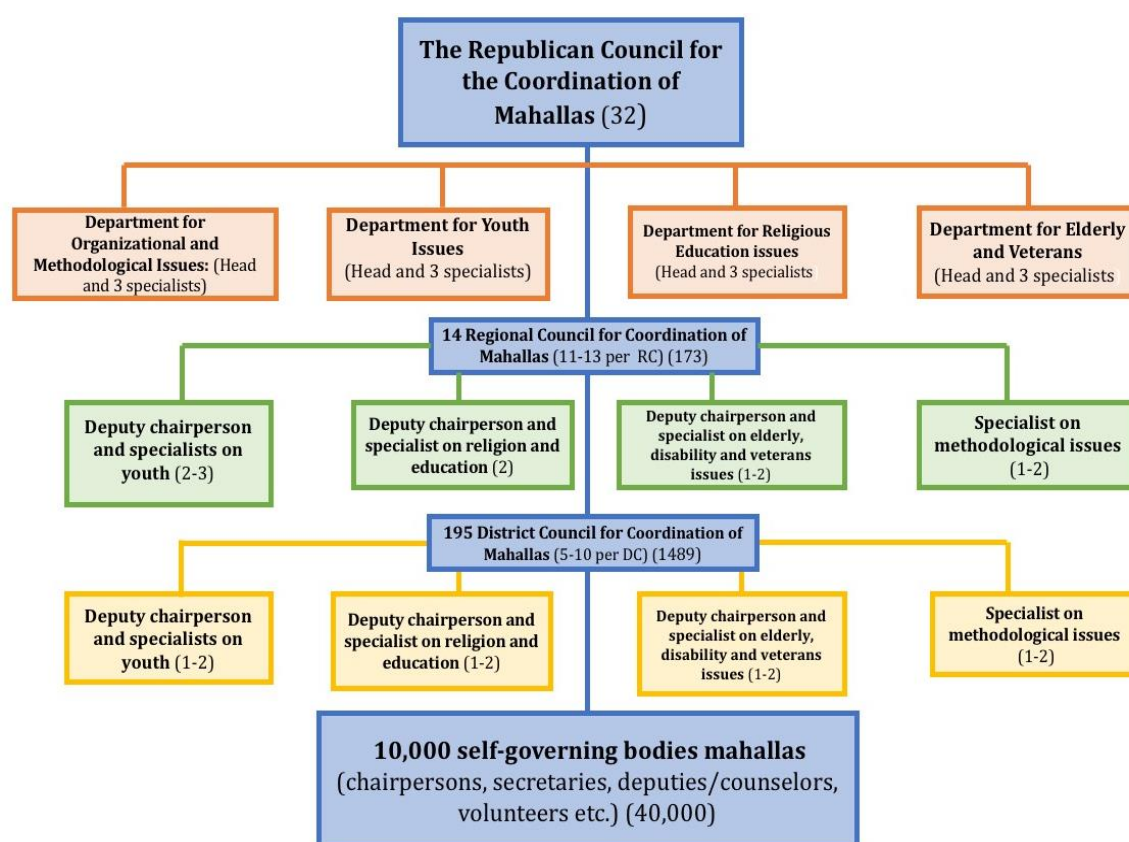
**Focus group:** “Many specialists in the social system fulfill the functions of a social worker even though they don’t have this particular title. For instance, inspectors for prevention,

G&T, CoM – they all implement the roles of social workers to some extent. But there are some problems. For instance, secretaries CoM, who prepare case papers for revision by the Commissions, revise complaints, etc. are physically not able to manage with the workload. Therefore, currently, we are considering the possibility to introduce assistants so that the secretaries would be able to have more time on the cases, e.g. visit the sites, investigate and gather more information. Another our discussion with UNICEF was about the option to unite three functions—inspectors for prevention, SPON, and CoM—in one place, so that they could work jointly. But this has been a preliminary discussion.” (Specialist, PGO)

### 3.4.5 SSW in Local Community Mahallas

The **Mahalla**, according to <https://mahallakengashi.uz> (under development) and legislation, or “Citizens' self-government is an independent activity guaranteed by the Constitution and laws of the Republic of Uzbekistan to address local issues based on their interests, historical context, as well as national and spiritual values, local customs and traditions.” Mahalla in partnership with other stakeholders (i.e., health, education, interiors, social protection and employment, Women’s Committee, Oila Center, and Youth Union) serves all citizens, individuals and families living in mahallas, and socially vulnerable families via the following services: social support for vulnerable groups (e.g., low-income families, elderly, people with disabilities, women); physical, personal, and spiritual development of youth, ensuring their employment, preventing ideological threats; and early prevention of youth offences.

**Figure 10. Structure of social service providers in mahallas (according to new regulations)**



### Summary and Needs: SSW in Local Community Mahallas

The role of Mahalla as an informal support provider has expanded and formalized for the last several years; many formal functions are being implemented by self-governing bodies in the social sector. This makes mahalla a strong community-driven institution to address social issues. The mahalla system is the biggest workforce of community workers. Mahalla employs a significant number of paid staff but mostly for administrative functions (chairperson and secretary). To fulfill tasks, mahallas involve many volunteers who are not paid and have not been trained. Self-governing bodies have (or will have) mahalla centers to work with families, equipped with informational communication technology and Internet. This creates the potential to develop further community-based services on the premises of mahalla centers.

The majority of mahalla employees are new and not trained on basic skills of working with vulnerable groups of people. Community staff lack training in professional and ethical standards for working with vulnerable groups. The lack of professional standards and best practice approaches in working with vulnerable families jeopardizes the principles of confidentiality and privacy. The mahalla is endowed with some powers, such as with a reconciliation commission. Such functions can impose power and control over families. If not supervised and guided by a professional code of ethics, this power can be misapplied. Without introducing a professional social work staff, all mahalla activities are at risk to be ineffective in aiding families in crises. In some cases untrained support may unintentionally be harmful. This especially concerns issues of domestic violence, child abuse, and suicides.

**Focus group:** “All staff members of the mahallas (chairman, women's consultant, district officer, secretary), work directly with families in accordance with their official duties. All employees of the mahalla, including volunteers, visit each family to make a family assessment. The purpose is to identify socially vulnerable families and support is needed. For example, families with health problems that need treatment, problems with housing or living conditions; pregnant women or people with disabilities who need technical equipment. The commission make a group decision, all members of the Kengash sign the documents. For example, according to the results of the assessment, we provided families with gas-stoves, gas, or TV sets. Soon we will distribute 42 wheelchairs to people with disabilities.” (District mahalla council worker, Samarkand)

**Focus group:** “The application to the Mediation Commission has to be reviewed within 15 days. The application can be related to divorce proceedings, or conflicts between family members, spouses or siblings, young couple etc. The commission include imam khatib, inspector for prevention, specialists from the family polyclinic and public school, and others. We get together once and review the application. We invite the family members to mahalla and talk to them to discuss the reason of the conflict. Then imam consult the families.” (Mahalla worker, Tashkent)

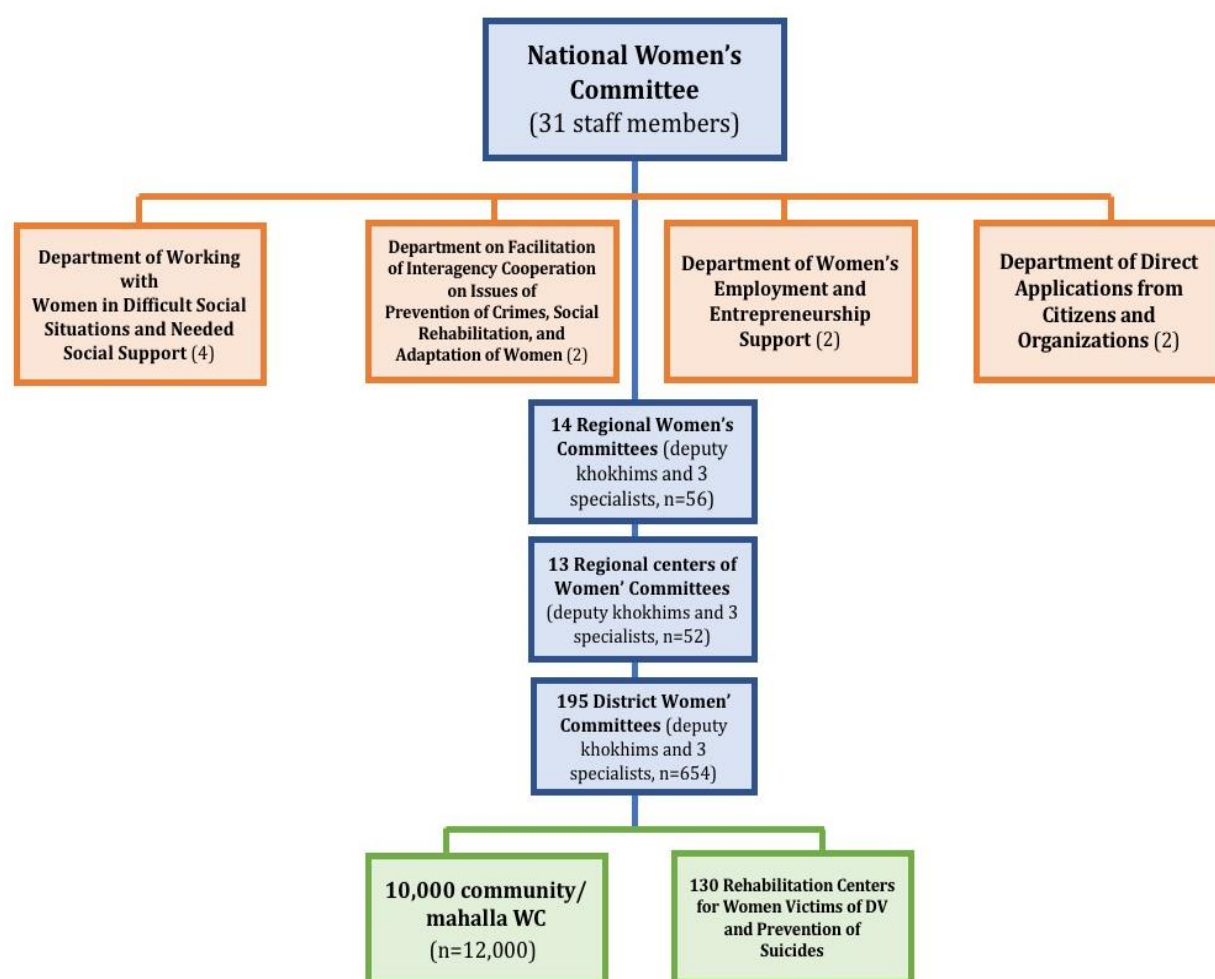
Two key recommendations pertain to mahallas. First, develop an in-service training program for mahalla workers focusing on building core competencies in working with vulnerable groups of people (e.g., ethics and confidentiality, communication, interpersonal skills, capacity building, teaching, advocacy, organizational skills, outreach work, service coordination referrals, and assessment). Second, develop and introduce professional standards, guidance, and tools for working with target populations, including case management, assessment, planning, and monitoring tools. These will assist workers to structure and improve their work with vulnerable people.

### 3.4.6 SSW in Women's Committee

The **Women's Committee (WC)**, the website for which is <http://wcu.uz/>, works to ensure the effective implementation of state policy to support women, protect their rights and legitimate interests, as well as enhance their role and activity in the public and political life of the country. It especially serves women who are socially vulnerable, in difficult life situations, with disabilities, unemployed, young, from rural areas, at-risk and formerly incarcerated, and women survivors of domestic violence.

According to recent reforms, the role of the WC in addressing women's rights issues - such as gender-based discrimination, gender-based violence, social vulnerability, poverty, disability, unemployment, and incarceration - has been strengthened. WC has been transforming its activity by the development and implementation of direct social support services to vulnerable groups of women. The WC's core social services are as follows, per Decree # 5325 (2018): early detection and support of women in difficult life situations, including women with disabilities; ensuring women's employment and improvement of working conditions for them; ensuring women's participation, especially young girls in rural areas, in the family and private entrepreneurship and crafts; and together with law enforcement agencies, communities, and other organizations, working with women at risk to prevent offenses, take measures for social adaptation and rehabilitation of women who have been released from correctional institutions.

**Figure 11. Structure of social service providers in the Women's Committees**



### Summary and Needs: Women's Committee

The WC SSW is one of the largest female work forces among stakeholders and includes more than 750 staff of regional and district WCs (deputies khokhims and specialists) and about 12,000 specialists on women's issues in mahallas (paraprofessional community workers). The SSW is motivated and ready to expand professional competencies. However, they are lacking training in professional competencies, and assessment and service tools and standards for working with families, women, and other target populations. There are stakeholders assisting in professional development in working with women and their children, such as Center "Oila", RCSAC, SOS Children's Villages, UNICEF, and UNDP.

Among mahalla staff, the functions of women's specialists seem to be closer to social work functions. The services defined require professional training and supervision in the field of social work or other related fields, which most of the newly appointed workers do not have. The selection criteria for women's specialists are based on moral characteristics and can make selection subjective. Structured training and professional requirements need to be introduced for leadership, supervisors and direct service staff.

**Focus group:** "A commission is being set up at the Women's Committee of khokhimiyat. We try to choose women with higher education. The age may vary but since we need the experienced women who can give advice, usually they are above 40 years. We select 3-4 candidates and interview them. We are looking for those who understand the social policy, who are committed to working with the vulnerable population. It is very important that they should live in this mahalla and know the residents, unprivileged families, young people who are at risk, for example, of suicides. Also, their family should be a role model for other people in the community." (District Women's Committee)

The requirement that women's specialists must live in the same mahalla as they work is somewhat controversial. This may impede accepting other candidates with relevant background and experience but who live in other locations. Also, having a community worker from the same neighborhood may prevent some families or individuals from seeking help due to fear of a breach in confidentiality.

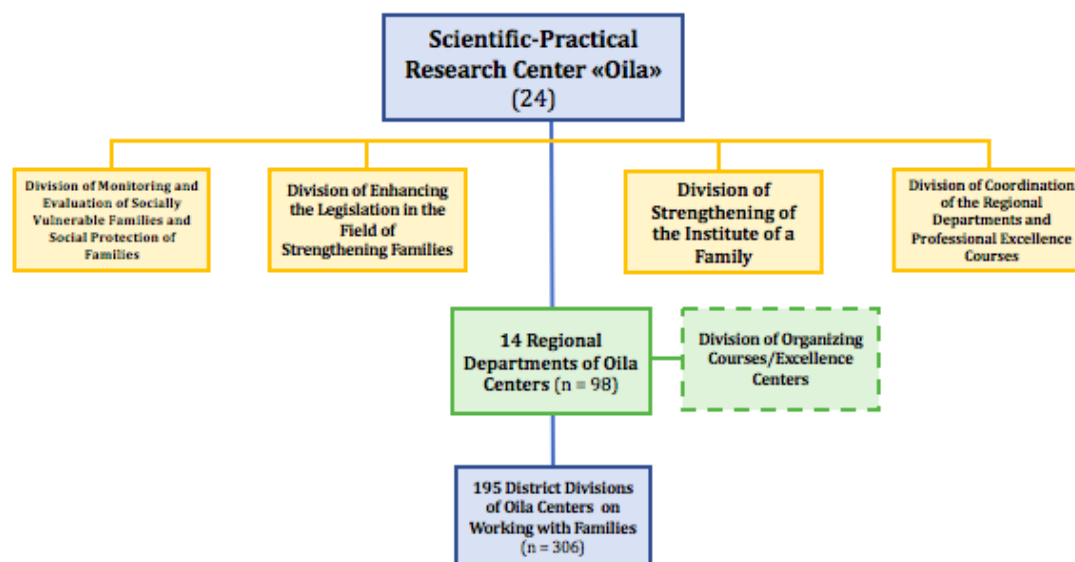
Some functions seem to be duplicated with other SSW workers. For instance, functions related to economic and employment support for women are implemented by consultants of mahallas and district specialists of employment centers. Women's specialists on mahalla level subordinate directly to the district committees, but also are to be supervised by the district Centers "Oila". The protocol of overlapping positions is not yet clearly defined. The development of modules on social work with women, gender-based violence interventions, sex trafficking, and the intersection of domestic violence and child welfare is needed for training of social workers and re-training or professional development of WC specialists.

#### 3.4.7 SSW in Center "Oila"

By Presidential Decree #5325 in 2018, the Scientific and practical research center «Oila» under the Cabinet of Ministers of the Republic of Uzbekistan ("**Center 'Oila'**") is a newly established leading state research institute in the field of organizing and conducting fundamental, applied and innovative research aimed at implementing a unified state policy of strengthening and developing the family institution and introducing a modern exemplary family model in

society.” It works with families, women and children, especially families who are disadvantaged and socially vulnerable. Its core social service is provision of support to socially vulnerable families. Per Resolution #229 of 2018, “Together with government bodies, women’s committees and other organizations, identifying disadvantaged and socially vulnerable families, establishing direct contact to improve the spiritual and moral environment, prevent conflict situations, strengthen family relations and oppose various harmful influences.”

**Figure 12. Structure of social service providers in Center “Oila”**



### Summary and Needs: Center “Oila”

The regional and district Centers “Oila” are designed to provide their own staff and WC specialists with quality standards and protocols for working with families, based on research and best practices. Current SSW of Centers “Oila” consist of 306 specialists of district centers, 98 regional, and 24 national. Social work graduates are involved in the activities of the Center including trainings in regional centers. Regional and district specialists are located in respective khokhimiyats and work in partnership with the governmental stakeholders on issues of health, education, employment, prevention, and child protection.

Center staff are eager to promote education, training, and professional development in the field of social work with Center staff and WC specialists. There is a significant potential to expand the accredited short-term program on social work. Trainings may be organized on the premise of regional Centers in collaboration with university faculty and other training resources for continuous education for the SSW of the key social service stakeholders serving families and children. District Centers could expand in order to offer direct services and/or create community-based family centers that would provide comprehensive services to prevent and address social vulnerability among families and children in present-day Uzbekistan. There is expansive opportunity to partner with local universities and NGOs to conduct research to inform the needs of the communities and development or adaptation of evidence-based interventions.



### 3.4.8 SSW in Youth Union

**The Youth Union of the Republic of Uzbekistan** was created on June 30, 2017, replacing the youth organization “Kamolot” and reporting to Youth Policy Service of the President Office. Its website is <https://www.facebook.com/yoshlarittifoqi.uz/>. Per Presidential Decree #5106 in 2017, the Youth Union’s mission is to ensure effective interaction with government agencies, non-governmental non-profit organizations, and other civil society institutions in the implementation of state youth policy; protection of the rights, freedoms and legitimate interests of young people. It serves youth ages 14-30, including young families, students, unemployed youth, youth-at-risk and formerly incarcerated, young people with disabilities, and “unorganized” youth. The following are social services of the Youth Union provided through psycho-pedagogical, legal, social, housing, and other supports:

- Creating decent conditions for young people to acquire modern professions;
- Providing employment;
- Promoting wellness (healthy lifestyles) among youth;
- Preventing early marriage and divorce of young families;
- Ensuring access of unorganized youth to extracurricular, athletic, and cultural activities;
- Organizing support to young families, young people with disabilities, and those in need of social protection, including housing and social support; and
- Actively participating in early warning and prevention of youth engagement in criminal activities.

#### Summary and Needs: Youth Union

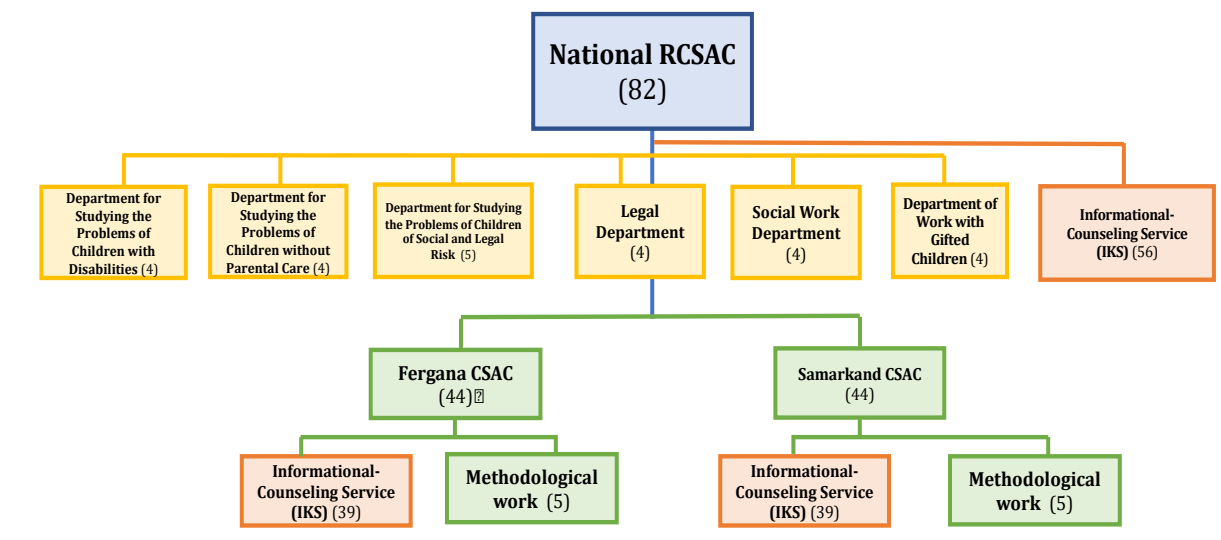
The information about Youth Union is limited for this study. None of the information about its structure, staff composition, number, and services was available online or in identified sources. Youth Union demonstrates an important potential for social services to youth with a large SSW. For instance, there might be at least 10,000 youth leaders working in schools. Further analysis of the youth leaders and Youth Union workforce is needed. Strengthening of social work program on the youth issues is advisable as social workers can fill important roles in direct service with youth as well as policy development and supervision in Youth Union centers and educational settings.

### 3.4.9 SSW in RCSAC

**The Republican Centre for Social Adaptation of Children (RCSAC)** is a non-governmental organization created by the resolution of Cabinet of Ministers in 2004, leading child welfare agency of the national level, currently operates based on the Resolution of the Cabinet of Ministers #185 (2012). RCSAC has a branch in Fergana (operates since 2013) and a second in Samarkand (2014). The third branch in Karshi is to be opened. According to its website <http://rcsad.uz> and RCSAC (2016), the mission of the RCSAC is “promotion and provision of comprehensive medical, social, psychological and educational assistance and legal advice to children of socially vulnerable groups (children with disabilities, children left without parental care, as well as children at social and legal risk) through research, social programs and policy development, and practice.” RCSAC works with children ages 0-18, including those with disabilities, of social and legal risk, orphans, without parental care, from socially vulnerable families, and in conflict with the law. Core social services for RCSAC are listed below.

- Improving legislation regarding socially vulnerable groups of children
- Coordinating child welfare organizations and promoting programs on child protection
- Promoting innovative approaches and programs on social service provision for children
- Providing comprehensive, targeted psychological, educational, socio-medical, legal, informational, and educational assistance to vulnerable groups of children and families
- Developing family preventive programs and social work with families and children
- Developing alternative forms of care for vulnerable groups of children
- Preventive work, social adaptation, re-socialization, and integration of children at-risk and in conflict with the law
- Promoting programs on inclusion and early interventions for children with disabilities

**Figure 13. Structure of social service providers in the RCSAC**



“RCSAC is an effective model for providing social support for social adaptation of vulnerable children in Uzbekistan, a synthesis of science and practice in the field of social protection of children, a platform for introducing innovative methods and technologies in the rehabilitation of children with special needs, and a promoter of a positive attitude towards children with disabilities” (RCSAC, 2016).

### Summary and Needs: RCSAC

RCSAC can be confidently named as the key national agency on child welfare. It provides leadership to the field and intervenes on macro, exo, meso, and micro levels of the child protection system. For the last decade, RCSAC has been a leading implementer and advocate of child care and has successfully lobbied for several statutory regulations and managed to introduce social workers in children’s institutions. In particular, RCSAC staff were involved in developing statutory regulations on a multidisciplinary psycho-socio-pedagogical service and introducing a social worker position in the children homes, qualifications, and job descriptions for social workers, had piloted Family Support Units in 2007-2009, and was a key partner of the UNICEF projects of social work development in 2005-2010. RCSAC maintains a national leading role in lobbying the modern social services in child welfare such as early intervention services in polyclinics, daycare service in Muruvvat, inclusive education in schools, rehabilitation services for children with disabilities, and parenting support for families with children with disabilities.



Many of RCSAC workers were trained in the social work retraining course in 2007-2010 and became national trainers on social work. That aided the staff of the RCSAC departments in becoming trainers for practitioners of child welfare, including Guardian and Trusteeship, Secretaries of Commission of Minors, inspectors of prevention, social workers and psycho-pedagogical staff of children homes, and mahalla specialists.

Additionally, the RCSAC staff built its capacity in family support services while addressing multiple requests and referrals from families, individuals, and organizations. At present, RCSAC is the most experienced state organization in Uzbekistan in implementing and promoting social work interventions and best practices in family or child welfare. Its staff is a vocal and passionate advocate of child rights. The national and regional centers have been hosting social work students for field education and supervision.

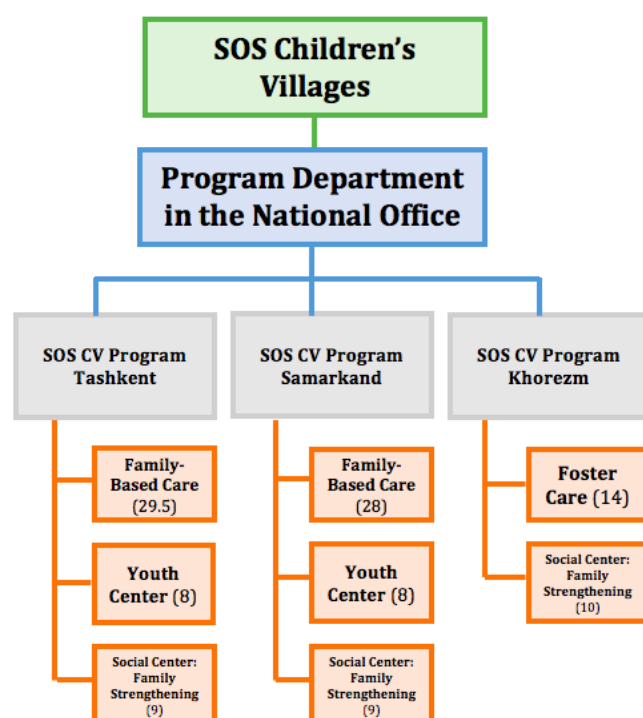
**RCSAC's mandate and coordinating role, as well as a strong professional capacity of the staff in the policy, programming, and direct work with socially vulnerable children and families, make the organization the most robust SSW stakeholder in the child protection or welfare.** The demand for addressing the needs of socially vulnerable children and their families is extremely high; professional support to various SSW staff and volunteers, including the ones from mahallas, is highly needed. The capacity of the RCSAC staff in providing programs, training, and direct practice support cannot serve all regions and practitioners. RCSAC needs to be involved in capacity building of other key stakeholders, such as Oila Centers, WC, and Mahallas. RCSAC and SOS Children's Villages International are the leading agencies to be considered for building the capacity of supervisors within family or child welfare. The staff, including new staff, need capacity building training in the field of social work with families, case management, social work with mental health issues (diagnostic screening tools), substance use disorders, victims of trafficking, family violence, parents and children, developing programs for parents, and working with children with difficult or antisocial behaviors.

#### ***3.4.10 SSW in the Association SOS Children's Villages in Uzbekistan***

The Association SOS Children's Villages in Uzbekistan (SOS Children's Villages, SOS CV) is a non-profit organization established in 1997 to ensure the well-being of children, protect their interests and rights, and meet their needs. The organization's activities are focused on children and young people left without custody of their parents or at risk of being orphaned, as well as families in difficult situations. SOS Children's Villages of Uzbekistan is a member of the International Organization SOS Children's Villages and operates under the Agreement between the Government of the Republic of Uzbekistan and the International Organization SOS Children's Villages (SOS Children's Villages Uzbekistan, 2017). Its website is <http://sos-kd.uz/en/>. Within the Association's Programs, children and families receive comprehensive, consistent and on-going services aimed at creating a family environment for children and young people without parental care, and strengthening families in difficult life situations to reduce the risk of children becoming orphaned. All services are provided within the framework of family care, youth support, and strengthening families (SOS Children's Villages Uzbekistan, 2017). Key tasks of the Association are listed below (SOS Children's Villages Uzbekistan, 2017).

1. Creation of favorable conditions for physical, intellectual, and spiritual development for children left without parental care, as well as children whose families are in difficult situations, ensuring social and legal support for them
2. Bringing up children deprived of parental care, taking into account the traditional and national principles of Uzbekistan
3. Provision of support to families in difficult situations through the establishment of social centers, as well as provision of psychological and legal support
4. Active involvement of state authorities, public and private organizations to the Association's activities, improvement of public awareness and sharing experiences on child care issues

**Figure 14. Structure of social service providers in Association SOS Children's Villages**



Family-like care (FLC) is a small scale residential facility for children without parental care. Unlike the governmental children's institutions where multiple groups of children live in a big building, in SOS a small group of children live with a caregiver or foster parents in a house or apartment. The target group is children ages 3-18 without parental care.

SOS Youth Program provides support to young people leaving FCL or other children's institutions. Special youth centers (small residential homes, or YCs) function in three locations where young people ages 16-18 reside under the supervision of youth workers/pedagogues during their study in special vocational or high schools. Youth ages 18-22 are supported with the semi-independent living program. Support during the youth's independent living is also one of the YC program services. The target group is youth leaving care from 16-22 years old.

**Focus group:** "There are two SOS Youth centers in Tashkent and one in Samarkand where youth workers teach the youth life skills (e.g., how to cook or make purchases, pay utilities and so forth), provide professional career counseling on how to search job vacancies, prepare for interview work, they also help to make agreements with the business companies on the

youth internship. According to the Uzbek law, children without parental care should receive state housing. But often, the conditions of the housing options they are given, are not suitable for life, or they are located somewhere too far. Therefore, our staff of the Youth programs advocates the rights the young children, including the ones on decent housing and living conditions, education in the academic system and others.” (Staff, SOS Children’s Villages)

Family Strengthening is a community-based program that provides comprehensive services to socially vulnerable families in communities, assists in achieving their self-sufficiency, and prevents children’s placement in institutions. The following services are provided to the families by the FS program: case management, psychosocial and educational support, counseling, parenting support, referrals, legal support, support with improvement of living conditions, daycare/extracurricular activities for children, and economic empowerment, including employment support and organizing social enterprises in local communities. Services are for socially vulnerable families with children ages 0-18 from local communities in three urban areas (Tashkent, Samarkand, and Urgench) and one rural area (Shavat, Khorezm region). On average one program serves 200-250 families annually.

**Focus group:** “Starting from 2007, the Association employs a Family Strengthening Service that provides comprehensive assistance to families in difficult situations to create the most favorable conditions for the development of child in his/ her own family. The Social Centers created within the framework of the Association’s activities a set of necessary social and psychological services, assistance in employment and legal support is provided, while Social Enterprises organized within the projects, help families in difficult situation to improve their economic situation and acquire an economic independence. Day Centers for Children operate under Social Centers, where children play and practice while parents consult with specialists or work and study at the Social Enterprise.” (SOS Children’s Villages Uzbekistan, website)

Through several publicly funded projects, SOS Children Villages programs provide capacity building to various partners, including the SSW of child protection system in Fergana valley, Khorezm, and Samarkand regions. Recently, in the framework of an EU-funded project, SOS CV has been providing training on working with families to the specialists in mahallas.

**Focus group:** “Previously, in Family Strengthening our beneficiaries were vulnerable families only. But we realized by only direct services we can’t help all needing families. Therefore, we also focus on the increasing potential of other organization in working with vulnerable families and children. In particular, in the framework of the EU project, we build the capacity of specialists of Women’s Committees in mahallas. We conducted training in the mahallas on case management and comprehensive services for families. Mahalla specialists were supervised by the SOS FS social workers afterward. Yet, we can’t say that the specialists apply case management fully, but at least they started using some elements of it. For example, they cannot make a psychosocial assessment as our social workers do, but we provided them with the adapted and simplified version which is easier to be used.” (Staff, SOS Children’s Villages)

### **Summary and Needs: SOS Children’s Villages**

SOS CV implements three core services – family-like care/foster care, youth programming, and preventive programming on family strengthening. SOS employs about 120 SSW staff; out of which 32 are social workers. SOS is a sole service provider in child welfare that maintains professional social workers as the main SSW. The caseload and child/worker ratio is adequate

and ensure the quality of work. Professional policies and standards are utilized, including an ethics code, case management, and many others. The staff utilize many evidence-based interventions on psychosocial and parenting support. The organization provides capacity building trainings for the local partners, especially mahallas.

SOS CV is a unique child welfare service provider that develops and implements best practices and models of family preventive and alternative care services for children, delivers capacity building, and promotes policy changes in the child protection system. Having multiple years of experience, SOS CV could be one of the models for the transformation of children's institutions and for developing community-based family centers, foster care, and youth support services. Additionally, their expertise could be included in a national strategy to build the SSW and systems of child and family protection.

For a detailed analysis of each of the stakeholders please refer to chapters 1-10 of the document "The Social Service Workforce (SSW) in Uzbekistan: stakeholder analysis" accompanying this report.

---

Table 4 below contains a summary of the information of the social service functions within each of the stakeholders in accordance with the level of their functioning (i.e., local community/mahalla, district/city, regional, and national). Please note that some staff numbers have been estimated approximately and may be inaccurate. For more information about the nationwide SSW titles, functions, and services, please refer to chapter 11 "Nationwide Composition of the SSW: Professionals' and Paraprofessionals' Titles, Educational Requirements, Roles, and Functions on Micro, Exo, Meso, and Macro Levels" of the "The Social Service Workforce (SSW) in Uzbekistan: Stakeholder Analysis".

**Table 4. Social Service Workforce titles per stakeholder and level**

Stakeholders	Community/ Mahalla	District/ City	Region/ Tashkent	National
<b>Mahalla</b>	<ul style="list-style-type: none"> <li>Paraprofessionals: Chairperson <b>(10,000)</b>, Secretary <b>(10,000)</b>, Counselors (volunteers) <b>(more than 20,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>Specialists on youth, religion and education, and elderly/disabilities in 195 districts <b>(1,489)</b></li> </ul>	<ul style="list-style-type: none"> <li>Specialists on youth, religion and education, and elderly/ disabilities in 14 regions <b>(173)</b></li> </ul>	<ul style="list-style-type: none"> <li>Specialists on youth, religion and education, and elderly/ disabilities in 14 regions <b>(32)</b></li> </ul>
<b>Women's Committee</b>	<ul style="list-style-type: none"> <li>Paraprofessionals: Specialists on working with women <b>(12,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>Deputy khokhims and specialists on women's issues in 195 districts <b>(654)</b></li> <li>Staff of the crisis centers for women <b>(number unknown)</b></li> </ul>	<ul style="list-style-type: none"> <li>Deputy khokhims and specialists on women's issues in 14 regions and 13 regional centers <b>(108)</b></li> </ul>	<ul style="list-style-type: none"> <li>Specialists of the national departments of working with women in difficult life situations, crime prevention, employment and direct consultations to individuals and organizations <b>(32)</b></li> </ul>
<b>Center "Oila"</b>	<ul style="list-style-type: none"> <li>Training and supervision of the WC specialists on family matters</li> </ul>	<ul style="list-style-type: none"> <li>Specialists on working with families in 195 districts <b>(306)</b></li> </ul>	<ul style="list-style-type: none"> <li>Specialists on working with families and training centers of 14 regional departments <b>(98)</b></li> </ul>	<ul style="list-style-type: none"> <li>Specialists on Monitoring and Evaluation of Socially Vulnerable Families and Social Protection of Families and Coordination of the Regional Departments and Professional Excellence Courses <b>(24)</b></li> </ul>
<b>Youth Union</b>	<ul style="list-style-type: none"> <li>Youth leaders in schools</li> </ul>	<ul style="list-style-type: none"> <li>Staff of the centers of social and psychological support for youth</li> </ul>	<ul style="list-style-type: none"> <li>Youth leaders in specialized schools and colleges</li> </ul>	
<b>Ministry of Health</b>	<ul style="list-style-type: none"> <li>Patronage nurses, chief nurses, GPs in family polyclinics <b>(estimated 20,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>Manager and specialist of district medical and social aid units of health departments <b>(approx. 480)</b></li> <li>"Social workers"/home attendants of district medical and social aid units <b>(2,000 in total)</b></li> </ul>	<ul style="list-style-type: none"> <li>Specialists of social sectors of regional health departments <b>(approx. 30-35)</b></li> <li>Social workers, psychologists, special pedagogues, lawyers, medical doctors of baby homes <b>(72)</b></li> <li>Medical and support care staff (educators, nurses and nannies) of baby homes <b>(517)</b></li> <li>Medical doctors and special pedagogues/ speech therapists, psychologists, social workers of children's Muruvvat, and</li> </ul>	<ul style="list-style-type: none"> <li>Head/deputy and specialists of the social departments of MoH <b>(10)</b></li> <li>Medical doctors, nurses, psychologists, speech therapists, educators, and teachers of the national Children's Rehabilitation</li> <li>Hospital/ medical or health center</li> <li>Nurses of the National Children's Rehabilitation</li> <li>Hospital/Center Chief physician and medical staff of the Republican AIDS center <b>(66)</b></li> </ul>

			<p>Muruvvat and Sakhovat boarding homes for adults</p> <ul style="list-style-type: none"> <li>• Medical and support care staff (educators, nurses and nannies) of children's Muruvvat, and Muruvvat and Sakhovat boarding homes for adults</li> <li>• Medical doctors, psychologists, para social workers, outreach workers of regional AIDS centers</li> </ul>	
<b>Ministry of Public Education; Ministry of Preschool Education</b>	<ul style="list-style-type: none"> <li>• Deputy principals on social issues, school psychologists, teachers, youth counselors in 9,961 public schools</li> </ul>	<ul style="list-style-type: none"> <li>• Specialists on social protection of children (G&amp;T) <b>(202)</b> and public assistants</li> <li>• Special pedagogues</li> <li>• School teachers psychologists of 22 specialized schools for children with developmental delays and of 188 specialized KGs or for children with impairments</li> <li>• Educators and nannies (by shifts) of specialized KGs</li> <li>• Staff of 196 Barkamol Avlod centers (extracurricular activities for children)</li> </ul>	<ul style="list-style-type: none"> <li>• Specialists on social support sector in 14 regional departments</li> <li>• Medical doctors, special pedagogues, psychologists, social workers, lawyers, teachers of children's homes <b>(22)</b></li> <li>• Mehribonilk, 3 children's towns, 88 specialized boarding schools for children with special needs, Care staff: educators/caregivers, nurses of children's institutions, specialized schools and KGs</li> </ul>	<ul style="list-style-type: none"> <li>• Head and specialists of department of social support of MoPE, MoPrE</li> <li>• Medical doctors, psychologists, teachers, youth leaders of specialized schools and colleges for children with special needs and at-risk</li> <li>• Educators/caregivers in the specialized schools and colleges</li> </ul>
<b>Ministry of Employment and Labor</b>		<ul style="list-style-type: none"> <li>• Specialists of sectors of coordination of employment and monitoring for the payment of social benefits to low-income families and coordination of individual programs on poverty reduction in 195 district <b>(1,558 total)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Specialists of sectors of coordination of employment and monitoring for the payment of social benefits to low-income families and coordination of individual programs on poverty reduction in 14 regions <b>(28)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Heads and specialists of department of vocational training and re-training of the unemployed population and the department of monitoring for the payment of social benefits to low-income families and programs on poverty reduction <b>(18)</b></li> <li>• SSW staff of Republican Rehabilitation Center for Assistance to Victims of Human Trafficking</li> </ul>
<b>Ministry of Internal Affairs</b>	<ul style="list-style-type: none"> <li>• Senior inspectors and inspectors for prevention in the strongholds in mahallas <b>(about 15,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Specialists on children and youth issues of 70 district departments <b>(2) (140)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Senior inspectors and inspectors for prevention, educators, psychologist, medical doctor of Tashkent Transit Center</li> <li>• Inspectors for prevention of regional transit centers' educators, supportive staff of Tashkent transit center</li> </ul>	<ul style="list-style-type: none"> <li>• Head and specialists <b>(4)</b> of the Division for prevention of offenses among youth (minors) of the Chief department on prevention of MoIA</li> </ul>

<b>General Prosecution Office</b>		<ul style="list-style-type: none"> <li>• Secretaries of district ICoM <b>(195)</b></li> <li>• Assistance of secretaries of CoM (planned)</li> <li>• Volunteers, members of the ICoM from the district departments</li> </ul>	<ul style="list-style-type: none"> <li>• Secretaries of regional ICoM <b>(14)</b></li> <li>• Volunteers, members of the ICoM</li> </ul>	<ul style="list-style-type: none"> <li>• Members of Republican ICoM (volunteers)</li> <li>• Specialists of departments of Monitoring of Implementation of Laws in Social Welfare and Department of Monitoring of Laws on Minors</li> </ul>
<b>Republican center for social adaptation of children RCSAC</b>			<ul style="list-style-type: none"> <li>• Specialists of methodological departments</li> <li>• Medical doctors, physical therapists, special educator, speech therapists, psychologists of ICS</li> <li>• Instructors on massage, nurses, volunteers of ICS, totaling <b>88</b> in two regional centers</li> </ul>	<ul style="list-style-type: none"> <li>• Specialists of methodological departments <b>(26)</b></li> <li>• Medical doctors, physical therapists, special educator, speech therapists, psychologists of ICS</li> <li>• Instructors on massage, nurses, volunteers of ICS <b>(56)</b></li> </ul>
<b>SOS Children Villages</b>		<ul style="list-style-type: none"> <li>▪ Coordinators, leading social workers, social workers/case managers, psychologists, employment specialists in 4 social centers (Family Strengthening programs) in Tashkent, Samarkand, Urgench and Shavat <b>(28)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Coordinators, social workers, psychologists, pedagogues, speech therapists, caregivers, assistants of Children's villages/foster care in Tashkent, Urgench and Samarkand <b>(71.5)</b></li> <li>• Coordinators and youth workers of 2 Youth centers <b>(18)</b></li> </ul>	<ul style="list-style-type: none"> <li>• National program, advisors, and director of program department <b>(5)</b></li> </ul>

### 3.5 Current Status of Social Work Education

Academic preparation for social work professionals began in Uzbekistan in 2004. Since that time, four universities have developed social work programs - the National University of Uzbekistan NUUZ, Samarkand State University, Fergana State University, and Namangan State University - based on international social work education models. Namangan State University began its BSW in the Fall of 2018 and was not included in the assessment below. UNICEF provided technical support, and international consultants offered additional expertise in social work as a profession (CSSW, 2017). The National University of Uzbekistan (NUUZ) is officially assigned by the Ministry of Higher Education as a leading university in the field of Social Work, meaning that NUUZ is responsible for developing study plans and curricula. Other universities are obliged to utilize them in the formulation of their own Social Work programs. For this reason, this analysis focuses on information provided by the NUUZ's Social Work program. (For a list of sample courses provided by the National University of Uzbekistan, see Appendix A.10.)

**Table 5. Social work students in Uzbekistan by program<sup>7</sup>**

	<b>NUUZ</b>	<b>SamSU</b>	<b>FerSU</b>
<b>Total number of graduates over the past 10 years (2010-2018)</b>	166*	389	237
<b>Percentage (or approximate number) employed in the social sphere</b>	82% (137)	36% (141)	22% (53)
<b>Examples of places of employment</b>	<ul style="list-style-type: none"> <li>• National University of Uzbekistan</li> <li>• Republican Center for the Social Adaptation of Children</li> <li>• Mahalla Foundation</li> <li>• Nuroniy Foundation</li> <li>• Pension fund</li> </ul>	<ul style="list-style-type: none"> <li>• Higher education institutions</li> <li>• Children homes "Muruvvat"</li> <li>• NGOs</li> <li>• Department of Education</li> <li>• Republican Scientific and Practical Center "Oila"</li> </ul>	<ul style="list-style-type: none"> <li>• Mahalla Foundation</li> <li>• Barkamol Avlod</li> </ul>
<b>Percentage (or approximate number) employed in other areas</b>	7% (13)	31% (120)	Data not available
<b>Percentage (or approximate number) unemployed</b>	10% (16)	43% (128)	

<sup>7</sup> Data are provided by the Ministry of Higher and Secondary Special Education and the National University of Uzbekistan as part of this assessment. The training of social workers at the National University of Uzbekistan has been carried out since 2010.



According to the information provided by the departments implementing social work programs at their respective universities, there are sizeable numbers of students interested in studying social work. At the National University of Uzbekistan in Tashkent, 166 graduates matriculated from the Social Work program between 2010-2018. 82% of these are employed in social services agencies, such as the Mahalla Foundation, Nuronyi Foundation (an NGO for individuals with disabilities), and the pension fund. Samarkand State University has had 389 graduates since 2010, with employment at agencies such as Children’s homes “Muruvyat”, the Oila Center, and the Department of Education. Fergana State University has had 237 graduates, with employment at the Mahalla Foundation and the Barkamol Avlod centers, which are state centers for children’s recreational and extracurricular activities under the Ministry of Public Education.

Specialty subjects taught include Social Work with Individuals with Disabilities, Gerontological Social Work, Social Work with Children, and Social Work Policy/Practice with Government Bodies. Courses required as general subjects typically include History of Uzbekistan, foreign language courses, civil society, philosophy, sociology, information technology, and economic theory (Correspondence with NUUz, 2018).

Appropriateness of Western curricula and models is a consideration for the Uzbekistan context. Cultural and local considerations are imperative ethically and for local ownership and success (Gray, 2005; UNICEF & GSSWA, 2018). Between 2007 and 2010, around 250 child protection workers and academics in Uzbekistan engaged in a four-month training program on social work and obtained their diplomas from the Ministry of Higher Education (Ganieva and Kim, 2011). The modules were based on Western curricula but were adapted to the local context. This is one example of solid groundwork in social work that has already been laid in the country (see Appendix A.10).

According to existing curricula provided by NUUz, there are courses that cover the four conceptual domains of social work education as provided by IFSW (Domain of the Social Work Profession, Domain of the Social Work Professional, Methods of Social Work Practice, and Paradigm of the Social Work Profession). However, the Methods of Social Work Practice domain could be strengthened with more relevant courses, as well as the creation of courses that focus on the Domain of the Social Work Professional. Courses under this domain would encourage self-reflection, engage students in recognizing personal values and how these values contribute to or may hinder practice, provide an understanding of the complexities of power, and help students understand their role as future social work practitioners in a holistic way.

Table 6 summarizes the education issues that arose in this assessment.

<b>Table 6. Identified education issues</b>
<ol style="list-style-type: none"> <li>1. Lack of literature and resources in Uzbek and Russian language</li> <li>2. Lack of practice-focused curriculum</li> <li>3. Inadequate field opportunities</li> <li>4. Lack of SW faculty experience and preparation</li> <li>5. Workforce concerns, including lack of employment opportunities and understanding of the role of social work professionals</li> <li>6. Adherence to global standards as outlined by IFSW</li> <li>7. Need for greater access to high-speed internet and up-to-date computers</li> </ol>

A lack of textbooks, academic literature, and resources in both Uzbek and Russian languages was noted by students and faculty numerous times. The existing social work curriculum is heavily theoretical, with little focus on developing practice skills or gaining a hands-on understanding of social work and evidence-based practice. As a student at the National University of Uzbekistan stated, “It would be good if we are taught those courses/subjects that we can apply in practice. We don’t need that many general subjects that we never apply.”

Students stated that the existing opportunities for field work are not adequate for providing practice and that field instructors lacked supervisory skills. They also noted that supervisors seemed unsure of the role of social workers and social work students, leaving the students to do administrative work rather than direct practice.

**Focus group:** “The problem is that the workers in the field placements are not aware of social workers and their functions, they simply don’t know what work give to us during our practicum.” (Student, NUUz). “Sometimes we are asked in the field placements, who are you social workers, what do you do?” (Student, NUUz) “Last year I had a field education in the Youth Union. Basically, we did mostly administrative and paperwork, we did not learn any practical work with clients.” (Student, FerSU)

A common student concern was lack of employment opportunities after graduation.

**Focus group:** “I would like to note that starting from the third year all students have the same questions - where I am going to work when I graduate. There are no staff positions for social workers available, and the profession almost doesn’t exist. Therefore, among my friends who graduated from SW department, some of them are working in the pensions fund, and the rest are in the sales market.” (Student)

As stated by the faculty staff, the most common places for students’ employment are children’s institutions, local authorities, and centers of employment. However, many graduates are employed in commercial or other non-social service organizations.

### 3.6 Current Status of the Social Work Profession

To assess social work as the largest provider of social services globally, we evaluated the current status of the social work profession’s development using registration of the profession, reflection in the legislation, public awareness, and student perceptions as indicators.

- Social workers are not authorized by law as the main workforce in service provision as in other countries (as in Europe, Commonwealth of Independent States [CIS], Kazakhstan, Kyrgyzstan, and Tajikistan).
- The Uzbekistan Law on Social Services (2016) does not explicitly refer to social workers as the main professionals coordinating and implementing social services.
- Four types of social workers are included in the register of the professions: “social worker” with higher education; “social worker” with secondary special education – “social worker of the department of social aid in-home to people unable to work living alone”; and “social worker without any degree on in-home care of the elderly and people with disabilities living alone” (Resolution #795, 2017). This creates confusion and significantly decreases the prestige of the profession and its desirability to potential students.

- Meanwhile, there are titles in the register that require academic degrees that could be re-titled as social workers working with specific groups, such as specialists on pensions, specialists on child guardians, social pedagogues, and pedagogues on working with children and adolescents.
- The awareness about the social work profession is poor; its crucial role in developing, coordinating, and providing services for vulnerable populations is not fully understood by social sector stakeholders, including ministries, regional and district departments, administrators, and practitioners.
- Public opinions and discourse in mass media about social work is influenced by the old “Soviet” model of social workers as home assistants for elderly people. This affects negatively the development of social work as a profession and impedes strengthening the SSW.

### **3.7 Limitations**

Findings must be considered in light of a few limitations. Models, frameworks, and regulations defining the global SSW assessment, indicators, developmental strategies, and calls to action continued to develop as this assessment was conducted. A common language for indicators, while forming with the leadership of champions such as the GSSWA and UNICEF, is not yet agreed upon. Indicators need to take into account varying degrees of readiness and contextual differences of each country.

For this study we chose workforce indicators most relevant to Uzbekistan during this time period while there are additional titles, sectors, and job descriptions that may be utilized to capture different nuances beyond professional and paraprofessional roles in the future. This study sample was non-randomized but instead a convenient and purposive sample. To expand the potential generalizability of the findings we chose a comprehensive recruitment design using the ecological framework, but did not include all stakeholders or regions and is limited to three cities during a brief data collection period.

This study was primarily descriptive in design and future studies of SSW readiness could incorporate standardized instruments to capture predictors on multi-levels, moderators, and mediators of workforce development with greater rigor. Future assessment work regarding the participant’s current capacity to deliver social work functions is needed to more fully describe the workforce readiness to actually implement these functions.

Given that these data are self-reported, they can be affected by poor recall and potential response bias due to presenting in front of organizational colleagues in groups or in some cases in which translation of particular concepts was challenging. To reduce response bias, the data collection interviews were conducted jointly by the international team from CSSW and as well national staff from UNICEF or the Uzbek National Team with the assistance of an experienced professional translator. New studies that include more quantitative methods augmented with qualitative data from targeted subgroups and individual in-depth interviews could broaden generalizability.

## 4 MAIN CONCLUSIONS

### 4.1 National Regulatory Bodies and Framework for the SSW

**Many overlapping stakeholders are involved in the social service system for families, children, and youth welfare. There is no primary governmental agency responsible for family and child welfare.**

Currently in Uzbekistan at least 13 governmental and non-governmental structures at varying organizational levels share social welfare responsibilities for vulnerable populations and employ different occupational types of the SSW (see Table 2).

Vulnerable families, children, youth, women, people with disabilities, and elderly people are the main target populations, including low-income families, single parent, unemployed, migrant families, individuals with disabilities or health issues, victims of domestic violence and abuse, and trafficking, children without parental care, children and youth in conflict with the law, at-risk youth, formerly incarcerated people, and others.

Governmental stakeholders have a unified multi-level hierarchical structure with national and regional coordination and oversight functions provided to district and lower levels. On the other hand, governmental stakeholders are strengthening the multiagency coordination through the formation of various interagency commissions and councils on social issues, which operate on the grassroots level (mahallas), on the local authorities (district and regional khokhimiyats) and highest national levels (Cabinet of Ministers and President's Office).

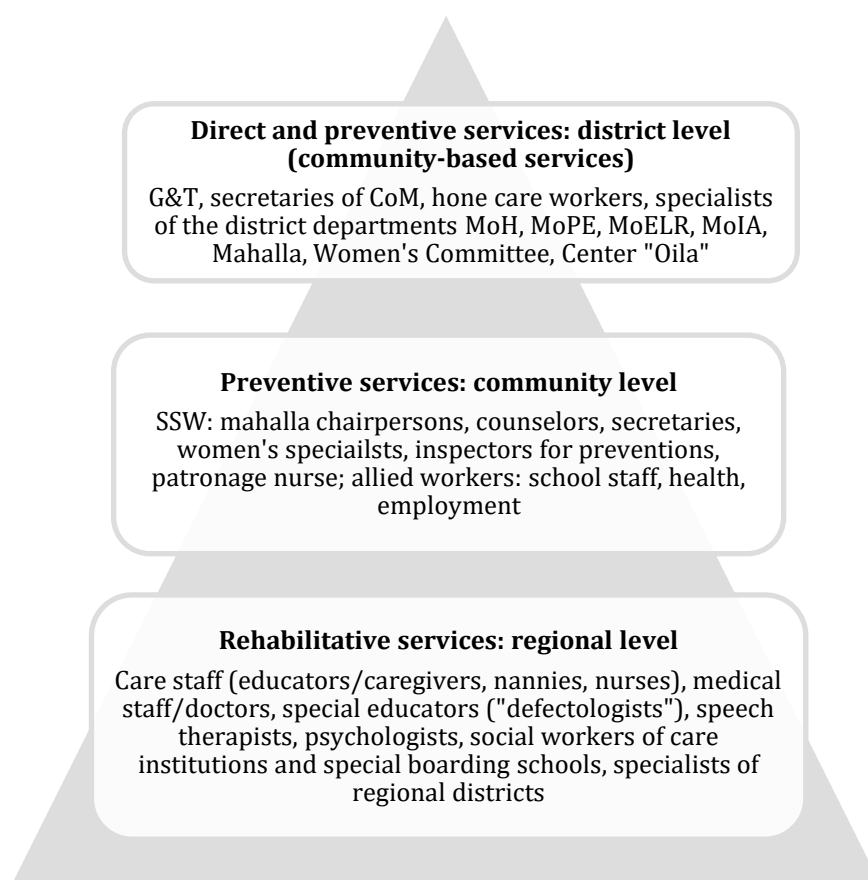
However, since there is no major government stakeholder responsible for family and child social welfare, multiple structures on different levels are involved and deliver specific services for this group within their own mandates. For instance, Ministries of Education and Health provide child protective services to children without parental care and/or with disabilities, or from vulnerable families affected by economic hardships, health issues, or migration. The Ministry of Employment, Mahalla, and Women's Committee are responsible for poverty reduction programs for low-income and unemployed families and women, mainly through support with employment, entrepreneurship, cash assistance, and housing programs. Ministries of Internal Affairs, Education, and Commission of Minors, with involvement of Mahalla, WC, and other stakeholders, address criminal offences and at-risk behavior among children and youth (and women), many of whom indeed are coming from socially disadvantaged families.

Thus, socially vulnerable families and their children are the target population by various agencies with different regulations and mandates. As a result, various types of social support services are provided to vulnerable families by different stakeholders without coordination, likely compromising the effectiveness and efficiency of services.

### 4.2 Nationwide Composition of the SSW (Titles, Functions, Levels)

**Current SSW is sizable yet fragmented, dispersed across stakeholders, and represented by numerous functions, professionals, paraprofessionals, and allied workers. The composition of the current SSW per level and types of services is disproportionate: The greatest portion is represented by employees of rehabilitation and care institutions, and the smallest part is composed of the specialists providing direct services in the district community-based services for vulnerable families. The local community level preventive SSW consists of a large number of untrained paraprofessional workers.**

**Figure 15. Diagram of the current composition of the SSW**



#### **Preventive services: Community level**

**The main SSW on a local community level includes mostly paraprofessional workers who lack formal training and supervision to adequately provide social support services to vulnerable populations.**

Among them are mahalla administrative staff (chairperson and secretary), volunteering counselors on youth and elderly/disability and other issues, WC specialists on working with women, inspectors for prevention of the mahallas strongholds (MoIA), and patronage nurses from family polyclinics (MoH). These workers with support by other stakeholders are supposed to identify socially vulnerable families and intervene to address social issues, including economic hardships, divorces and conflicts in families, unemployment, disabilities, health issues, domestic violence, and mental health (and risk for suicides).

The role of Mahalla as a robust community structure to deliver preventive services for vulnerable populations has increased drastically over the last few years. Mahalla staff has been expanded, professional requirements strengthened, and the scope of work extended. However, the scope of functions that mahalla workers need to perform is somewhat overwhelming and seems to be beyond their professional competencies and capacity. Mahalla staff lack relevant training, competencies, skills, and professional standards. This results in performing their work often based on personal experience or opinion rather than using professional judgment. Without the guidance of trained social service providers, especially social workers, the mahalla

institution is not properly equipped to address the issues of gender-based violence, mental health/risk for suicides, child abuse, substance misuse, and others.

#### **Direct and preventive services: District level (community-based services)**

**The district level governmental SSW that provide professional social services directly to vulnerable families is very limited due to the lack of community-based services for families and children in general. The number of specialists of various district departments has been increased over the last few years, but their roles and functions in working with target groups are not precisely defined; many of them maintain administrative and coordination functions. There are no social workers among the professional SSW on a district level that would provide professional support to the SSW in local communities.**

The cohort of professional workers on a district level is represented by specialists of various allied fields working directly with target populations or fulfill supervising and administrative functions. Even though they are not called “social workers,” they fulfill to a certain extent the functions of social workers. These are specialists of Guardianship and Trusteeship bodies (former SPON), secretaries of ICoM, inspectors for employment (MoEL), specialists on youth and elderly of Mahalla, Women’s Committee, and Oila Centers. A higher educational requirement for these titles is required; however, none of the titles require education in social work, even though for child protective specialists (G&T) it has been a continuing recommendation by RCSAC experts and UNICEF consultants. Two thousand paraprofessional home care attendants, called “social workers”, is a large workforce serving specifically the elderly and people with disabilities living alone along with other paraprofessional care, medical, and educational staff of specialized schools and kindergartens for children with mental and physical impairments and developmental delays.

#### **Rehabilitative services: Regional level**

**The SSW of care in institutional and medico-social rehabilitation facilities, including children’s homes, specialized rehabilitation, and correctional boarding schools and KGs for children without parental care, children with disabilities or various types of disorders and health problems, and children/youth at risk, run by MoH, MoPE and MoPrE, is the largest SSW of all levels and types of services. The number of professionals in the SSW (i.e., psychologists, special educators, pedagogues, and social workers) is proportionally lacking, and social workers comprise the smallest portion among the SSW professional occupations in the institutions.**

The largest portion of the institutions' workforce is care and technical staff. Medical doctors and “defectologists” (special educators) are the most common SSW titles in the care and medical rehabilitation facilities for children with special needs and disabilities.

Social workers in children’s institutions experienced continuous challenges, including the following: high workload; absence of professional guidance, tools, and supervision; low salaries; and staff burnout and turnover. Related to low pay, the benefits received by other specialists working in children’s institutions, such as medical doctors, pedagogues, special pedagogues, psychologists, and other pedagogical staff, are not available for social workers due to the category and rate associated with their titles. This demotivates current staff and reduces the likelihood of social work graduates applying for positions. High workload and caseload, administrative bureaucracy, and paperwork limit social workers in their ability to

provide direct psychosocial services to the children, such as psychoeducation groups or mental health counseling. Availability of professional standards, guidance, and tools for social workers is extremely limited. The RCSAC is the sole organization that provides professional support, supervision, and capacity building to social workers of children's homes.

**The SSW on the regional and national managerial levels**—specialists of respective departments—do not provide direct services but rather hold monitoring, research, administrative, and programming roles. At least Master's level degree education is required for these posts, but most of the national specialists' specialties are in health, pedagogy, special education, psychology, and other fields. Only one specialist from a ministry department interviewed for this assessment had a Master's level social work degree from the local university.

The number of big institutions for children left without parental care and with disabilities, the overwhelming number of boarding schools for children with special needs, and the small proportion of professional SSW staff compared to medical and service personnel in these institutions indicate that **the institutional medical model of child care inherited from the Soviet social system is still prevalent in the child protection system. The process of deinstitutionalization and the transformation of large institutions into various types of alternative care and family-based services remain limited. This gap often results in decisions to place children from socially disadvantaged families affected by multiple social issues into state institutions. Due to the lack of the community-based social services for family preservation, untrained community workers and unstaffed specialists of G&T and CoMs may continue to favor institutionalization. Similar decisions regarding children with disabilities may be made by the members of medico-psycho-pedagogical commissions (PMMC, MPPC).**

Institutional care has been shown to be harmful to children and family well-being in the long-term, and it is more expensive than community-based services for vulnerable families and children. **Re-shaping the composition of the SSW to strengthen the capacity to work directly with vulnerable families needs to be done alongside transformation of the child care system.**

### 4.3 SSW's Roles, Functions, and Professional Standards

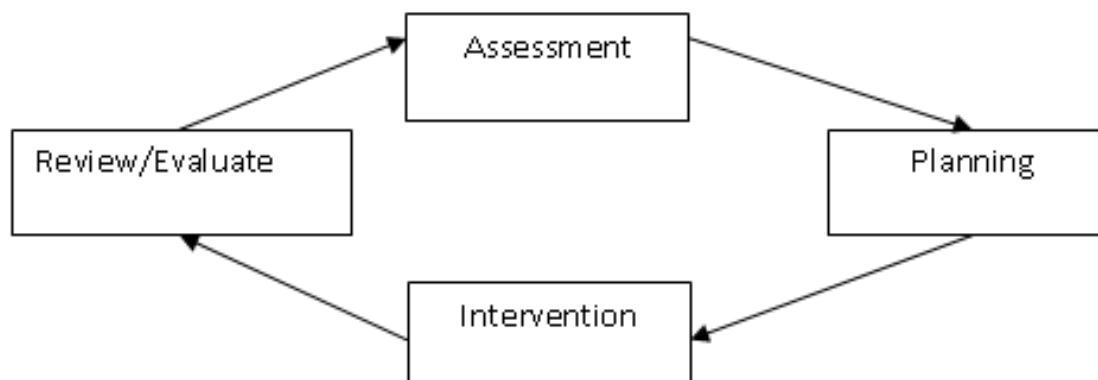
<p><b>The SSW is assigned numerous social functions but is most often left without proper professional guidance, standards for working with vulnerable families, and support needed from trained supervisors.</b></p>
---

In general, the roles and functions of the SSW in the government sector include administrative functions and some direct social services, such as identification and assessment of vulnerable populations, referrals and assisting in service provision, family counseling, psychological counseling, special education services, mental health assessment, social, legal, and employment support, crisis interventions, and child protective services. However, for some of the SSW the scope and number of functions appears unrealistically broad (e.g., specialists of G&T, CoM, women's specialists) and/or the caseload is too high (e.g., social workers, psychologists in children's institutions).

Secondly, the functions of the SSW worker are often fragmented and may not cover the process of working with clients, such as assessment (identification and assessing client's needs guided

by an ecosystems perspective and using evidence-based screening and diagnostic tools for social and mental health issues), planning (compiling the service plan), intervention (service delivery), and monitoring and evaluation of progress as shown in Figure 16.

**Figure 16. Phases of social work process with clients**



The evidence-based cycle and approach of working with clients as depicted in the diagram above is utilized by social and human services' workers all over the world, yet is not fully introduced in the context of Uzbekistan SSW functions. As a result, some services are provided to vulnerable families without proper assessment of their needs, some needed services are not provided at all, and service coordination is lacking.

**Among the assessed governmental stakeholders, none reported using a case management approach. Standardized tools that would guide workers in the process of assessment, planning, service provision, and monitoring are missing or incomplete.**

In general, all practitioners that participated in this study expressed a great need for professional guidance and tools on engaging with clients, assessing their needs, making decisions and developing service plans, identifying the symptoms of mental health problems, interventions for specific target populations, and related topics.

Supervision is a critical issue for SSW practitioners working directly with clients. Clinical supervision (i.e., supervision on direct practice with clients) is not yet required and is missing due to a lack of trained supervisors that could serve in this capacity.

#### **4.4 Social Work Education and Accredited Short-Term Courses**

**Social work education is not effectively linked to the social service system and does not yet meet the full training needs of SSW personnel. Social work education is not available in all regions of Uzbekistan. Existing curricula lack the development of direct practice competencies; specialization of social work with the various group of vulnerable populations, and or fields of practice is not yet diversified; social work educators lack the needed knowledge and skills of teaching social work. A field education model is underdeveloped and limits opportunities to build student competences.**



Currently, only four regions in Uzbekistan have universities implementing undergraduate programs in social work: Fergana and Samarkand State Universities (from 2005), National University of Uzbekistan (from 2010), and Namangan University (2018); the only Master's program in opened in NUUZ in 2016. NUUZ is a leading university in the field of social work.

Social work education is still a young and emerging field in the academic system. Social work educators come from different fields, are not adequately experienced to teach social work classes, and desire mentorship. Due to human resources constraints and limitations in curricula design, social work education lacks opportunities for students to build social work practice skills and competencies in working with clients.

A field education model is poorly developed and limits students' opportunities to build competences. Field education hours are insufficient, which limit students' opportunities to learn and practice. The universities experience problems finding field placements with qualified field instructors and supervisors. The most common places for field education of the current students is NGOs, such as RCSAC and SOS CV. Governmental social service organizations rarely provide students with the opportunity to observe and learn direct practice with clients.

Specialization at the Master's level is not diversified. Only *social work with families and children* is available. Other specializations, like working with clients with disabilities or elderly people and so on, are not introduced or are in early stages due to the lack of availability of social work positions in the system and lack of requests from social service stakeholders on expanding social work education.

A social work re-training course for practitioners in the child welfare system was implemented in the higher education system from 2007 through 2010. The course proved effective according to a number of UNICEF evaluations but was not renewed after 2010. Several focus group participants in Tashkent, Samarkand, and Fergana had graduated from the accredited short-term social work program (re-training) in 2007-2010. They highlighted the importance of the re-training course for their professional identity and career. **Considering the lag in developing social work academic education, the accredited short-term program on social work seems to be an interim solution to increase the number of social workers and re-train existing SSW professionals.**

All of the government stakeholders included in this assessment have in their structures regional and/or national training centers for staff (these are training centers in MoH, MoPE, MoIA, MoELR, General Prosecution Office, Mahalla, and Center Oila). Training on social work with vulnerable populations has not been introduced in the curricula for the respective SSW functions, except of the excellence centers of Center "Oila." They have organized professional development trainings for WC specialists on working with women. The "Avloni" training institute of MoPE delivers professional development trainings for specialists on child protection (G&T) and SSW of children's institutions on a regular basis. Both training programs have been developed and are delivered with support from the RCSAC and UNICEF.

#### **4.5 Current Status of the Social Work Profession in Uzbekistan: Professional Associations Recognized and Approved by the Government, Codes of Ethics, and Licensing Regulations for the SSW**

**The social work profession is not appropriately defined by statutory regulations; social workers are not recognized as the main social service provider; the educational requirements for the social work profession are confused in the state register. There is no common framework for the SSW professional code of ethics. Registration, certification, and licensure are not yet introduced for any of the SSW occupations.**

The Uzbekistan Law on Social Services (2016) does not explicitly refer to social workers as the main professionals coordinating and implementing social services. Social workers are not acknowledged as the main workforce in service provision, as in other countries (as in Europe or Commonwealth of Independent States [CIS], i.e. Georgia, Ukraine, Kazakhstan or Kyrgyzstan).

Three types of social workers are included in the register of the professions: “social worker” with higher education; “social worker” with secondary special education – “social worker of the department of social aid in-home to people unable to work living alone”; and “social worker without any degree on in-home care of the elderly and people with disabilities living alone” (Resolution #795, 2017). This creates confusion and significantly decreases the prestige of the profession and desirability to potential students. Meanwhile, there are some titles in the registry that require academic degrees that could be re-titled as social workers providing services with specific groups, such as “specialist on pensions”, “social pedagogues”, and “pedagogues on working with children and adolescents.”

Educational standards for SSW professionals, such as psychologists, special educators, and social workers, are being approved by the Ministry of Higher Education. Some standards are provided by state regulations or internal regulations of respective service providers. Professional associations, such as the Association of Psychologists and Association of Defectologists (special educators), existing in Uzbekistan are not authorized to provide regulations, professional standards, or a code of ethics for practitioners. Social work in Uzbekistan is not regulated by any professional associations. There is no common framework for a professional ethics code for the SSW. Registration, certification, and licensure are not introduced for any of the SSW occupations. The diploma or certificate is the only formal requirement for employability for the delivery of social services.

#### **4.6 Awareness about Social Work**

**Awareness regarding the social work profession is poor; its crucial role in developing, coordinating, and providing services for vulnerable populations is not fully understood by social sector stakeholders, including ministries, regional and district departments, administrators, and practitioners.**

Often opinions about social work are influenced by the “Soviet” model of “social workers” as home assistants for elderly people. This negatively affects the expansion and professional development of social work and strengthening of the SSW. The breadth of social work’s contribution to the science of human services and organizational and policy development is not yet acknowledged and offers a great opportunity for growth and implementation in Uzbekistan.

## 5 RECOMMENDATIONS

### **Recommendation #1: Introduce an Agency or Department of Child and Family Welfare.**

To increase efficiency and quality of social services for vulnerable families, women, children and youth, it would be advisable to consider creating an Agency of Children, Youth, and Family Welfare (or Department of Families, Women, Children, and Youth) and transfer social service responsibilities related to families and children to this entity. In particular, the programs listed below could be implemented by the Agency.

- Child protective services (guardianship and trusteeship) (address child abuse and neglect, including implementing a registry and mandated reporting procedures, alternative care—adoption, foster care)
- Early childhood and disability services (child early development, rehabilitation, community-based services for people with disabilities to prevent placement in the boarding schools and Muruvvats)
- Family support services (preventive community based-services for families, family preservation, prevention of child abandonment)
- Family assistance (cash assistance, insurance)
- Children and youth at-risk prevention services (community-based programs for children and youth-at-risk)

Additional programs could fall under the Agency, such as preventing and addressing gender-based violence and trafficking among young women, mental health issues among adolescents and youth, and substance misuse among youth, depending on the needs of the target group.

The Agency can operate as an independent entity within a chosen governmental stakeholder or as a separate structure with full responsibilities and mandates. The Agency would coordinate/ implement assessing the needs of the target group, lead reformation of existing institutional care and medical rehabilitation services, and promote evidence-based and culturally adapted community preventive and specialized rehabilitative services for families and children. It would ensure quality services through monitoring and evaluation. The Agency would be responsible for planning, developing, and supporting the SSW and would develop professional requirements, standards, guidelines, and protocols that are utilized globally in social work practice with vulnerable populations. The Agency would continuously support the SSW through professional supervision and capacity development training. Qualified social workers on macro, exo, meso, and micro levels would be employed and supported by the Agency. The Agency would collaborate with other ministries and service providers to coordinate provision of a full range of family services by utilizing common frameworks and interdisciplinary protocols (e.g., needs assessment framework, case management standards).

Center “Oila”, Women’s Committee, RCSAC, and SOS Children’s Villages, and other partners should be involved in setting up the Agency for Families, Children, and Youth. Some global examples of similar agencies are listed below.

- Administration for Children and Families in the Department of Health and Human Services (USA)
- Ministry of Children and Family Development (British Columbia, Canada)
- Division “Families and Children” of the Department of Social Services (Australia)

- Department of Childhood, Youth and Family Affairs of the Ministry of Children and Equity (Norway)
- Department of Children and Youth Affairs (Ireland)
- Department of Social Protection of Families and Children (Kyrgyzstan)

**Recommendation #2: Build a national network/alliance on SSW strengthening with involvement of social sector stakeholders.**

Due to the large and fragmented SSW system and distribution across numerous stakeholders, building a National Network/Alliance on strengthening the SSW is highly advisable. The SSW Network should involve governmental and non-governmental stakeholders of the social sector, academic institutions, international organizations, and professional associations.

The Network/Alliance would develop the national strategy (roadmap) of planning, developing, and supporting the SSW, including the sectors of health, education, employment, social protection, child welfare and protection, family/women/youth support, and other domains. The SSW Network would be a platform to discuss strategy and implement a plan for SSW strengthening jointly. The network would advocate for policy reforms. It would be a liaison between the Global Alliance of Social Service Workforce (GASSW) and provide national stakeholders with recent research, tools, and protocols regarding capacity building of the SSW.

**Recommendation # 3: Map and assess the needs in social services and identify the services and SSW cadre required.**

The next essential step for stakeholders is to conduct mapping and assess needs in social services in consideration of regional contexts and urban-rural areas. The social service needs mapping results will further define needs in each sub-sector of the SSW, their composition, and number. (See Figure 17.) Further, the needs assessment will guide the reduction of existing institutional types of services, their transformation into more effective types of alternative care, and the increase of community-based services for families and children.

The service needs assessment and mapping will also provide information about access to services, especially in rural areas and for the most vulnerable groups, and of the multiagency coordination between service providers. In-depth information from service consumers will need to be an essential part of the assessment.

**Figure 17. Preferred composition of the SSW**



**Recommendation #4: Revise educational and professional requirements of SSW cadres.**

Using results from the current assessment, stakeholders are encouraged to assess further the human resources delivering social services to vulnerable populations and revise their job profiles, educational and professional requirements, titles, and workload/caseload.

In particular, the revision of profiles of the functions below is recommended.

- Specialists on social protection of children (G&T bodies, MoPE)
- Secretaries of CoM (Prosecution Office)
- Specialists on working with women in mahallas (WC)
- Inspectors for prevention in mahallas (MoIA)
- Chairpersons and secretaries of mahalla committees
- Specialists on youth and elderly/disabilities in district and regional Mahalla
- Specialists of working with youth of district MoIA
- Specialists on working with women and families of district and regional MoELR, WC and Center Oila
- Medical and psycho-pedagogical staff of children's institutions specialized boarding schools

Introducing a requirement on education in social work or related fields or completion of re-training courses on social work for professional SSW workers would be essential to further strengthen the SSW (e.g., specialists on social protection of children, inspectors for prevention in mahallas, and specialists on youth, women, employment and other of district and regional departments). Introducing requirements to complete training courses on social work for paraprofessional workers is highly recommended (e.g., specialists on working with women in mahallas). The professional requirements for SSW frontline workers should include knowledge of social policy programs and social issues, skills of engagement, conducting complex psychosocial assessment using evidence-based screening and diagnostic tools that are guided by an ecosystems perspective, making decisions based on professional judgment, ethics, and values in working with clients, interpersonal skills of coping with stress and trauma, and coordination and facilitation skills.

**Recommendation #5: Further align education and training with the global standards and efforts to strengthen SSW.**

Social work education should address the gap in cadres in the social services and provide the field with qualified and well-trained graduates at Bachelor and Master's levels. **Social work academic education needs strengthening and diversifying in accordance with the global educational standards, evidence-based practice, and the needs of the social service system.**

According to the Global Standards for Education and Training of Social Work Professions (IFSW, 2012), social work education must include the following major themes:

- 1) The school's core purpose or mission statement;
- 2) Program objectives and outcomes;
- 3) Program curricula including field education;
- 4) Core curricula;
- 5) Professional staff;
- 6) Students (admission, participation, diversity and inclusiveness);
- 7) Structure, administration, governance, and resources;

- 8) Cultural and ethnic diversity and gender inclusiveness; and
- 9) Values and ethical codes of conduct of the social work profession.

**The competencies-based social work curricula should be designed following the global standards.** The core competencies (measurable outcomes) of social work education need to be defined for social work education on undergraduate and graduate levels. They should include such competences as the ability to demonstrate ethical and professional behavior, advocate and advance human rights and social justice, and engage, assess, intervene, and evaluate practice with individuals, groups, organizations, and communities.

**To be aligned with social work education globally, social work education in Uzbekistan needs to promote Evidence-based Practice (EBP) and evidence-informed practice so that social service system could utilize the most effective interventions<sup>8</sup>.** There is a need to strengthen social work training with individuals and groups, children, youth, women, and the elderly, and on social work interventions for domestic violence, mental health, chronic and terminal illnesses, physical and learning disabilities, suicide prevention and response, stigma, and other areas.

Social work programs need to be introduced in universities throughout all regions. This may require a phased approach and utilization of a mentoring approach between universities. Expanding Master level programs and specializations in working with vulnerable groups will be expected as well. Social work and domestic violence, social work with youth, social work with communities, social work in schools, and social work in criminal/juvenile justice are prominent fields of future specializations.

Social work education in Uzbekistan is desperately lacking academic resources, including internet access, textbooks, research papers, and articles. Students need to be provided with relevant written resources and materials for their courses. Textbooks, case studies, and resources on diagnostic criteria and evidence-based interventions should be available in the local languages. Since most of the literature and resources are available in English, it might be advisable to introduce English language in the admission requirements and include the required and recommended literature for social work classes in the English language.

#### **Recommendation #6: Enhance field education and exchanges for students and faculty.**

Increasing the role of field education within the social work curriculum is vital for students' progressive development of necessary competencies, practice skills, and professional identity to enter the SSW. A fundamental revision of the field education model is needed with the involvement of the ministry of higher education, universities, and social service providers.

Field education instruction should give students an adequate number of practice hours that are outlined in course schedules on a semester basis, including time set aside for supervision and reflection, with supplemental supervision provided through the University if there is not a qualified supervisor at the student's field agency. Field agencies chosen should have the

---

<sup>8</sup> According to the National Association of Social Workers (NASW), "EBP is a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services...These are interventions that, when consistently applied, consistently produce improved client outcomes."

capacity to provide hands-on practice in relevant settings. In order to do this, first-time supervisors should be trained in field instruction and supervision through a University-developed training. (See Appendix A.14.) To address the gap in qualified field instructors, universities, with support from local and international experts, are recommended to organize on a regular basis a certified training for field advisors to ensure the quality field education of social work students.

**Building strong and continuous collaboration with recognized international schools of social work by local universities is essential for further development of social work education.** Local social work educators are recommended to work closely with recognized international schools of social work and ensure that curricula reflect accumulated global knowledge in social work theory and best practices, and local knowledge and specificity. Organization of continuous systems of professional development for social work educators and the opportunity for exchange visits between the schools of social work in and outside the region would contribute to enhancing social work education. It is recommended to involve in social work teaching professors from leading social work schools in other countries as well as those local cadres who studied abroad in social work and/or related fields.

**Recommendation #7: Further professionalize the social work workforce and SSW.**

National social service stakeholders should advocate for enhancing the statutory legislative framework acknowledging social workers as the key cadres of the SSW. Accordingly, social work and other occupations should be revised in the register of the profession; the requirements to be revised in accordance with the global standards (e.g., the academic degree must be mandatory). According to the GASSW, registration, certification, and licensing are indicators of a strong SSW. Since none of them are implemented in Uzbekistan, the national Network/Alliance of the SSW in collaboration with other professional associations is highly recommended to start the process of introducing models of certification and licensing of professional and paraprofessional SSW cadres.

**Recommendation #8: Support the capacity of professional SSW through continuing education. Implement in-service training on social work on the premises of the centers of excellence of higher education and other stakeholders (e.g., Center “Oila”, Avloni Institute).**

Restoring the accredited short-term program on social work for personnel of the social and child protection system successfully implemented in 2007-2010 is highly recommended. National team with the support by CSSW consultants would revise and update the curricula in accordance with the recommended curricula listed below.

1. SW introduction
2. Foundations of social work
3. Legal framework of social work
4. SW practice with children and families (including young families)
5. Child welfare and child protection (child at risk, child welfare, services)
6. Social work practice and domestic violence
7. Social work practice and disability and mental health
8. SW and mental health
9. SW and criminal/juvenile justice
10. SW with youth

11. Social work with contemporary social issues (e.g., HIV, TB, refugees, trafficking, migration, substance misuse)
12. Management and supervision in social work

**Recommendation #9: Support paraprofessional SSW through professional development training.**

Considering many paraprofessional frontline workers in local communities whose roles and functions have been strengthened by recent regulations, it is of utmost importance to develop and organize various professional development training for this group of co-workers. The training needs to be designed to build core competencies that are specified in job descriptions. Elements of a recommended program are listed below.

- Ethics in working with clients
- Developing skills of working with individuals, families, and communities
- Identifying vulnerable populations at risk, including vulnerable children and families
- Establishing a relationship with those in need of service
- Assessing strengths and needs based on eco-systems perspective
- Developing service plans
- Providing supportive counseling or psychosocial support, especially in times of crisis
- Linking clients to services and following up through case management
- Providing ongoing support and problem solving
- Documenting service needs and service provision

**Recommendation # 10: Support the SSW with supervision.**

Numerous studies demonstrated the importance of professional supervision of the SSW frontline workers for dealing with difficult cases, discussing ethical dilemmas and issues, addressing emotional burnout issues, and their professional development. National stakeholders need to start creating a system of professional supervision. It can be reflected in the licensure model, in specialty supervision training and in the respective regulations regarding the SSW.

**Recommendation #11: Provide the frontline workforce in the social service system with supportive working conditions, motivating incentives, and measures to highlight potential signs and symptoms of burnout and vicarious/secondary trauma and ways to mitigate.**

Revision of workload and caseload of frontline SSW's functions working directly with families is needed to ensure the quality of services and prevent staff burnout and turnover. Workload and caseload must be reasonable and manageable. Guidelines on the management of workload and caseload for SSW practitioners that exist globally may be used by service providers. Local and international consultants might assist in defining reasonable work- and caseloads.

Caseload refers to the number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region). In contrast, workload refers to the amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes



a worker to (1) do the work required for each assigned case and (2) complete other non-casework responsibilities.

**Recommendation #12: National stakeholders should discuss the possibility of creating and supporting a National Association of Social Workers and Social Service Workforce.**

A national professional association can help legitimize social work and increase the professionalism of human social services. Even though social work needs to be the main workforce in social services, it is highly recommended to include in the association the paraprofessional SSW and allied professional occupations to ensure using common framework and language in developing the code of ethics.

**Recommendation #13: Raise awareness about social work among the public and stakeholders.**

National stakeholders, including the national team on social work, social work students, educators and professionals, and key social service providers, are recommended to develop and implement a strategy on raising awareness about social work and the SSW among the public. The following steps could be considered (Masiulienė, Looney, Aertgeerts, & Greef, 2015):

- Setting objectives;
- Identifying the target group/audience;
- Identifying tools and channels;
- Identifying partners and networks;
- Identifying sources of funding;
- Developing and promoting a campaign on raising awareness about social work; and
- Monitoring and evaluating the success of the campaign.

## 6 REFERENCES

- Ajduković, M., & Sladović, F. B. (2005). Behavioural and emotional problems of children by type of out-of-home care in Croatia. *International Journal of Social Welfare*, 14(3): 163–175.
- Bronfenbrenner, U. (1981). *The ecology of human development*. Cambridge: Harvard University Press.
- Bunkers, K., Bess, A., Collins, A., McCaffery, J., & Mendenhall, M. (2014). *The composition of the social service workforce in HIV/AIDS-affected contexts*. Washington, DC: Capacity Plus/IntraHealth International.
- Columbia University School of Social Work, Social Intervention Group (CSSW). (2017). Uzbekistan Social Work Education for Excellence Project (USWEEP): Technical proposal revised. Invitation number LRPS- 2017- 9136752 submitted to UNICEF.
- Concept/Vision for the Child Care Reform in Uzbekistan (Concept Paper). (n.d.). Retrieved from L. Kim.
- Consultants of the Center for Fiscal Policy. (n.d.). Situation analysis of children in selected institutions of the Republic of Uzbekistan. Report to UNICEF.
- Crenson, M. A., & Crenson, M. A. (2009). *Building the invisible orphanage: A prehistory of the American welfare system*. Harvard University Press.
- Decree of the President of the Republic of Uzbekistan. (2017). On the strategy for the further development of the Republic of Uzbekistan. Retrieved from [http://uzsm.uz/en/press\\_center/uzb\\_news/on-the-strategy-for-the-further-development-of-the-republic-of-uzbekistan/](http://uzsm.uz/en/press_center/uzb_news/on-the-strategy-for-the-further-development-of-the-republic-of-uzbekistan/)
- Dumaret, A., Donati, P., & Crost, M. (2011). After a long-term placement: investigating educational achievement, behavior, and transition to independent living. *Children & Society* Volume 25, 215–227.
- Ganieva, M. & Kim, L. (2011). The development of social work in Uzbekistan: Characteristics, challenges & successes. In S. Stanley (Ed.) *Social Work Education in the Asian Hemisphere* (pp. 579-598). UK, USA: Nova Publishers.
- Global Social Service Workforce Alliance (GSSWA). (2015). Para professionals in the social service workforce: Guiding principles, functions and competencies. Retrieved from <http://www.socialserviceworkforce.org/resources/para-professionals-social-service-workforce-guiding-principles-functions-and-competencies>
- Gray, M. (2005). Dilemmas of international social work: paradoxical processes in indigenization, universalism and imperialism. *International Journal of Social Welfare*, 14(3), 231-238.
- Hare, I. (2004). Defining social work for the 21st century: The International Federation of Social Workers' revised definition of social work. *International Social Work*, 47(3), 407-424.

International Federation of Social Workers (IFSW). (2014). Global definition of social work. IFSW General Meeting and IASSW General Assembly. Retrieved from <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>

International Federation of Social Workers (IFSW). (2012). Global standards. IFSW General Meeting and IASSW General Assembly. Retrieved from <http://ifsw.org/policies/global-standards>

Marat, E. (2009). Labor migration in Central Asia: Implications of the global economic crisis. Silk Road Studies Program, Institute for Security and Development Policy.

Masiulienė, L., Looney, J., Aertgeerts, H., & Greef, M. D. (2015). *The key features of successful awareness raising campaigns*. Brussels, Belgium: European Literacy Policy Network.

National Association of Social Workers (NASW). (n.d.). Evidence-based practice: NASW practice snapshot. Retrieved from <https://www.socialworkers.org/News/Research-Data/Social-Work-Policy-Research/Evidence-Based-Practice>

National Association of Social Workers (NASW). (2014). NASW code of ethics. Retrieved from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Oxford Policy Management (OPM). (2018). Investment in a strong social service workforce will transform people's lives in Europe and Central Asia: A call to action. Retrieved from communications with UNICEF.

Pearson, R., & Bess, A. (2017). UNICEF social service workforce strengthening strategy to prevent and respond to violence, exploitation and harmful practices against children. Draft report retrieved from L. Kim.

RCSAC. (2016). РЕСПУБЛИКАНСКИЙ ЦЕНТР СОЦИАЛЬНОЙ АДАПТАЦИИ ДЕТЕЙ (РЦСАД). Retrieved from <http://rcsad.uz>

Sammon, E. M. (2017). The child protection system in Uzbekistan: Now and in the future. Report commissioned by the UNICEF Uzbekistan Country Office. Retrieved from [https://drive.google.com/drive/folders/1o0AbnUUKvuDY8XeFpeAJyXNYvAKN\\_X-N?ogsrc=32](https://drive.google.com/drive/folders/1o0AbnUUKvuDY8XeFpeAJyXNYvAKN_X-N?ogsrc=32)

SOS Children's Villages Uzbekistan. (2017). Who we are. Retrieved from <http://sos-kd.uz/en/kto-my/index.htm>

State Committee of The Republic Of Uzbekistan On Statistics (2018). Demographic situation. <https://www.stat.uz/en/>

UNICEF & the Global Social Service Workforce Alliance (UNICEF & GSSWA). (2018). State of the social service workforce in South Asia. Retrieved from [https://drive.google.com/drive/folders/1ZeQQ-1\\_FTvfTIum8f0pnmOzQOUXPKx2h](https://drive.google.com/drive/folders/1ZeQQ-1_FTvfTIum8f0pnmOzQOUXPKx2h)

## **7 APPENDIX**

All referenced appendices can be found in the accompanying document, “The Social Service Workforce (SSW) in Uzbekistan: Full Appendix.” The contents are as follows:

- A.1 Key Relevant Documents
- A.2 Interview Questions
- A.3 Social Work Functions Survey
- A.4 Interview and Focus Group Protocol
- A.5 Detailed Description of Sample (Focus Groups and Questionnaire)
- A.6 Statutory Social Service Providers per Governmental Body and Level
- A.7 Legislative Regulations
- A.8 Types of Services, Roles, and Functions of the SSW per Level of Intervention
- A.9 List of Conducted Focus Groups, Interviews, and Meetings
- A.10 Sample Social Work Courses (National University of Uzbekistan)
- A.11 Global Social Work Competencies
- A.12 Sample Social Work Baccalaureate Curriculum – United States
- A.13 Sample Social Work Master’s Curriculum – United States
- A.14 CSSW Sample Master’s Program Curriculum, Field Education and On-line learning
- A.15 Professional versus Paraprofessional Titles (be level)