

# Preventing and Responding to Child Abandonment at Hospitals

## VIDEO SUMMARY

Hospitals and health centres are a key site for child abandonment, particularly in instances where a child is born with a disability, congenital illness or in the case of unplanned pregnancies. This is often due to multiple stressors experienced by families coupled with shock and a lack of information about disability or congenital illness and/or stigma, which results in families feeling overwhelmed and unable to provide care.

In this two-part video, Sorn Sokchea discusses the medical social work program run by Angkor Hospital for Children in Cambodia, that aims to prevent and respond to child abandonment with the goal of strengthening families to provide adequate care for their children.

In part one, Sokchea shares insights from the social work unit's key learning around what leads to abandonment, how to work with families to identify and solve underlying issues, how to engage and communicate with families and how to identify risk indicators for abandonment.


In part two, Sokchea shares insights on how to conduct family tracing in the event abandonment has already occurred, including identifying leads and key sources of information.

## DISCUSSION TOPIC


### Cultural norms and beliefs

In the video, Sokchea connects the issue of abandonment to cultural norms and beliefs; both in terms of understanding the causes of abandonment and effective ways to engage and communicate with families to support reunification. He recognises how critical this is to success as parents' attitudes and behaviour in response to their circumstances are heavily influenced by beliefs and cultural norms. Related to this, Sokchea discusses the need for social workers to relate to families in a way that removes potential cultural and social barriers such as hierarchy, stigma and discrimination, so that they can foster open and trusting relationships with families. In his context, Sokchea says this looks like 'working with families as if you are a member of the family'.


### In your context:

-  What does a good social worker- client relationship look like and how must social workers interact with clients to foster strong relationships?


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-  What, if any, cultural and social barriers (such as fear of losing face or mistrust of professionals) will this approach help to overcome?


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-  What beliefs and cultural norms affect the issues that your organisation is seeking to address?

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-  In what ways do your programs or campaigns seek to engage with these beliefs and cultural norms to affect behaviour change in your response or intervention?

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-  In what ways could your organisation use cultural norms and values to promote positive parenting, behaviour or desired practices?



## Family tracing and reunification

In part two of this video, Sokchea explains the various steps and lengths social workers go to in order to trace families and ensure children are only referred to longer-term alternative care when it's absolutely necessary. He states that success largely comes down to the determination and conviction of social workers, as there are typically clues that can be found and pursued. Whilst this is true, pursuing those clues is contingent on having an enabling environment within the organisation and priority placed on investing in family tracing and reunification work. In AHC's case, this includes having a social work unit in the hospital and resourcing staff to conduct tracing in the hospital and community as well as implementing family strengthening plans.

## In your context:

- ① What enabling factors exist in your organisation that support staff and social workers to invest in family tracing, family strengthening and reunification to ensure that every effort is made to reunite or keep a child with their family of origin?

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- ② What constraints (structural, resource, programmatic, technical knowledge) limit staff's ability to invest heavily in family preservation and reunification?

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- ③ What would need to change, be developed or expanded, to ensure alternative care is only used when necessary and in the best interests of the child, and separation is for the shortest period of time possible?



## Building Confidence to Care: A parent's journey

**Father:** I was so excited when I found out my wife was pregnant. At the five-month mark, we had a scan and the doctor told us that our child was healthy and everything looked normal. When my wife went into labour, I was at work. I received a call from my mother-in-law to say that my daughter had been born but she had a cleft palate. I immediately felt stressed and overwhelmed. I went straight to the hospital and spoke with my wife. I said I don't know how we're going to care for this baby and keep her alive.

**Mother:** I was so happy when I found out I was going to have a baby, but when my baby was born with a cleft palate I was devastated. I was in shock, I couldn't talk to anyone, I didn't know how to care for this baby, and I was afraid she wouldn't survive. I tried for the first few days to feed her, but the milk just kept running out of her mouth and she kept choking. I felt so overwhelmed. I was told by a neighbour that AHC could operate on children with cleft palates and it would all be fine, but I didn't fully believe them. We took the baby to AHC and they said they could operate when the baby was 7 months old and it would be fine. We thought they were just saying that to comfort us and didn't believe them. We decided it would be better to leave our baby at the hospital.

**Father:** Afterwards, one of the social workers at AHC contacted us. They started counselling us, helping us understand the problem and how it could be fixed, explained what support they would provide and helped us work through the emotions and shock we felt. They asked us to return to visit our child at the hospital and they covered the costs of our travel.

**Mother:** When we got to the hospital the social workers spent a lot of time with us. They explained all the support they could offer us, including surgeries and travel costs for medical appointments for our baby and counselling support for us. They showed us pictures of other children so we could see it wasn't as extreme as we thought it was. They advised us and answered our questions. They provided us with specialised bottles that we could use to feed our baby and explained how to use them. We still felt unsure but decided to take our baby home. They encouraged us and made us believe that we could do this.

**Father:** At the 7 month mark we brought the baby back for the first of three operations. The social workers and doctors explained exactly what would happen and what to expect. They did a great job of the operation and we could see the difference in our child. At that point we realised we could fully trust the social workers because everything they had told us turned out to be true. It wasn't just talk.

**Mother:** After that first operation I realised everything was going to be OK, and with all the worry behind me, I felt for the first time, free to fully love my child.