

ETHICAL ASPECTS OF MEDICAL, SOCIAL, AND PEDAGOGICAL SUPPORT FOR CHILDREN AT RISK OF SOCIAL ORPHANAGE

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This study is relevant due to the need to balance child protection and respect for the family, while mitigating the risks of stigmatization and confidentiality breaches during cooperation between agencies. This study aims to identify the ethical dilemmas that arise while supporting children at risk of social orphanhood and to provide recommendations for improving these support tendencies. The research methods include analyzing regional practices, algorithms of interaction between agencies, the work of specialized commissions and councils, and the legal and regulatory framework, which includes the Convention on the Rights of the Child and Russian social service standards. According to the results, the most ethical and effective methods rely on minimal intervention, family partnership, and transparent communication. Collaborative visits by specialists and parents, interdisciplinary consultations, and adapted methodologies for considering the child's views are effective. Researchers used data from the Yaroslavl region to find the major ethical issues such as treating informed consent as a mere formality, risk of data leakage in central databases, ignoring the life experience of families, and treating a child's opinion without deep care.

Key words: ethical effectiveness, stigmatization, medical, social and pedagogical support

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ЭТИЧЕСКИЕ АСПЕКТЫ МЕДИКО-СОЦИАЛЬНО-ПЕДАГОГИЧЕСКОГО СОПРОВОЖДЕНИЯ ДЕТЕЙ ГРУППЫ РИСКА ПО СОЦИАЛЬНОМУ СИРОТСТВУ

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Актуальность исследования обусловлена необходимостью баланса между защитой ребенка и уважением к семье, а также рисками стигматизации и нарушения конфиденциальности при межведомственном взаимодействии. Цель работы — выявить этические дилеммы практики сопровождения детей группы риска по социальному сиротству и предложить ориентиры ее совершенствования. В качестве методов использован анализ региональных практик, алгоритмов межведомственного взаимодействия, работы профильных комиссий и консилиумов, а также нормативно-правовой базы (включая Конвенцию о правах ребенка и российские стандарты социального обслуживания). Результаты показывают, что наиболее этичными и результативными являются подходы, основанные на принципе наименьшего вмешательства, партнерстве с семьей и прозрачной коммуникации. Эффективны совместные выезды специалистов и родителей, междисциплинарные консилиумы, адаптированные методики учета мнения ребенка. На материалах Ярославской области выявлены ключевые этические узлы: формализация информированного согласия, риски утечки данных в единых базах, обесценивание жизненного опыта семьи, поверхностный учет мнения ребенка.

Ключевые слова: этическая эффективность, стигматизация, медико-социально-педагогическое сопровождение

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Medical, social, and pedagogical support for children at risk of social orphanhood is more than a set of services; it is a system where every choice involves significant ethical responsibility. The balance between protection of a child and respect for the family, cooperation between agencies and confidentiality, as well as expert views and parental

experience determines if support becomes helpful or stressful [1].

In the Yaroslavl region, authorities deal with this issue through various institutions and cooperation between agencies. Ethical problems, however, become very serious when real help is provided.

Context and problem statement

As of June 1, 2026, the Yaroslavl Region Ministry of Education reports that 2,853 local children are orphans or without parental care. Of these, 2,422 children are being raised in foster homes, while 420 children stay in state guardianship institutions. These numbers show how big the problem is. They also indicate at the shift toward family care, which is a main goal of national policy.

Meanwhile, social orphanhood is often associated not with the lack of parents, but with the inability of a family to care for a child because of poverty, addictions, mental illness, or social isolation. These families are noticed by the prevention system, where the competencies of doctors, teachers, social workers and guardianship authorities intersect.

In practice, support is based on three key stages:

1. At the stage of **comprehensive evaluation**, the child is seen by doctors, psychologists and teachers. The examination relies on the final decision of the local Psychological, Medical and Pedagogical Commission (PMPC). The Commission follows the rules set by the Ministry of Education and the Ministry of Health [2]. Its task is not to find a problem, but to identify what the child needs and the resources of the family [2].
2. The conclusion made by the PMPC is used to generate an individual support program, when goals, terms, rights and obligations of the parties are recorded. This is the agreement that makes the process transparent when **assistance is planned** to be provided.
3. **Implementation of support strategies** includes medical aid, educational and corrective activities, and social support of the family (employment, registration of benefits, and psychological assistance).

Different specialists such as teachers, psychologists, doctors, social workers, employees of child protection agency participate in the activity. Effectiveness relies on the coherence of their actions and on how ethically their interactions with each other, with the child and the family are structured.

MATERIALS AND METHODS

What is effective already?

The experience of the region shows that the most ethical and effective approaches include those focused on preserving the family and maintaining the bond between the child and the parents.

Joint visits of specialists and parents to institutions allows to solve several tasks at once:

- maintain the emotional connection between the child and the family;
- help the child feel less isolated;
- make parents feel included in the process instead of being blamed.

Thus, during these visits, both formal meetings and joint activities like art workshops, games, and parties are organized. Children get a signal that they are not abandoned, while parents have a chance to see their child in a safe environment and be supported by experts.

Discussing the case during the **interdisciplinary council meeting** together with all experts and parents prevents from taking uncoordinated decisions [3]. At these meetings, the team looks at problems and family strengths, sets rules for when to step in more, and names a person in charge.

Restoring parental rights for a mother or father facing family struggles is not a consequence. It is a way to understand the root causes of the problem and explain what steps are required to become a good parent. If things are improving and the child is safe, they should stay with their family.

Key ethical dilemmas

Despite the effective mechanisms, ethical conflicts happen at work on a regular basis.

A child's well-being stems from living within a family, no matter what kind of a family it is. **Taking a child away from their family** is painful for all parties involved, but the child is hurt the most. The decision should be taken only after trying all other options.

Labelling a child with negative terms and revealing the issue too late causes families to self-isolate.

An ethical solution is represented by "careful communication." First, you offer help and support. You only use teamwork between different agencies when you truly need it.

Being confidential and sharing data between agencies are important, but they bring risks of leaks and privacy loss. Families often do not know who can see their personal information or why they are using it.

Taking into account the opinion of a child when planning support is a fundamental right under the Convention on the Rights of the Child, not just a formality. In real life, however, people often treat this as just a simple box to check off on a list.

The child must understand that what they say will be used not against their parents, but rather to provide the appropriate support. Even with good intentions, being tactless, dismissing the hard work of parents, or sounding like you blame them will destroy trust. Specialists must view empathy, respect for family life, pedagogical tact, and professional interaction styles as core job skills, not just soft skills.

Normative and value bases

International and Russian laws require that services for children and families follow the principles of the Convention on the Rights of the Child, the Declaration on Child Protection, and national social service standards. Key ethical principles include as follows:

- respect for the dignity and autonomy of the individual;
- informed consent for assistance and data exchange;
- involving the child and family in decision-making.
- harm minimization and the principle of least interference;
- justice and lack of discrimination.

In practice, these rules often do not turn into real actions. True informed consent turns into just signing papers, while family participation means showing up at meetings only. This causes an ethical gap between the rules from the normative values and the real daily tasks of experts.

RESEARCH RESULTS

Ethical guidelines for improvement

Discussing the cases studies in the Yaroslavl region helps us suggest certain ethical rules to make them better [4].

Firstly, there are **transparent and uniform risk criteria** with clear boundaries of professional intervention that are easy to understand both by a family and specialists.

Secondly, **routing of assistance** focuses on keeping the child at home safely by providing urgent services, crisis

housing, allowing the parents to rest, and legal or psychological support.

Thirdly, **the mechanisms of family and child participation:** clear feedback, the right to appeal, and participation in the preparation and revision of an assistance plan.

Fourthly, **supervision and interdisciplinary council meetings** with ethical competence allow professionals to discuss tough situations without blame. These discussions aim at offering assistance instead of exercising control.

Finally, it is necessary to look at more than just quality and quantity [5]. We should also see if the child feels happy living with family and relatives.

When gathering data on registered families, members must be informed of the data collected, where the data are stored, and how the data can be given back.

Thus, communicating with these families during these events, it is necessary to inspire them with confidence in professionals and hope for the future.

If the child remains separated from the family, maintaining contact with relatives is essential, and regular meetings and joint activities should be organized [6].

DISCUSSION OF RESULTS

Case studies from the Yaroslavl Region: ethical challenges and potential solutions

Studying local examples shows how these dilemmas appear in practice and which approaches are useful to solve the problems.

In a number of municipalities in the Yaroslavl region, there is an algorithm for cooperation between agencies: if a teacher believes that a child is at risk (systematic absences, signs of beatings, neglected appearance, complaints of hunger), he fills out an "alarm card" and transmits it to the Commission for juvenile affairs and/or social protection service. Actually, it often happens that the teacher follows the rules, but fails to build trust with the family. As a result, the family only finds out about the issue after social services show up, and they feel attacked and invaded [7]. Consequently, the family stays isolated, stops asking for support, and the child becomes even more vulnerable than before [7].

Following the rules without open and honest communication turns into the risk factor. The solution is to add a mandatory talk with the family before sending any alert. This talk includes a social worker and a psychologist. The goal is not just to find fault or gather proof, but to offer help and support. This is how informed consent works in practice: the family knows why we collect data, who will see it, and what support options are available.

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The patronage of pregnant women at risk in the Nerekhtsky district illustrates the transition from control to partnership. First, they checked a home of the lonely pregnant woman and tried to stop her from giving up her baby. Consultation with psychologists and other specialists was followed by giving her money, setting clear rules for help, and moving on to teamwork. Thus, the woman could decide how to use the temporary flat given to her after her baby was born, and she waited for the guards to come and check on it. Such intervention both reduced child abandonment and enhanced confidence in professionals.

Council meetings of agencies rely on ethical principles to make decisions. The case when two children in the Yaroslavl region were separated from their alcohol-dependent mother can serve as an example. After stopping the separation of the children and their transition to a social institution, the council watched this woman closely. The curator visited the mother every day, examined her care plan, and spoke with her neighbors. The main point was to follow the rule of least involvement. Separation was taken as a final choice.

Sharing data between different agencies creates new ethical risks. Unified databases aim to improve cooperation. In practice, they, however, often break privacy rules. Data gets copied and shared with workers who do not need it. Also, families often do not know what data is saved or how to delete it.

Including a child in assistance planning requires extra ethical care. In several centers across the Yaroslavl region, adjusted methods of "a child's opinion" are being implemented. They include short questionnaires, safety scale discussions, and accessible reviews of assistance plans. Instead of treating the process as a checkbox exercise, it is necessary to establish a safe environment where children understand the limits of confidentiality and know that their honesty will not result in parental punishment.

CONCLUSION

Enhancing medical, social, and educational assistance for children at risk of social orphanhood is primarily an ethical duty, rather than just an administrative or methodical challenge. How well the system balances keeping kids safe and respecting families, while staying effective and protecting human dignity, affects more than just individual parents and children. It also shapes how much the public trusts our social institutions.

As practice shows, even strong and trusted systems like full evaluations, good planning, and cooperation between agencies can still be ethically vulnerable unless they have transparent procedures, trained workers, and real mechanisms of participation for families and children. We must focus on these key parts while attempting to improve the support system.

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