



## Orphan Care in Russia

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### Introduction

Current public opinion about the residential care system in contemporary Russia is extremely negative. A majority of Russians, both citizens and professionals, consider that family placement is the best arrangement for orphaned children. The year 2007 was announced as the Year of the Child in Russia. The majority of officials interpreted it as the year of de-institutionalization of the residential care system for children in Russia. De-institutionalization is mostly identified as reform focused on family placement instead of placement in institutions. Vladimir Fridlyanov, the executive director of the Ministry of Science and Education, announced in May, 2007 that the government is going to transfer 120,000 children from institutions into families every year from 2007 until 2010 and reduce the number of residential care institutions by one-third (Nesterova 2007). But the likelihood of family placement is small, with the exception of the adoption of infants without serious pathologies, and the attempts of precipitant de-institutionalization (when children's homes are closed and children are distributed among families) have failed (children were returned into children homes). According to the opinion of the Ministry, the key obstacle to effective de-institutionalization is the lack of professionals in adoption and foster care (Vazhdaeva 2006).

There are three related tasks for achieving not only de-institutionalization, but creating a better care system for children:

- prevention of orphanhood, that is, intervention with biological families at risk such as birth of the child with special needs, poverty, and prevention of secondary orphanhood;
- the development of family placement and kinship care; and
- humanization of the institutions, that is providing dignified, rights-based care and de-stigmatizing institutionalized children.

Creating a better system is a task that requires the participation of helping specialists, but the context of social work development in Russia and the organizational design of the residential care system produce a number of barriers for social work and other helping professionals in the system. So a primary task of social workers will be to identify these obstacles and redefine the role of social work in the process of de-institutionalization and service improvement.

### Context of social work in contemporary Russia

In 2007, the total population of Russia consisted of 142 million, with 32 million under the age of 18 (Federal state statistic service/FSSS 2008). Russia comprises 85 self-governing constituent units. These units differ from one another in terms of resources of development and providing policy related to children and families. Over the past few years, Russian

economic growth has remained strong, with a registered GDP growth of 6.4 per cent for 2005, and 6.5 per cent for the first half of 2006. In 2006, 127,096 children without parental care were identified by authorities, 37.6% among them were under 7 years old, 27 % were placed into institutions, 56% were placed into families, and 6.6% were returned to biological parents. But the total number of children in institutions in 2006 were 188,602 (Federal Agency of Russian Education/FARE 2007c).

The last four decades in Russia have been a time of institutionalization of the helping professions. In 1926, Lev Semenovich Vygotskiy, a leading Russian psychologist, developed pedology, a practical psychology that includes testology and special psychology and emphasizes the impact of the social situation on the development of children with special needs. Thus, the contribution of scientific psychology and methodology of the psychosocial assistance in the Soviet Union was firm, but progress was limited for a period when psychosocial services were officially prohibited. As were genetics and other scientific fields and theories, psychology was inorganic to totalitarian regime. During the Stalin period many psychologists had to abandon Moscow to continue their work in Charkov, a small town situated in Ukraine. It was a rather productive period, but psychologists were alienated from access to working with people. During the Second World War the demand on psychological knowledge increased – and the psychology of individual differences became a strong branch of native psychology. The renaissance of other branches of psychology began after Stalin's death (Graham 1972).

The beginning of the psychosocial assistance institutionalisation coincided with the beginning of the *perestroika*. The psychological services in educational system were considered as a symbol of civic humanization. By the end of 1970s, family counseling centers appeared, in the early 1980s the educational psychological service began to develop, and in 1991 social work and social pedagogy became professions. Social pedagogy and social work were established in the same year – 1991, but like in Germany and Austria the content of these professions was different. Social work was more general and based upon the idea about intervention with people in troubled life situation, and social pedagogy was focused on working with children within educational system through establishing and developing social networks in order to better providing of children rights. Besides the difference of obligations and focuses there was the most important difference – belonging to different departments, social pedagogy was under the Ministry of education, and social work – under the Ministry of health care and social affairs. Now more than 60 universities offer social work and social pedagogy degree on different levels: bachelor, master and specialist.

The profession was introduced in 1991, and the higher education curriculum in 1992. As other areas of higher education Social work education is transforming according to Bologna process. Previous approach was traditional for Soviet Union system: students had been spending for five years at the university and got the diploma of specialist. But since 2003 two-level system, bachelor and master level has been introduced. Current period the both systems are operating: previous based upon SU principals and new, on Bologna system. Neither social workers nor other helping professionals don't have the system of licensing. There is no doctoral program in Russia – because there are no PhD degrees in social policy and social work. So social workers who would like to continue their career in academic field typically enter a PhD program in either sociology or psychology.

The residential care system benefited from this professionalization. Helping specialists began to develop interdisciplinary and academic collaborations introducing new types of helping

activities. Academic psychologists focusing on special education developed and improved assessment and intervention techniques for children in residential care. But such collaborations and changes are limited in scope and have done little to change the system.

### Residential care

The indication of social work's impact on the residential care system requires a clarifying of functions and the types of services related to "closed institutions" in contemporary Russia. The residential care system includes various types of institutions, each which focus on different situations depending upon the reason for placement into care and the ages of the children (see Table 1). There are eight types of residential institutions for children with special educational needs in Russia. Institutions serve categories of children based upon the theory of mental development trajectories by G. Suhareva and L. Kanner. The official taxonomy of mental development defects, and thus the types of institutions, is as follows: visual impairment; audio impairment; movement deprivation; speech development defect; the defect of cognitive sphere; the complex defect of mental development. The last two types serve children with the most serious defects. Some institutions are under the authority of the Ministry of Science and Education: children's homes for children of pre-school age and for children from seven to 18; boarding schools for children with special needs; boarding schools for children and adolescents under 14 in conflict with the law; and special colleges for children with special educational needs who leave boarding school. Other institutions are under the authority of the Ministry of Labour, Social Development, Health and Pension system: baby homes, for children under 3; shelters, for temporary housing of children; residential care centres of stationary staying for children and adults with multiple developmental impairments unable to live independently.

Table 1: The dynamic of institutions

The type of institution/ number of children		2000	2001	2002	2003	2004
Shelters <sup>1</sup>	Number of institutions	n/a			525	550
	Number of children	52000	58000	81000	59000	55000
Permanent residential care centres for children with multiple disorders <sup>1</sup>	Number of institutions	156	155	152	n/a	
	Number of children	29300	29000	28900	n/a	
Baby homes <sup>2</sup>	Number of institutions	254	246	249	251	255
	Number of children	19 345	19 356	19 337	19 113	19 962
Children homes <sup>2</sup>	Number of institutions	1 244,0	1 265,0	1 288,0	1 315,0	1 314,0
	Number of children	72 300	73 700	75 500	75 400	74 800
Boarding schools for children without parental care <sup>2</sup>	Number of institutions	157,0	164,0	156,0	150,0	152,0
	Number of children	26 500	27 200	25 500	23 500	23 400

<sup>1</sup> Ministry of Health Care and Social Development/MHCSD 2006

<sup>2</sup> FARE 2007a

Within all residential care centres there are various positions of helping specialists: psychologists, social pedagogues, social workers, and speech therapists. Most centres employ more than four helping specialists. All of the helping specialists work under the authority of the residential care centre's administration. Most administrators - 91% of the children homes directors in 2006 and 100% of boarding schools directors - had a university degree, and most often their degree and professional background is in teaching (FARO 2007d). The key activity of departmental social workers' duties is that of assessment. The number of social workers involved in providing services to various needs of families and children under the Ministry of health and social development has been substantially increasing: from 2003 to 2004 the total number increased by eleven thousand specialists (57% had the diploma in social work) and from the 2004 to 2005 it had grown another ten thousand, resulting in a total of one-hundred and thirty-nine thousand social worker professionals (MHCSO 2006).

Besides residential care services, other types of services and authorities are involved in the operation of the residential care system: decision-making services that are court and quasi-court services such as the Guardianship Commission, the Commission of Children's Affairs, the Psychological-Medic-Pedagogical Commission – all of these Commissions are interagency services and under the local authority; centers of psychosocial assistance, which include the centres of employment assistance, family and children assistance centres, centres of social provision and the centre of adoption and fostering in some regions in Russia; and, additional services based upon non-governmental organisations and projects.

Decision-making about initial placement of a child into an institution is only one step in a chain of institutional decisions. There are two options for placement of a child in an institution. The first is that of a special needs child in which parents maintain their rights, but the child lives in an institution. Such decisions are made by the Psychology-Medic-Pedagogical Commission. And the second option is when parental rights are terminated, and the child is placed into an institution as orphan. This decision is normally made by the Guardianship Commission.

Decisions regarding the termination of parental rights are regulated by Soviet norms. According to the Family Code, the termination of parental rights can be initiated by one of parents, the public prosecution office, or the Guardianship Commission<sup>3</sup>. Even if initiated by a parent, parental rights termination decisions are the purview of the court. The majority of cases, 75% in some regions, are initiated by the Guardianship Commission (FARE 2007b), demonstrating the power of this body. There are no legal norms for disputing the decision of exemption by the Guardianship Commission.

The Guardianship Commission, an interagency service under the local authority, consists of two to three inspectors (full time workers) and 5 to 8 part-time workers: psychologists, social workers, managers of educational centres, and other helping professionals. The main duties of this commission are to disclose cases of child abuse and neglect through monitoring of families at risk; inform families and children about their rights and access to services; and provide services for foster families and guardians. Social workers and psychologists of institutions prepare the special report about the child development and give their opinion related to the re-placement of the child. Institutions specialists usually are not members of the Commission, but Commissions involve helping specialists of assistance centres. Helping

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<sup>3</sup> The Public Prosecution office usually brings an action against parents in case of criminal actions against child, and the Guardianship commission operates in cases of children neglect.

specialists participate in assessment procedures and sometimes can give the special opinion about family situation. Each commission member writes the report, and the head of the commission makes decision based upon these reports.

The Commission tends to maintain a restrictive orientation towards parents, and many parents have reported that inspectors threaten to take their children. According to the data collected by the Supreme Court Department the number of cases of parental rights termination (according to the number of children) has been dramatically increasing since 1997 – from the 37536 cases in 1999 and to 74141 in 2006. Only 4% were terminated due to the case of violence against children – mostly parents lost their parental rights because they couldn't provide child needs in appropriate way. The dynamic of parental rights termination gives the strong evidences that the operating system has met huge issues related to the prevention of taking children from families. (Because of such complaints, new President of Russian Federation when he was being Vice-Premier of RF Dmitry Medvedev commented that the norms of parental rights termination are too restrictive and prevent the natural communication between biological parents and children.)

While waiting for the final court decision, the child is placed in a temporary shelter for children. During the period of staying at a shelter, not more than half a year, the child may be evaluated for social or learning delays by the Psychological-Medic-Pedagogical Commission, at the recommendation of specialists at the shelter. This commission has the final authority in decision-making related to the educational abilities, and hence the ultimate institutional placement, of the child. Shelter placement may include a child being placed into a special group termed a family upbringing group (*semeynaya vospitatel'nyya gruppy*). We can compare this form of temporary family placement with short time fostering – parents are viewed as professional mentors, their work is paid, and shelter specialists help them in working with children. In some cases there is an opportunity to transform this family placement into long-term fostering, but usually children return to shelter and after that are transferred into a children's home or boarding school. Social workers and psychologists work at the all shelters, and since 2005 one of their tasks is to work with the biological family<sup>4</sup>. But social shelters aim is for biological family renovation – so the key criterion of a shelter's efficiency since 2005 is the number of families in which children are returned after the program of rehabilitation. 1865 children were passed in 2005 to family upbringing groups – so instead being in shelters these children were in foster families until the decision making moment. In 2005 70.6% of children placed into shelters were returned to their biological families and partly shelters' specialists continue to monitor and assist families. In 2005 the total number of families under the shelters specialists' monitoring was 17648. The official taxonomy of services providing by shelters specialists includes six types: rights protection (the presence of child interest in court); direct social care (day-to-day care); health care and related to health care needs providing; educational needs providing; development support; assistance in getting benefits and allowance (MCHSD 2006). The most frequently implemented service was direct social care.

Social pedagogues of institutions (children homes and boarding schools) perform a number of other court-related duties. One is to represent the interests of orphans to the courts, such as housing rights, inheritance, and termination of parental rights. Another task is to assist aging adolescents in the preparation for independent living, such as finding a job, attending college

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<sup>4</sup> The project Networking with families at risks was supported by the Stockholm University of Sweden in 12 regions in Russia, more than 100 shelters were involved into this project.

or other educational centre, and connecting them with special programmes for the development of independent living skills. In addition, they attempt to prevent asocial behaviour through the monitoring of the child's situation and connecting the child to services and other professionals as needed and intervening with other professional to effect more efficient decision-making related to contact with families.

Social work within the residential care system is not limited only to departmental specialists. Adolescents aging out of the residential care system must be prepared for the transition to independent living. The different institutions have different options for graduates. Mainstream children's homes give children the opportunity to continue to study in universities and colleges. But, if the child finishes boarding school within the special education system, access to higher education is minimal, if available at all. The total number of graduates of boarding schools and children homes in 2006 was 14893. 13775 entered the vocational training schools, colleges and universities. 6860 graduates – approximately the half of all educating graduates had the state allowance covered all expenses during the period of training. 610 graduates began to study at the universities (bachelor and specialist programs); 2896 – at the colleges; 9773 – at the primary vocational training schools; 496 – at the special vocational schools for people with special needs. So majority of graduates is short of options of continuing their education (FARE 2007d).

There are special projects that focus on preparing young adults for an independent life after aging out and leaving residential care. Since 1991 more than 20 projects dedicated to independent living have been implemented in Russia. Most of these projects are focused on vocational counseling and career development projects. Helping specialists within these projects are not employees of the orphan homes, boarding schools, or courts. The majority of the projects are supported by western foundations, but there is one federal program, the Russian Orphans Program, that has been operating since the 1990. The core purpose of this programme is to prepare children within residential care system for independent living and mentor them after their leaving the residential care centres. The other two directives of the Russian Orphans Program are family placement and improvement of residential care centre facilities, which includes projects such as purchasing computers and video equipment for training and technical skill development.

A similar situation can be observed within family placement programmes: helping professionals work with children in various capacities and must interact and collaborate with a variety of professionals.

### **Family placement: Missed opportunities**

Russians tend to believe that families are the optimal environments for children. In a large, national survey (Vserossisky centr issledovania obshestvennogo mnenia), the majority of respondents indicated that family placement is better for children than residential care. In terms of the most acceptable form of placement: one-third indicated placement in a family, one-fourth replied *sos kinderdorf* (children homes with small number of children and family type of upbringing) and one-fifth preferred children's homes (Vserossisky centr issledovania obshestvennogo mnenia/VCIOM 2005).

According to Article 123 of the Family Code, regions may introduce forms of family placement. The contemporary taxonomy of family placements in Russia is complicated: there

are five forms: adoption, guardianship, affiliating family, family upbringing groups<sup>5</sup> and patronat. The distribution of different family placement forms is shown in Table 1. The variety of family placement doesn't mean that more children can be placed into families. The total number of children placed into families in 2006 was 78396, but the most prevalent form is guardianship, with 87.6% under guardianship. Guardians in 77.8% cases are relatives of children (grandparents or biological parents' siblings), they have got the special allowance for the child upbringing (RAFE 2007c.). Guardians are under the Guardianship Commission's authority, so the central role of social workers for this form of care is monitoring the situation in guardianship families to ensure children are being cared for and protected. The last three forms can be associated with fostering, because families are viewed as professional parents and are paid and monitored by professionals. The status of the affiliating family is fixed in Family Code (the affiliating parent is equal in his/her rights with guardian according to the chapter 21, article 153, point 3 Family Code RF) and patronat exists only on the regional level (in 39 or 46% of Russian regions there are the regional legislation permitting patronat and these regions established centres of supporting patronat families).

According to a survey conducted in 100 cities and towns across the country by the Russian Public Opinion Research Centre (2005) key constraints to willingness to become a placement family are income and housing (the majority of Russians live in small flats). One-third of respondents indicated that to adopt, their income would need to double or triple. The majority (65%) suggested that the government should provide an allowance for adoptive and foster families, and one-third felt that the government should provide suitable housing for these families. Of families who have already adopted, 80% indicated a need for financial support. While 8% consider that their income is enough, they also state a need to improve their housing situation.

While income and housing may be barriers, other factors also effect the decision to foster or adopt. One is the mismatch of potential families' desires and the types of children in care. Russian's prefer to adopt children under the age of three. In 2005, the total number of children adopted by non-kin was 7,526: 5,069 were infants, 1325 were between the ages of one and three, 807 between three and seven, and only 325 were older than seven. In case studies of adopted and fostering families, stereotypes by specialists from educational and health care system toward families and placed children, the lack of services and professionals' support are key barriers with the system. In explaining the small number of adopted children, respondents pointed to not enough income (29%), the limit of age (20%), and the wish to have a biological child (17%). A small number of respondents, 6%, indicated additional barriers to adoption that included bureaucratic obstacles of the adoption procedures, a lack of psychological readiness, and the risk of ill feeling toward children from other family members.

Patronat services appeared in 1994 when in Moscow the Patronat Children's Home was opened<sup>6</sup>. The patronat has been introduced in 41 Russian regions and authorities in another

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<sup>5</sup> This form of family placement is very similar with the patronat, but family upbringing groups are under the shelters responsibility (and the ministry of labour, social development, health and pension system), and patronat is implemented by children homes and boarding schools which are under the other ministry. Last year specialists from these ministries tried to establish only one form of temporary family placement, and the competition between patronat and family upbringing groups achieved the culmination point.

<sup>6</sup> The title "children home" was nominal for giving new service all rights of the agency under the Ministry of education, the well known title of this service is "children home number 19"

four regions are planning to introduce patronat (see Table 2). At the end of 2006, there were 3747 patronat families in Russia and 5393 children were under patronat services, and more than 800 families were approved by Guardianship commissions as potential patronat families. The responsibility for the child is shared between the institution (children's home or boarding school) and patronat parents. So the patronat service can be established only with the department of residential care institution. Patronat parents are within the staff of institution (they are equal with the minders in rights and responsibilities). People who would like to become patronat parents have to undergo assessment by the Guardianship Commission and the residential care institution service. Many of patronat services offer special trainings for future patronat parents, but working with families after the placement of children is largely limited to the rare visit for the purpose of control, not support.

Table 2: Acceptance of regional legislation about patronat

Year	Regions
1997	Vladimirskya oblast, Moscow
2000	Altyisky kray, Permskya oblast
2001	Kurganskya obl, Orenburgskya obl
2002	The republic of Karelia, Novgorodskya oblast, the republic of Mary EL
2003	Chitinskya obl, Moscow oblast
2004	Arhangelsya, Irkutskya, Nizhegorodsjya
2005	Smolenskya, Krasnodarsky kray, Krasnoyarsky kray, Kaluzhskya oblast, Kurskya oblast, Bryanskya oblast, Ivanovskya, Sachalinskya, Tomskya, Tumenskya
2006	Volgogradskya, Primorskya, Pskovskya, the republic of Bashkortostan, Ryazanskya, Stavropolsky kray, the republic of Udmurtiya, Murmanskya oblast, Tverskya, Hanto-Mansiyskiy autonomy okrug – Ugra, Chuvashskya republic, Yaroslavskya oblast, the republic of Kalmykiya, Tambovskya oblast
2007	Kostromskya oblast, Kaliningradskya oblast, Samarskya oblast
<i>Planning</i>	Novosibirskya oblast, Omskya oblast, Rostovskya oblast, Chelyabinskya oblast

The idea of patronat services was to prevent the destruction of biological family ties through the temporary placement of children into a family while working with biological parents. But now there are two viewpoints on patronat services. On the one hand many ordinary people realize that patronat is a soft way of family placement (“if you are not ready for adoption, but are thinking about child you can engage into patronat system” – this is one of “for patronat” social marketing company slogans). On the other hand many specialists consider that patronat is a form of professional parenting. For example the governor of Irkutskya oblast Semen Krut defined the patronat as the form of family placement for children with high risk of institutional deprivation: children with special needs, children after the 10 years, children with



traumatic experience. Patronat staff includes psychologist and social worker (in some cases more than two specialists). The patronat provides the complete set of services including recruiting potential foster parents and families for permanent placement; after placement visiting and monitoring of families; and intervention with families to ensure the well-being of placed children.

### **Key barriers to care**

Among NGO activists and independent professionals, there is a strong metaphor for institutional care: “the staircase leading below,” referring to the movement of children from one institution to another with decreasing opportunities for growth and development (Stepina 2005). While there is no official statistic related to the number of children moved from one institution to another, professionals acknowledge the practice. Workers recognize that many children begin their journey from an institution for children with normal development and because of the negative impacts of institutionalization, such as poor intellectual and physical stimulation, continue to decline step by step from institution to institution, to finally be placed in one for children with special needs. There are different trajectories of such movement, but there is one common trait: it is very difficult to return a child from the down staircase.

Since the early 1990 two independent centres in Moscow (the Institute of Special Education of the Russian Academy of Education and the Department of Child Psychiatry in the Research Institute of Psychiatry of the Ministry of Labour, Social Provision and Health) have been trying to confront the findings of the Psychological-Medic-Pedagogical Commission, but there are no regulations for challenging the Commission’s decisions. If the child has the status of “orphan” it is impossible to prevent the sloping down from the institution because the official guardian of the child, children home is interested in the decision to move the child. If NGOs would like to protect the child the first step is family placement of child, through fostering or Guardianship. Every year children’s homes and boarding schools present some children (5-12) to the Commission. The decision of which children should be evaluated by the Commission is made by minders and administrators, not the psychologists or social workers who could assess the child and give comments related to issues of child development. Children with mental health issues who are placed into boarding schools for children with special educational needs should be placed into mental health clinics for a brief assessment period. According to independent psychiatrists, a large number of children, 30 to 60%, in special education institutions are cognitively normal, but have mental health issues and would be better treated in mental health clinics.

Social work’s mission and key values are challenged in the current care system. Focusing on children at the exclusion of the family system produces serious consequences like a gap in prevention and intervention with families in need and unsustainable placement environments. The selective approach to de-institutionalisation, when mainstream institutions are involved, but special education centres are not, is discriminatory and exclusionary and therefore not aligned with social work principles. The development of family focused social work depends on a level of transparency and openness of the decision making system. Many contexts of social work within residential care are related to multi-level structure of closed institutions issues. Not only are institutions a source of children exclusion, but the system of decision making and quasi-court bodies produces various sources of deprivation for children and families. A main obstacle for reforming this system is the insularity of the professional activity of members and inspectors working in the commissions: Guardianship Commission, the Commission of Children Affairs and the Psychological-Medic-Pedagogical Commission. Most projects dedicated to improving the situation within residential care are focused on

maintaining children in institutions. While these projects may exhibit important civic responsibilities and act to humanize institutions, they are not enough to reframe the system of children and family care. The Commissions operate like a quasi-court system. Their decision-making authority can be compared with court power, it is impossible to monitor their activity and reverse their decision. Perhaps the residential care system needs to reframe the role of such commissions: they should operate like social services, guided by code of professional ethics, with the final decision being made by the court. The other option is to develop independent and regular monitoring of the activity of these commissions. Both options require the participation of an interdisciplinary team of specialists from agencies of different nature (non-governmental, municipal, private) who do not have an interest in maintaining any particular system of care.

### **Conclusion**

One of the main priorities of current Russian social policy is providing children's rights to a family. Politicians consider that the protection of this right is a key factor for the improvement of children's rights in general. But there are a number of problems with realizing this goal. For example, children who go to the stationary residential care centres have been identified as cognitively deficient, so their education is severely limited. Thus, a key issue of the placement of children into institutions is the high risk of exclusion from access to various rights, such as the right to education.

Social work has the potential for changing this system and improving it for children, families, and communities. First, social work's empowerment approach and embrace of tolerance and inclusion has the potential to transform practices. These resources may be extremely important for the development of practices that still suffer from the pressure of Soviet style of thinking, which falls short of understanding the impact of a variety of approaches to realizing children rights through social workers' professional activity. Participating in life meaning decision making and intervening with families and children therefore many social workers continue to use inappropriate narrow menu of approaches for solving the dilemma children rights vs. parental rights. Social workers in modern Russia are alienated from alternative discourses of children's rights that have been developed within the human rights perspective of the European Court and found in the context of many countries reforms (USA, Great Britain, Germany, etc). Social work should identify the role of legal constructions, restrictive decision-making procedures and the implementation that such decisions have in their practice. The link between policy and professional practice also plays a central role in developing a critical understanding toward macro-level native social work. But in contemporary Russia this mission of social work has been missed, which has had a great impact on the development of de-institutionalisation reforms (Schmidt 2008). Challenges of the current market approach and the remaining traits from the Soviet period, such as a lack of attention to children's needs and the priority of planning work under the case work need to be addressed. Liberal reforms are generally perceived as positive, and the public and professionals have not identified the shadowy side of liberalisation of the social sphere. Social work, with its humanistic values and critical analyses, can challenge such blind acceptance of change in order to create more humane systems of care.

The models of the helping professionals are connected with the history of the political ideologies and contemporary social sciences. Professionals oftentimes define sources of social problems, acceptable ways to overcome them, and availability of resources within a closed system, from a set theoretical viewpoint, potentially missing creative and dynamic solutions to problems. Social work in our country is currently dominated by the paternalistic model, and

other models, particularly radical social work, may have much to offer the current care system in Russia. Radical social work, based on the idea of challenging conventional norms represents an effective means of opposing social stereotypes concerning children in care, placement families, and biological families whose children are removed from their care.

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